# Understanding Parenting as Situated in the Larger Sociocultural Context in Clinical Social Work

## May-Britt Solem

Child & Adolescent
Social Work Journal

ONLINE FIRST

Springer

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# Understanding Parenting as Situated in the Larger Sociocultural Context in Clinical Social Work

**May-Britt Solem**

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**Abstract**  As a corrective to an unbalanced focus on children's problem and diagnoses, this study addresses the importance of recognizing the place of parenting within the context of clinical social work. Sixteen parents of children with or without behavioural problems were selected according to parents' appraisal of the child-rearing situation, children's problems and ages, parents' marital status. The main finding was the seriousness of the situation for parents who have other problems in addition to a child's behavioural problems. Knowledge of variations in family structures and normal family processes are important to prevent clinical cases from always being seen as deviant.

**Keywords**  Critical realism · Normal family processes · Parenting stress · Risk factors · Salutogenic approach

## Introduction

This article explores and analyses parenting as situated and challenge an unbalanced focus on problem behaviour and diagnosis in child and family practice. The empirical basis is a mixed method research study from Norway,[1] which included 192 parents of boys aged 6–12 years (64 boys defined with behaviour problems and 128 other boys whose parents formed the comparison group). This study, which aimed to examine parental coping practices and predictors to parental stress, indicated that there were no differences between the groups with regard to parents' coping strategies. The present article was inspired by these unexpected results, and

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[1] The results published in Infant and Child Development: DOI:10.1002/icd.681.

M.-B. Solem (✉)
Faculty of Social Sciences, Oslo and Akershus University College of Applied Sciences,
Post Box 4, St. Olavs plass, 0130 Oslo, Norway
e-mail: may-britt.solem@hioa.no

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uses a follow-up qualitative approach to explore situating parenting in context within clinical social work.

This study emphasizes the need for clinical social workers to not only consider the child's problems but to also consider and be directed by the larger sociocultural context wherein parents do their parenting. A contextual understanding of parenting requires a focus on the parental environment and day-to-day life and recognition of the different ways parents' social and material conditions influence their parenting. Solem et al. (2010) and Hilton et al. (2001) have emphasized the determining role of families' cultural backgrounds, social relations, and living conditions in parent–child interactions. Traditional developmental psychology is often criticized for seeing children as abstract individuals with a historical psychological needs, which their parents may fulfil to different degrees (Allison et al. 1998; Woodhead 1999). The child is seen either as passing through universal phases or stages or as a product of interactions with their nearest caring person; in these views the historical and social contexts in which the child develops are of less concern (Ohnstad 2010). I argue that family therapy practices, that only takes into consideration those parent–child interactions that occur in the therapeutic setting, has important limitations, and that a wider, more inclusive investigation in planning treatment and therapy is a more fruitful way to help families.

Like Dreier (2008), I argue that focusing on the relationship between the family's everyday life and the ongoing therapy may enhance the clinician's ability to support the child. Therefore, it is vital to understand parents' child-care and child-rearing practices in context and to contextualize family therapy. Detailed descriptions of families' socioeconomic situations would facilitate more comprehensive understanding of the links between families' living conditions and organization of everyday life and the child's development.

Social work as a discipline acknowledges the complexity of the interaction between individual and environment. Understanding parenting in the larger sociocultural context in clinical social work means to broaden the focus from "a difficult child" to "a difficult child-rearing situation". This results in a situation-specific and situated concept of parenting.

Clinical Social Work Practice

When family therapists work with parents in demanding child-rearing situations the focus often becomes so narrow that only those parent–child interactions seen in the therapeutic setting are considered. The larger social system in which the child and parents are embedded is often ignored. Therefore, I aim to challenge traditional explanations with a multi-faceted understanding of the problems facing children and their families and to discuss the importance of this perspective for clinical practice.

Because social work has a person-in-environment perspective, it is a field that deals with complex multi-faceted issues requiring insights from more than one discipline. The necessary interdisciplinary point of view crosses traditional boundaries between academic disciplines or schools of thoughts, and is "constituted on the basis of the integration of a number of disciplines into a cluster which provides a new framework or understanding" (Hartvig 2007b, p. 259; Næss 2010,

p. 70). The challenge for social work practice is to integrate a balanced person-in-environment perspective, to transcend both sociocultural views that place little emphasis on the individual and psychological views that pay little attention to the environment. Social workers in practice need to analyse the difficult life situations unique to each client and to contribute to changes with positive consequences for the particular family asking for help.

Parents who refer children to child and adolescent psychiatric services experience more stress than other parents and are more likely than parents in the non-clinical group to be single mothers, have a lower education, be unemployed, and have little social support (Solem et al. 2010). Other studies show that single mothers have relative disadvantages in every socioeconomic area and in some aspects of stress and psychological well-being (Hilton et al. 2001; Hill and Hilton 1999). On the other hand, studies also show that single fathers generally enjoy higher incomes, higher job status, lower poverty rates, more stable employment (Leininger and Ziol-Guest 2008), and more social support than single mothers (Hilton and Kopera-Frye 2007). A difficult socioeconomic situation, little social support from family and friends, and conflicts between parents are environmental risk factors that contribute to the development of problems for children (Richman et al. 1982; Holahan and Moos 1987). Including the parents' overall parenting within the context of clinical social work, means taking into account possible risk factors that prevent parents from performing normal family processes, but also taking into account possible protective factors by exploring parenting strength and coping with stress.

Theoretical Background of the Study

Social work as a discipline acknowledges the complexity of the interactions between parents, children, and the environment, resulting in a situation-specific and "situated" concept of parenting.

