

Making sense of the parenting ‘soft/hard split’

Jenny Brown 

The Family Systems Institute, The Parent Hope Project, the Family Systems Practice, Cremorne, New South Wales, Australia

Correspondence

Jenny Brown, The Family Systems Institute, The Parent Hope Project, Suite 4, Level 1, Cremorne Town Centre, 287 Military Road, Cremorne, NSW 2090, Australia.

Email: jbrown@thefsi.com.au;

contact@parenthopeproject.com.au

Abstract

This paper explores the common parenting style tension around nurture versus limit-setting often evident when working with families with a symptomatic child. Firstly it will delve into the parenting ‘soft/hard split’ with an overview of the literature on parenting styles. Next, it summarises the appearance of this phenomenon in the family therapy literature during its formative days, noting how Bowen, Minuchin, Haley, MRI (Bateson), and the Milan associates respond to this parent presentation in their approaches. Next, the paper outlines recent iterations of these family therapy interventions. An expanded discussion follows on Bowen theory's understanding of the parenting tension triangle. The article then outlines elements of the author's qualitative research study of parents' experience of adolescents' mental health treatment where the ‘soft/hard split’ emerged as a repeating theme. Finally, a clinical intervention based on Bowen theory, the Parent Hope Project, is outlined for how it addresses the parenting ‘soft/hard split.’ The goal is to contribute to understanding this phenomenon and its implications for clinical practice.

KEYWORDS

Bowen theory, child mental health, family interactions, family therapy approaches, family therapy history, parent hope, parent manuals, parent styles, parenting tensions, parenting, qualitative research, sequences, soft/hard split, triangles

INTRODUCTION

This paper will explore a common parenting style tension often evident when working with families with a symptomatic child. In family therapy, this is commonly referred to as the ‘soft/hard split’ (Minuchin, 1974). Parents or carers often present to services polarised around whether the struggling child needs more nurture or strictness. Therapists confront the complexity of a struggling child whose parents are critical of each other's approaches as either too soft without limits or too hard without

Explores the common parenting style tension around nurture versus limit-setting evident when working with families with a symptomatic child. The goal is to contribute to understanding this phenomenon and its implications for clinical practice with a particular focus on Bowen theory.



Key points

1. Parenting tensions about being either too soft or too hard often appear in clinical work.
2. The literature mainly addresses optimal parenting styles rather than the emergence of style tensions.
3. Family therapy approaches have recognised these tensions and developed interventions.
4. Bowen's theory expands a theoretical lens of this tension in the parents and child triangle.
5. A qualitative research example reveals parent disagreements triggered by competing views about a child as 'sick' or 'oppositional.'

empathy. Undoubtedly, this tension adds to an anxious family dynamic that hinders a child's recovery, but what is the clinician to make of this presentation? Did it pre-date the development of symptoms or emerge in response to symptoms? How should this be dealt with in family-based treatment? This paper seeks to shed light on such questions by exploring parenting style literature and the contribution of family therapy approaches. Murray Bowen's (1978, 2013) early research observations on parenting tensions are explored in some depth to assist in conveying a systems view. Additionally, the author's doctoral research on parents' experience of their adolescents' mental health treatment adds to this exploration, with the parenting 'soft/hard split' emerging as a recurring theme.¹ For a theory to have practical relevance, it is imperative to present clinical implications and give examples of clinical interventions. Hence an intervention based on Bowen theory in working with parents is described.

CHILDREN'S MENTAL HEALTH AND PARENTING STYLES

In the field of child and adolescent mental health, there is a good deal of research on the effect of particular parenting styles on children's well-being. There is consistent agreement that an authoritative style, which balances warm connection and firm limits, is optimal; and harsh or dismissive parenting is most detrimental to children's development of healthy functioning (Hoeve et al., 2011; Jabeen et al., 2013; Kawabata et al., 2011; Mayseless et al., 2003; Steinberg, 2001). Commonly described parenting styles are authoritative, authoritarian, indulgent, and uninvolved (Maccoby & Martin, 1983). Baumrind (1991) focuses on three parenting styles: authoritative, authoritarian, and permissive/indulgent. Substantial research affirms the benefits to young people of an authoritative parenting posture that balances warmth with clear limits. Steinberg (2001) conducted a relevant scoping review of 25 years of research into family factors and adolescent development. He asks the question: 'Are some types of parenting "better" for the adolescent than others? (2001, p. 3).' Similar to studies of younger children (Steinberg et al., 1994), it was definitive that an authoritative parenting style, balancing warmth and involvement and firmness with consistency, benefits child and adolescent functioning. Steinberg writes:

Adolescents from authoritative homes achieve more in school, report less depression and anxiety, score higher on measures of self-reliance and self-esteem, and are less likely to engage in antisocial behaviour, including delinquency and drug use (2001, p. 8).