I argue that parents' life experiences and specific life contexts determine their parenting practices. Therefore, it is important to explore how parents live and parent in varied social contexts and to understand their interactions as developmental processes located in time and space. Parenting practices take place in families' everyday lives, which are structured by regular habits, rules, principles, and events. "Situated parenting" refers to parenting in this day-to-day organization and its changes over time as the child develops. The concept of "guided participation" entails the varied ways children learn as they participate in and are guided by the values and practices of their local culture (Rogoff 2003) The analytical concepts in this article—situated parenting and guided participation—must be understood to mean the actions and interactions that take place in specific contexts.

This comprehensive understanding of a child's life is rooted in three analytical perspectives most relevant for social work:

- Ecological and interactional (sociocultural) perspectives focus on human developmental processes (Bronfenbrenner 1979, 2005; Rogoff 2003) and emphasize families' everyday lives.

- Salutogenic perspectives focus on health promotion through the knowledge of people's resources and view individuals holistically. The concept of salutogenesis (salute—of health, genesis—origins) was created by Antonovsky (1979, 1987) as a reaction to the one-sided focus on pathogenesis (identifying what causes illness) in health research. Salutogenesis focuses on practices that lead to successful coping and health, and represents a broader and more complementary perspective than does the pathogenic orientation. Salutogenesis improves our knowledge of parents' and children's coping practices by promoting the investigation of variations in family construction and the expansion of our concept of normality.
- Finally, social work practice and research also needs a third perspective, critical realism, to take into account our "being in the world." Parents' social and material conditions may be resources or hindrances in the parenting situation. I argue that the sociocultural and salutogenic analytical perspectives are compatible with the position of critical realism held in the theory of science. Critical realism takes into account the influence of external environments on the functioning of families, while viewing the social world as socially constructed (Bhaskar 1998, Houston 2001).

Situated Parenting

The concept of situated parenting is directly related to Bronfenbrenner's ecological theory of child development. This theory is not a stage theory but a systems theory, which describes children's developmental processes by explaining how a child's interaction with the environment affects how the child grows and develops (Bronfenbrenner 1979). In this view a child's maltreatment is seen as a social problem that is as much a manifestation of social and community conditions as it is of any individual parent's pathology. Bronfenbrenner delineated four types of nested systems: the microsystem, the mesosystem (two microsystems in interaction), the exosystem (external environments that indirectly influence development), and the macrosystem (larger sociocultural context). Each system contains roles, norms, and rules that can powerfully shape development.

Situating parenting means taking into account all of these nested systems in the analysis. The microsystem includes who the child is (age, gender, diagnosis), who the parent is (age, gender, education), and who the family is (one or two parents, number of siblings). The meso- and exosystems include the child's school or kindergarten, the parent's employment status, the families' socioeconomic situation and housing qualities, the families' social network, and the parent's relation to assistance agencies (e.g. child and adolescent psychiatric services). The macrosystem includes the larger culture, laws, and rules influencing family life. By viewing parenting as situated within these systems, parents' interactions with their child may be seen as guided participation, and their reasons for organizing caring in different ways become clearer. I argue that this view of situated parenting is relevant for clinical practice, and outline below three particular concepts that inform this argument.

### Guided Participation

Using the concept of guided participation (Rogoff 1990), children's development is seen as a complex of ongoing processes energized through social interactions embedded in material, social, and cultural contexts, and the meanings parents attribute to their own parenting represent cultural standards for caring. This concept provides a perspective that focuses on the varied ways children learn as they participate in and are guided by the values and practices of their cultural community, social class (Rogoff 2003), or macrosystem. The concept is meant broadly and includes interactions beyond those that are intended as instructional. A child's development and direction occurs through participation with parents and other significant people in shared sociocultural activities, and the child is seen as an agent in this process. It is important to view these guided interactions in the context of the socioeconomic conditions and practices that determine these interactions.

### Socio-Economic Practices

In this article I argue that cultural processes are embedded in specific kinds of socioeconomic practices (e.g. social class) that allow some parents access to opportunities and limit access for others (Devine and Savage 2000). In this perspective, social class may be viewed as something we "do" (Lawler 2004), and as parenting reflects social class, "doing" parenting is also "doing" social class (Stefansen and Farstad 2008; Devine 1998). Like Stefansen and Farstad (2008), I have chosen a pragmatic approach to the position of class, defining as middle-class those families with at least one college- or university-educated parent with a work position that demands such higher education. Working-class families are those with no education beyond secondary school.

Socioeconomic conditions contribute in different ways to parental stress, which, because it influences parents' capabilities to cope, is the third important factor to include in the analysis.

### Parenting Stress

Parenting stress is a possible risk factor that may influence the emergence or exacerbation of behaviour problems (Margalit and Kleitman 2006), since a highly stressed parent may engage in negative behaviours, such as inconsistent or harsh parenting (DeGarmo et al. 2004). Hecht and Hansen (2001) suggest that parents who have higher levels of parental stress are more likely to view their child negatively. Stress is related not only to parents' overt behaviours, however; parental stress and well-being have also been shown to affect the ways in which children cope or adapt their own behaviour (Willinger et al. 2005). In a study by Solem et al. (2010), the concept of "parenting stress" was broken down into situational parenting stress (caused mainly by demands in exo- and macrosystems) and relational parenting stress (caused mainly by demands in microsystems). Situational stress can be modified with parent-training programmes, in which a key focus is on enhancing coping strategies in various contexts, as well as helping them ask for

more social support. Some parents may require help to improve their families' living conditions. Relational stress is understood as a result of problems in either relatedness or attachment patterns developed between the child and the parent over time, or in patterns developed through coercive parenting because of the current situation with the child. It is important to view both aspects of stress in situated parenting. It may also be important to focus on situational stress and relational stress as two different dimensions that should be treated differently in clinical practice, while recognizing that situational parenting stress may influence relational parenting stress.

## Method

Participants

The data in this article is taken from a Norwegian study (Solem, Christophersen and Martinussen, Solem et al. 2011) that predicted parenting stress and coping practices in a sample of 192 parents of boys 6–13 years old (64 with behaviour problems and a comparison group of 128 without). The Nijmegen Child-rearing Situation Questionnaire (NCSQ) (Wels and Robbroeckx 1996) used in this study includes, among other aspects, a global appraisal scale of the child-rearing situation ranging from (1) "Parenting my child is going exceptionally well. I experience no problems at all. Support or advice is completely unnecessary" to (8) "I despair when I consider how I am functioning as a parent to my child. I have tried everything, but nothing seems to help. Matters seem to be worsening. I need immediate support or advice from someone who can help me, because I have exhausted all of my own ideas about what it is that I should be doing."

To make up a suitable sample size for the qualitative analyses, 16 parents who represented the range of distribution from 1 to 8 on the global appraisal scale were chosen. Six parents were recruited from the clinical group and ten from the comparison group. They represented a variation in scores on the NCSQ, in marital status, and in the child's age and problems.

The study was approved by the Regional Committee for Medical Research Ethics and the Data Inspectorate.

Characteristics of the Parents in the Study

Of the 16 parents, six were single at the time of the interview (three from each group); three were divorced, two were widowed, and one had not been married. Three of the single parents were university-educated and one well-employed, and one of the widowed parents and the unmarried parent had only 10 years of education and were both on sick leave. Among the ten married or cohabiting parents, in five couples at least one partner had university education and in five at least one had 12 years of education. Only one couple had a difficult financial situation at the time of the interview, but their housing was good.

The unmarried parent, Mona, and her son Anders are highlighted in the presentation of the parents' situations. They belong to the clinical group, as the son was referred to the child and adolescent psychiatric unit for behaviour problems. Except for Mona and the widowed parent on sick leave, all parents lived in good housing and had friends and relatives to help and support them. All parents except Mona had more than one child, which means that Anders and Mona were in a special situation. They had few resources in the meso- and exosystems, almost no support from friends or family, and very little financial security. This family was therefore chosen to demonstrate the importance of viewing parenting with a broad understanding, as situated within overlapping systems and subject to a unique set of circumstances.

Interviews

The parents were interviewed according to the Life Mode interview format (Andenæs 1995; Gulbrandsen 1998), and performed by the author. This interview form is organized along a time axis and follows the everyday routines and events as they unfold from early morning to bedtime, based on the day previous to the interview. The parents were encouraged to reflect on many of their own issues and feelings and to relate them both to the organization and routines of their family life and to their beliefs about childcare and child-rearing. Routines and the organization of the family's day, activities and interactions, responsibilities and preferences of the individual family members, and the reasons and background for what went on during the day were highlighted. The parents' were asked follow-up questions and asked to recount former experiences to enrich and add detail to their stories. Plans and hopes for the future were also elicited in the interviews. This is an approach that has proven particularly useful for understanding children's social interactions and the affective qualities in such interactions. Almost all of the interviews were conducted in the families' homes, lasted from 1 h to one and a half, and they were audio-taped and transcribed into a written text suitable for the analytic work.

Analysis

The analytic strategies were based on thematic organization ("meaning condensation") and "meaning interpretation" (Kvale and Brinkman 2008). Meaning condensation entails abridgement of the meanings expressed by the interviewees into shorter formulations. Long statements were compressed into briefer statements in which the main sense of what is said is rephrased in a few words. These statements were then sorted into sub-themes, and then all of the sub-themes were inductively coded, forming the basis for the new themes: organization of family life, child and parent participation in family life, stress, and social support. Through the analytic process, "organization of family life" and especially "parent–child interactions" emerged as important themes to pursue.

With the help of another researcher the analysis was refined by going through the interviews several more times looking for stories, reflections, pauses, and other clues that could contribute to the clarification of the concepts. Little by little some

tendencies became clearer and opened up the material for new analytical questions. Second, all of the interviews were read through again deductively and the perspectives developed during the initial analysis were followed up, with particular attention to the parents' descriptions of their context, parenting stress, and ways of guiding their children as they develop. We marked all of the ways parents interacted with and guided their children, as well as the contexts in which these situations took place.

The Microsystem: The Child, the Parent, the Family

Although parents' social and material conditions may be supportive in the parenting situation, they may also pose barriers and increase parents' stress. Parental stress has important implications for parent–child interactions, and hence for the living conditions for the child (DeGarmo et al. 2004; Heller and Virginia 2006; Kadesjø et al. 2002), and it may predict poor child adjustment over time (Heller and Virginia 2006; Kadesjø et al. 2002). Maternal psychosocial health may also have a significant effect on the mother-infant relationship, which in turn may have consequences for the short- and long-term psychological health of the child (Barlow et al. 2004). In the following, therefore, I focus on Mona and Anders' living conditions and everyday life to illustrate a holistic perspective on children's health.

Mona, aged 32, lives alone with her son, Anders, who is 7 years old. The family is working-class according to the criteria of education and employment. Anders has epilepsy, but is now symptom-free because he takes medication for this problem. He also has a diagnosis of ADHD and problems with concentration and interaction in certain situations, and therefore takes Ritalin every day. Lately, he has developed eating and sleeping problems, known effects of the Ritalin.

The Meso- and Exosystems: Social Network, the Child's School, the Parents' Employment Situation, Socioeconomic Situation, Housing Qualities, and Relation to Assistance Agencies

Mona and Anders have almost no contact with Anders' father, who is therefore in the mesosystem, rather than the microsystem. Mona and Anders seldom have visitors at home, and they seldom visit other people or friends. She has two girlfriends, but she does not see them often. Anders has no real friends to play with after school, but he does play football with other boys. Mona's parents divorced years ago, and Mona has no contact with her father, who lives in another town. They do, however, sometimes visit Mona's paternal grandmother and grandfather. Mona has infrequent contact with her mother, less than once a year, and while she visits her mothers' parents occasionally, she never invites them to her own home.

Mona works as a clerk in a public office. Previously, she worked in a kindergarten. Anders is in year 1 in primary school and participates in after-school care programmes. When Mona was interviewed, she had been on sick leave for some time, but was looking forward to returning soon to 100 % work through a social services programme designed to help sick people return to work that would pay 50 % of her salary. Mona and Anders live in a small two-room flat in an eastern

municipality outside of Oslo, and she has severe financial problems. She has asked social services for help managing her finances.

Mona goes to individual therapy once a week, which is covered by the social security system. She has received years of therapy to help her cope with her own childhood experiences of growing up with an emotionally unstable mother. About a year before the interview, Anders was referred to a child and adolescent psychiatric unit, where he received medication for his behaviour problems. They were not offered family therapy in addition to medical treatment for Anders' ADHD, however, once a month Anders visits a relief family, and at the time of the interview he was going on his fourth visit.

The Macrosystem

In Western Europe middle-class child-rearing practices are the norm for what we consider to be "good" parenting practices (Hennum 2006). Middle-class parents stimulate their children to develop in a specific way or direction by assisting their children's development, and they have the resources to carry out this project. Norwegian research on children living in poor families shows that the most vulnerable children are those living in families with single mothers, parents who are unemployed, or parents receiving social support. These parents experience significant stress, which in turn influences their parenting and their organization of daily routines, as well as affecting their child's social, physical, and cognitive development. The middle-class idea of "family" also reflects an ideology that values certain gender relations, mother love, and family privacy, and influences how families construct themselves. Lack of resources, bad housing, low income, family conflict, and chronic illness all make an already difficult living situation even more difficult to escape, leading to low social status and the potential for stigmatization. Many poor parents withdraw themselves and their children from social settings because they are ashamed of their situation.

## Results

Everyday Life of Mona and Anders

Mona says that after he started on Ritalin, Anders lost his appetite and he falls asleep late in the evenings. This means he is very tired in the mornings, and Mona must help him get dressed.

> "The side effect of the medication is that he falls asleep late and does not eat much. So we are working a lot with his eating problem. He is followed up and is weighed once a week. He has always been a compact boy, but now he is thin, so skinny. He has lost weight, six kilos, since September, I think".

Breakfast is therefore a big project. Mona lets him decide what to eat, but she needs to encourage every bite, pushing him to eat, otherwise he would not eat at all. Sometimes the interactions between the two escalate to the point that he has to leave

to participate in the school programme (before 8:00 a.m.) before he has managed to eat. While he is at school, Mona does all the necessary shopping alone.

When Anders comes home from his after-school programme at 4:00 or 5:00 p.m. he has learnt to put his thermos in the dishwasher and to wash his hands. While she is cooking, Mona tries to get him started on homework. At the after-school programme he is allowed to choose his own meal, but he often does not eat it. Therefore, Mona tries to make him eat at once when he comes home.

Mona believes it is important that parents follow their children's activities. She is a coach for Anders' football team, and she makes an effort to attend Anders' football practice once a week and to help him with his homework every day after school.

> "It is important that parents are involved with their children and support them and back them up, no matter how the children are. My parents did not, and that was a loss. There was never anyone to watch my football games when I was little. So I decided that if he started with football, then I would follow up. And if I can contribute to something, I will. They asked for trainers, and so I said I might be the one. I am a team leader and there are two other trainers too. So I am very into this, to follow his sport and to help him with homework. Mother never cared about me".

When she is in football training with Anders and the other boys, Mona is never stressed. At home, she tends to let some situations go by when she thinks insisting will cause more problems. For example, she does not want to make an issue out of the meals, so she often makes an effort to offer Anders the food he likes best, but she struggles with boundaries and with being consistent. She has doubts about what to overlook and when, as this may have big consequences for Anders' health.

> "Before, he ate three to four sausages, but now I have to struggle to get him to eat one sausage. And pancakes were his favourite, but now I have to struggle to make him eat a single one. Meals are very laborious since he started on Ritalin".

Now, when she is on sick leave, Mona feels even more pressured and stressed because she feels that she has to "be there for him all the time." However, even though she is solely responsible for Anders, she sometimes must leave him alone to fulfil other obligations. She has no one with whom she can share the care for Anders, except for his the monthly visit to the relief family. When they visit grandparents, Mona says, she is afraid that Anders will not behave properly; she is always stressed over Anders' possible behaviour when they are at someone else's home.

She sometimes becomes angry and punishes him by forbidding him from playing on the computer for the rest of the day. She sometimes "explodes" and uses words she later regrets. She believes she can contribute to improving his behaviour, but she also contributes to escalating situations when she is tired. Mona has not been violent and she never hits him; her abuse is verbal, and she shouts at him and uses bad language when she is stressed. On other days she plays with him and sometimes she makes amends by over-praising his good behaviour.

When they have quarrels, and she has used bad language, Mona always asks him for forgiveness and talks to him about it. When she called him a brat, Anders told her he became very sad; she is proud of having taught him to express his feelings. When he said that she hurt his feelings, it made an impression on her and she went into his bed and apologized. She speaks of serious conflicts that escalate beyond her control because she has no energy left to decide when and how to intervene. She also struggles with trying to understand his changing behaviour. However, when the medication is working, she thinks he is a nice boy.

Every day is almost the same, even in the summer holidays, because she has no money for vacations. In the afternoons, they are almost always alone, doing homework, playing on the computer, or watching TV. In the evening she brushes his teeth because she remembers that she had to do this herself and even make her own food before the age of five. She explains that she sometimes lies down beside him in the evening to help him fall asleep but it often fails. Anders usually goes to bed very late in the evenings. One Saturday when Anders had finally gone into bed but continued to argue, she cried out: "Shut your mouth, you brat!" She wanted to escape—to leave. In such situations, she thinks it's impossible for her to control Anders. Mona is often exhausted and feels that Anders is constantly pushing her around and invading her personal time. She feels that she has no time for herself in the evenings. She tries to develop routines and organize daily life as smoothly as possible, but sometimes she fails because she is too tired.

Mona's Difficult Situation in Contrast to the Other Parents' Situations

All parents arrange for their children in many ways. The other parents in this study plan the mornings to minimize problems. They may have to push a little bit, but they see their children master more and more in everyday life for every year that passes. Other children Anders' age have duties at home, and they manage their morning routines without their parents telling them what to do. Everything runs smoothly. Mona's situation is like having a boy who manages less than he did before because of his health problems, and she is afraid she is not doing the right things. It must be difficult not seeing improvements in his behaviour and development that are apparent in other children.

It is obvious that Mona's intention is to make up routines in their microsystem that best fit Anders, but she cannot always arrange the day in ways that facilitate their interaction. Mona has financial troubles and cannot afford to travel on holiday or to do anything different from the daily routine. This makes her tired. Nevertheless, she holds a developmental perspective in that she sees differences between Anders' past and present behaviour, and she believes his behaviour is improving. She expresses concern and worry about Anders, and at the same time she sees him as a clever boy.

While other parents construct more complex organized routines, Mona's organizational practice is limited to taking care of simple day-to-day elements within a safe and sheltered framework. Mona seems see safety and stability as the most important aspects of caring, in contrast to the middle-class parents in this study, who are concerned with future planning, developmental values, and the best

opportunities for their children. Mona feels powerless and able to influence very little in Anders' life. She has few alternatives.

> "It is only that I want him to be socially accepted, and have a nice social life. And that is difficult with his behaviour".

Mona's representation of her goals regarding child caring may be understood as having a somewhat narrow scope with reference to her own mother's parenting practices. In the interview, Mona often talks about her mother's inadequate caring, and that her standard for adequate care is motivated by behaving differently from her own mother. Mona's empathy toward Anders' situation may not be optimal. She sees his problems mostly as difficulties in eating and sleeping because his general behaviour has changed. Although they continue to have difficult interactions, she apparently does not see that difficult situations may also arise from her way of parenting. Therefore, it is significant important that Mona and her son are offered adequate help and support from the meso- and exosystems in their everyday life situation. Mona is struggling to be a good mother and to organize daily life for herself and her son and she wants to ensure that Anders receives the same "good standards" of childhood and parenting that other children are offered.

All of the parents in this study told stories about ignoring aspects of their children's behaviour on occasion. Many potential conflicts between children and parents are avoided when parents, for one reason or another, choose to overlook some aspect of an interactional situation. These exceptions are usually grounded in ideas about age, development, and gender; "this special child"; illness (e.g. ADHD); something connected with the parent ("I can't stand…"), or something connected with special situations or certain times of the day. It is important to understand parents' avoidance of confrontation in the context of where and why it happens before assessing whether the strategy as appropriate or not in the particular situation. Avoidance actions are not uncommon in normal family processes, and Mona's situated parenting and use of avoidance may also be understood as normal processes.

All parents may recognize Mona's difficulty in trying to decide whether or not to intervene in an effort to help her child with his eating problems. Being in such a close and constant parenting relation with a child with serious health problems and not knowing what to do is stressing for any parent. It is a real dilemma trying to decide when to intervene.

> "I try to overlook [his missing meals] because children eat when they are hungry. But he is not hungry, and this is the problem. His appetite is gone. I have to buy his favourite food, but I really cannot afford it, right?"

Mona has trouble maintaining her own ideals of child-rearing because of all the challenges she faces. She is tired, has a bad financial situation, lives in too small an apartment, and has only a few friends who can help her. It is not so easy to overlook or to resolve a quarrel in a two-room flat, so avoidance, deciding what to overlook, may be a suitable strategy in her everyday life. She is aware that these inconsistencies do not always contribute to Anders' developmental support. She

is supportive and participates in her son's life, but she is tired of being alone with the responsibility.

Mona has less opportunity to avoid difficult situations than other parents. She has no resources to buy freedom, help, or relief, and her financial situation worries her almost constantly. The heavy burden of debt and lack of money for vacations or outdoor activities with Anders make her sad, so she avoids shopping with Anders and withdraws from visiting family and friends to avoid any associated stress and conflict. She says that when they visit her grandparents, she is irritated and exhausted all the time because Anders demands her constant attention. Likewise, if an adult comes to their flat, Anders becomes demanding again. This is better when they are home alone, but mother and son are practically, as well as psychologically, left alone with each other. Mona appears to be struggling with situational stress because of her bad financial situation and too little social support.

> "I often lay awake at night because of this financial situation of mine. I am exhausted."

She also struggles with her conflicted feelings towards her son. She sometimes acts out her emotions, and then feels she has to apologize after losing control. These feelings may be viewed as relational stress.

> "By the time we go out the door, I am already stressed because I know it is going to be terrible. He may be a little terror. I try to avoid such situations. I actually avoid a lot because I want to have less stress in my everyday life. Grandfather tells me to take a breath and go out to have a smoke when we are visiting them. So I do and then I calm down".

There seemed to be a widespread idea among the parents that giving a child the opportunity to calm down and "think it over" is an adequate strategy in certain conflict situations. This of course also gives the parents an opportunity to calm down, even if this is not a stated aim of the action. Parents do, however, tell stories about how they retire from (potential) conflict in particular situations in order to calm down, to cope with their own feelings of irritation or anger, to take the opportunity to reconsider the situation, and to break an escalating cycle. Many parents would actively avoid interaction in specific situations in order to steer clear of, or escape, certain conflicts with their child. All parents in this study sometimes withdrew from demanding situations with their children. They needed a time-out in order to reflect on what might be the best intervention should the demanding situation escalate. Mona and Anders, however, are isolated in a small flat and she is not working. Neither of them have the opportunity to withdraw positively in order to think about what to do.

> "Then I want to spank him, but I do not. I am rather angry and set boundaries with following consequences if he goes beyond them. The consequence that stings the most is taking away his computer. He also gets rewarded for good conduct, and for him it is enough. When I see that he has behaved well, then I exaggerate the praise. I overdo it, and he just drinks it in and feels good".

## Discussion

The Significance of Contextualizing Family Therapy

The opportunities to frame everyday interactions in suitable ways varied among the families in this study. Unlike Mona, many parents in this study were in a co-parenting situation in which they helped and relieved each other and were able to find time to themselves. Divorced couples that shared custody were also able individually to have time off when the children stayed at the other parent's house. Single parents have the stress of raising their children alone and the added responsibilities that go along with a lack of support (Hecht and Hansen 2001). When a single parent lacks social support and becomes stressed, it may result in problematic parenting (Lengua 2006). Mona scored 5 on the NCSQ appraisal of her child-rearing situation, indicating that she has a number of problems with being a parent to Anders. She worries herself about this and wonders if she can get support and help.

There is a need to add resources and relief from the exosystem to help single mothers like Mona and their children. The greater the number of risk factors, the greater the prevalence of clinical problems (Rutter 1979, 1995; Sameroff 2000). Following Rutter (1979), the risk factors in Mona's living condition (severe financial problems, small flat, little social support) may potentiate each other such that their combined effect is far worse than the sum of their separate effects. We know there is a correlation between living conditions and health. In everyday life, we take for granted that parenting is a situated process, influenced by the situations in which parents act, the resources parents command, and the motivations and beliefs parents wish to uphold. That should also be the case in clinical child and family practice; we should recognize the situations, resources, motivations, and beliefs of parents like Mona and help them to parent as well as they wish to.

Towards a Broader Understanding of Parenting Practices

Andenæs (2004) has stated that it is necessary to explore what kind of psychological understanding is used in child welfare, because such understanding guides practice. In psychiatric services, attention is generally directed most towards diagnoses and implementing treatment from a biomedical viewpoint (Ekeland 2001).

A salutogenic perspective, on the other hand, strives to balance between eliminating risk factors and enhancing protective factors; to emphasise normal family processes as dynamic concepts, changing as the child develops; and to broaden the concept of normality to include more variation and diversity (Solem 2011). By bringing knowledge from "normal" non-clinical parenting processes into therapeutic practice, it may be possible to avoid always seeing clinical cases as deviant.

The perspective of critical realism reminds us that environmental conditions influence the framing of family life and parents' coping practices. This study also shows that the socioeconomic situation of the families and the regularity of co-parenting arrangements have considerable impact on parents' opportunities to avoid

demanding situations with their children. Parents with more socioeconomic resources, social support, or active co-parenting practices have more freedom of choice in their arrangements of family life than single parents with fewer socioeconomic resources like Mona.

A broader understanding of parenting practices as situated in particular socioeconomic circumstances will enable a more comprehensive understanding of a child's life by taking into account the family's living conditions and lives in their cultural and social contexts (Bronfenbrenner 1979, 2005). This understanding highlights the meso-, exo-, and macrosystems affecting a difficult childcare and child-rearing situation that may otherwise be viewed only on the microsystem level. This means that interventions should be designed as comprehensive programmes that enhance as many aspects of family life as possible by increasing social support or promoting economic security to create more stable and financially secure homes (Appleyard et al. 2005). Parents in situations like Mona's need help to enhance their living conditions and decrease their stress so that their parenting may improve and their parenting intentions become easier to fulfil. Rearing a child with behavioural problems demands better coping resources than rearing a child without problems; parents with diminished resources and a child with behaviour problems need help appropriate to their situations to allow them to parent effectively.

Although research suggests the neurobiological basis of the condition and the effectiveness of the medication used in treating ADHD, the quality of the parenting and social environment also plays a significant role in the aetiology, maintenance, and treatment of ADHD-associated problems (Howe 2010). According to Howe, by recognising the part that psychosocial elements play in understanding the condition, family therapists or social workers may become valued members of multidisciplinary teams to support parents and help them to understand and manage their ADHD-diagnosed child. Through enhancing parental coping practices, such help may also prevent other psychosocial problems in the family. Developmental goals for child-rearing and the availability of social support must be included in assessing and understanding parent–child interactions and the organization of everyday life in a particular family.

Working Class Family Values and Clinical Practice

Many of the parents in this study emphasized flexibility and adaptation in their parental practices, while at the same time maintaining their ideas of family life and developmental values. They make up routines and arrange the day in ways that facilitate interaction, and they make preparations to strengthen their children's skills. Sensitive and thoughtful organization of everyday life mediates parenting values and prevents conflict and emotional stress throughout the day. Parents value routines and the forward-looking perspectives such as hopes, plans, goals, and dreams that give parenting power and direction as a formative project of child development.

A sociocultural perspective expects that most parents organize special child-focused activities or expect children to learn from guided participation in ongoing, shared endeavours. In the macrosystem of middle-class families, parents often

structure children's learning by organizing the children's attention, motivation, and involvement (Rogoff 2003). They frequently structure parent–child engagement in child-focused activities, conversations, and play that prepare the children for school participation. This means that middle-class parents stimulate their children to develop in a specific way or direction by assisting their children's development.

Mona tells that she is occupied with constructing a safe and sheltered framework around Anders. She also helps Anders with school homework. Her interactions may be understood as she does not structure Anders' learning by organizing his attention, motivation, and involvement enough to influence his development in the right direction. On the other hand, her interactions may be understood as her mothering project and goal are good enough. The question is: does Mona construct normal family processes that give Anders adequate developmental support? If the middle-class values in the caring practices are the gold standard in clinical assessments, the answer is "probably." Because of her heavy burden of stress, Mona avoids many social situations and does her shopping and other errands alone. By avoiding social situations that could be embarrassing, Mona limits Anders' opportunities for "guided participation" to those in which she does the guiding, and he may become deprived of the varied and necessary social experiences that promote social competence. Mona's avoidance actions may also undermine her opportunities to receive assistance from others. Like some of the other parents, she reported that she was ashamed of her son's behaviour in front of other people, and therefore avoided some social settings and family situations. Mona has become more socially isolated, which in turn reduces her chances to withdraw from Anders to recover or to find new ways to respond to him that are age appropriate. This also reduces Anders' opportunities to learn social competence. Anders needs to be exposed to different social arenas to develop adequately. Although it is positive that Mona is so active in training Anders' football team, they both need more social interactions with other people and away from each other.

In child and family practice, normative assessments are necessary in the clinical understanding of particular families' situations. Considerable work is involved in any parent's effort to build a "normal family," but for parents like Mona, whose opportunities are limited by their situations, that work should be supported by targeted help specific to their circumstances. In Mona's case, this would mean guided participation in the parenting situation with Anders in addition to practical and social support.

## Conclusions

This study demonstrates, as a corrective to an unbalanced focus on problem behaviours and diagnoses, the importance of considering the family in context in clinical social work. From a child protection perspective, it is important in clinical practice to understand parenting as situated within specific social contexts, and it is important to identify risk and protective factors that are unequally distributed in society. These factors must be identified using an interdisciplinary approach that includes insights from outside health services. Parenting stress should be assessed at

the onset of services to understand the unique needs of the particular family and to help parents use age-appropriate discipline strategies with their children. An analytic model that focuses on the contextual variables that influence families' lives is further needed in clinical practice.

# References

Allison, J., Jenks, C., & Prout, A. (1998). *Theorizing childhood.* Cambridge: Polity Press.

Andenæs, A. (1995). *Parents and child in change.* Oslo: Pedagogisk forum.

Andenæs, A. (2004). Why don't we recognize poverty? From a study of children being placed outside home. *Nordic Journal of Social Work, 1*(24), 19–33.

Antonovsky, A. (1979). *Health, stress and coping.* San Francisco, CA: Jossey-Bass.

Antonovsky, A. (1987). *Unravelling the mystery of health.* San Francisco, CA: Jossey-Bass.

Appleyard, K., Egeland, B., van Dulmen, M. H. M., & Sroufe, L. A. (2005). When more is not better: The role of cumulative risk in child behavior outcomes. *Journal of Child Psychology and Psychiatry, 46*, 235–245.

Barlow, J., Coren, E., & Stewart-Brown, S. (2004). Parent-training programmes for improving maternal psychosocial health. *Cochrane Database of Systematic Reviews, 2004*(1), CD002020.

Bhaskar, R. (1998). General introduction. In M. Archer, R. Bhaskar, A. Collier, T. Lawson, & A. Norrie (Eds.), *Critical realism.* London: Routledge.

Bronfenbrenner, U. (1979). *The ecology of human development. Experiments by nature and design.* Cambridge: Harvard University Press.

Bronfenbrenner, U. (2005). The bioecological theory of human development. In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives on human development* (pp. 3–15). Thousand Oaks: Sage. (First published in 2001).

DeGarmo, D. S., Patterson, G. R., & Forgatch, M. S. (2004). How do outcomes in a specified parent training intervention maintain or wane over time? *Prevention Science, 5*, 73–89.

Devine, F. (1998). Class analysis and the stability of class relations. *Sociology, 32*, 23–42.

Devine, F., & Savage, M. (2000). Conclusion: Renewing class analysis. In R. Crompton, J. Scott, M. Savage, & F. Devine (Eds.), *Reviewing class analysis.* Oxford: Blackwell.

Dreier, O. (2008). *Psychotherapy in everyday Life.* Cambridge: Cambridge University Press.

Ekeland, T. J. (2001). The biomedical architecture as a power discourse. *Fokus på familien, 29*, 308–323.

Gulbrandsen, L. M. (1998). *In children's everyday life: A culturopsychological study of girls' and boys' development.* Oslo: Universitetsforlaget.

Hartvig, M. (2007). Interdisciplinarity, etc. In M. Hartig (Ed.), *Dictionary of critical realism* (pp. 259–260). New York: Routledge.

Hecht, D. B., & Hansen, D. J. (2001). The environment of child maltreatment: Contextual factors and the development of psychopathology. *Aggression and Violent Behavior, 6*, 433–457.

Heller, M. B., & Virginia, U. S. (2006). Reliability and validity of the family inventory of resources and stressors: An extension with clinical and nonclinical samples. *Dissertation Abstracts International: Section B: The Sciences and Engineering, 66*(09), 5089.

Hennum, N. (2006). Likestillingens utfordring: Å avkjønne omsorg for barn [The challenge of equality: the reconstruction of caring for children]. *Sociologi i dag, 36*(3), 35–58.

Hill, L. C., & Hilton, J. M. (1999). Changes in roles following divorce: Comparison of factors contributing to depression in custodial single mothers and custodial single fathers. *Journal of Divorce and Remarriage, 31*, 91–114.

Hilton, J. M., Desrochers, S., & Devall, E. L. (2001). Comparison of role demands, relationships, and child functioning in single-mother, single-father, and intact families. *Journal of Divorce and Remarriage, 35*, 29–56.

Hilton, J. M., & Kopera-Frye, K. (2007). Differences in resources provided by grandparents in single and married parent families. *Journal of Divorce and Remarriage, 28*, 203–224.

Holahan, C. J., & Moos, R. H. (1987). Risk, resistance, and psychological distress: A longitudinal analysis with adults and children. *Journal of Abnormal Psychology, 96*, 3–13.

Houston, S. (2001). Beyond social constructionism: Critical realism and social work. *British Journal of Social Work, 31*, 845–861.

Howe, D. (2010). ADHD and its comorbidity: An example of gene-environment interaction and its implications for child and family social work. *Child & Family Social Work, 15*, 265–275.

Kadesjö, C., Stenlund, H., Wels, P., Gillberg, C., & Hägglöf, B. (2002). Appraisals of stress in child-rearing in Swedish mothers pre-schoolers with ADHD: A questionnaire study. *European Child & Adolescent Psychiatry, 11*, 185–195.

Kvale, S., & Brinkmann, S. (2008). *Interviews: Learning the craft of qualitative research interviewing*. California: Sage Publications.

Lawler, S. (2004). Introduction: Class, culture and identity. *Sociology. Special Issue on Class, Culture and Identity, 39*, 797–806.

Leininger, L. J., & Ziol-Guest, K. M. (2008). Reexamining the effects of family structure on children's access to care: The single-father family. *Health Services Research, 43*, 117–133.

Lengua, L. J. (2006). Growth in temperament and parenting as predictors of adjustment during children's transition to adolescence. *Developmental Psychology, 42*, 819–832.

Margalit, M., & Kleitman, T. (2006). Mother's stress, resilience and early intervention. *European Journal of Special Needs Education, 21*, 269–283.

Næss, P. (2010). *The dangerous climate of disciplinary tunnel vision*. In R. Bhaskar, C. Frank, K. G. Høyer, P. Næss, & J. Parker (Eds.), *Interdisiplinarity and climate change. Transforming knowledge and practice for our global future* (pp. 70). New York: Routledge.

Ohnstad, A. (2010). Developmental psychology. A lifelong learning. In T. J. Egeland, O. Iversen, A. Ohnstad, & G. Nordhelle (Eds.), *Psychology for social and health disciplines*. Oslo: J. W. Cappelens Forlagas.

Richman, N., Stevenson, J., & Graham, P. J. (1982). *Pre-school to school: A behavioral study*. London: Academic Press.

Rogoff, B. (1990). *Apprenticeship in thinking: Cognitive development in social context*. New York: Oxford University Press.

Rogoff, B. (2003). *The cultural nature of child development*. New York: Oxford University Press.

Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M. W. Kent & J. E. Rolf (Eds.), *Primary preventions of psychopathology, 3: Social competence in children* (pp. 49–74). Hanover: University of New England Press.

Rutter, M. (1995). Clinical implications of attachment concepts: Retrospect and prospect. *Journal of Child Psychology and Psychiatry, 36*(4), 549–571.

Sameroff, A. J. (2000). Dialectical processes in developmental psychopathology. In A. Sameroff, M. Lewis, & S. Miller (Eds.), *Handbook of developmental psychopathology* (2nd ed., pp. 23–40). New York: Kluwer Academic/Plenum Publishers.

Solem, M. B. (2011). Meaning making and avoidance in parenting. *Qualitative Social Work,*. doi: 10.1177/1473325011424643.

Solem, M. B., Christophersen, K. A., & Martinussen, M. (2011). Predicting parenting stress: Children's behavioral problems and parents' coping. *Infant and Child Development, 20*, 162–180.

Solem, M. B., Christophersen, K. A., & Wels, P. (2010). A Norwegian validity study of parenting stress measured by the Nijmegen Child-rearing Situation Questionnaire section one. *Scandinavian Journal of Caring Sciences, 24*, 183–193.

Stefansen, K., & Farstad, G. R. (2008). Families with young children and their caring projects. The meaning of class. *Tidsskrift for samfunnsforskning*. Oslo: Universitetsforlaget

Wels, P., & Robbroeckx, L. (1996). Provisional manual. The Nijmegen Child Rearing Situation Questionnaire (NVOS). Department of Special Education University of Nijmegen, The Netherlands.

Willinger, U., Diendorfer-Radner, G., Willnauer, R. M., Jorgl, G., & Hager, V. (2005). Parenting stress and parental bonding. *Behavioral Medicine, 31*, 63–69.

Woodhead, M. (1999). Reconstructing developmental psychology: Some first steps. *Children and Society, 13*, 3–19.