In addition to such discussion on optimal parenting styles, there is research on intergenerational transmission of parenting styles (Conger et al., 2012) and the influence of the genetic temperament of a child on parenting style variations with siblings (Collins et al., 2000).



SYMPTOMATIC CHILDREN'S IMPACT ON THE PARENTING PARTNERSHIP

What appears to be less evident in the literature is research on children's symptoms and disparate parenting styles and what factors contribute to parenting style conflict. One exception is an extensive study by Simons and Conger (2007) that looked at the father and mother parenting styles of 451 families in the United States with a child in 8th grade. Interestingly, this study, which does not focus on a clinical population, showed that most households had compatible parenting styles. Approximately one-quarter of the sample showed disparate styles; however, these did not follow traditional gender stereotypes of authoritarian fathers and indulgent mothers. Also noteworthy is that there were no pairs of authoritarian parents, suggesting that when one parent is harsh, there is a counterbalancing style from the other parent. For the author, this raises a hypothesis that the soft/hard polarity may be commonplace in a clinical population where a child is symptomatic but is not as prevalent in the general population. Of course, this requires further investigation to test this proposition. The family therapy literature contributes significantly to understanding family patterns in response to a struggling child.

PARENTING STYLE TENSIONS AND FAMILY THERAPY

In the family therapy literature, attention is paid to assisting parents to be engaged and helped to be a resource to their children (i.e., Brown, 2008, 2020a, 2020b; Mendenhall et al., 2016; O'Reilly & Lester, 2016; Rhodes et al., 2009). In addition, step-parenting is strongly represented in the literature on parenting partnership tensions (Baxter et al., 2006; Braithwaite & Baxter, 2006; Papernow, 2018).

Early seminal family therapy papers featured a soft/hard split pattern between parents. Minuchin's (1974) structural and Haley's (1987) strategic family therapies focused on structure and hierarchies within a family. Minuchin wrote about the soft/hard split in the context of confused parent hierarchy (Minuchin & Nichols, 1993). He observed this parenting polarity in families with an anorexic child and would prescribe an enactment of reversing the pattern of each parent as an intervention (Minuchin, 1974; Rosman et al., 1975). In structural and strategic approaches, the therapist coaches the soft parent to be firm and the tough parent to be nurturing to correct polarised parenting patterns. The Milan associates also recognised rigid parenting polarities. They would prescribe alternate days for being soft and hard to perturb an inflexible family equilibrium (negative feedback loops) and enable more helpful problem-solving options (Campbell & Draper, 1985; Palazzoli et al., 1978). Such perturbing instructions to parents exemplify a paradoxical intervention (introducing a positive feedback loop). This author recalls her early live supervision in this approach, where parents responded with surprise to this homework, framed as an experiment. It would undoubtedly get parents' attention and redirect their emphasis on arguing for their point of view. The Palo Alto MRI family systems theorists' work drew on the notion of complementary and symmetrical patterns in family relationships, with the complimentary pattern countering the other's communication style (Bateson, 1972; Watzlawick & Beavin, 1967). These strategic therapists were similar in stance to structural therapists. They saw that both counter (complimentary) and synchronous (symmetrical) relationship styles would become self-perpetuating without external perturbation. Therapy focused on giving strategies to disrupt these counter-reactive parenting postures. Bowen's 1950s observational research noted the same parent polarising and offered some additional perspectives to understanding parenting tensions (Bowen, 1978, 2013). Like other family therapy founders, he noted the complimentary² parental reactivity that emerged over time. Bowen saw the triangle as critical to understanding this dynamic but less as the family structural pattern that Minuchin and Haley espoused. Instead, he saw this triangle as an adaptation to the anxiety generated by each parent's insecurities. Further discussion of Bowen's lens will follow.

Discussions in the family field about parenting polarising has continued to some extent. Similar to early strategic approaches, the backdrop to parent-style tensions is the tendency for each parent to



compliment or counterbalance the stance of the other. Carmel Flaskas conveys this circular relationship process as it impacts parent hope:

... there can be a “swapping” of positions in the constellation. In the situation of illness of a child in two-parent families, one notices patterns of the parents almost taking it in turns to feel hopeful or hopeless. When one parent moves from feeling hopeful about the child's future to feeling more hopeless, the other shifts to feeling and acting more hopeful (Flaskas, 2007, p. 192).

A common factor in systemic approaches and parent tensions is the view of reciprocity that becomes part of family homeostasis (maintaining predictable equilibrium). Parenting styles are co-created in circular patterns rather than being expressions of different individual traits. Structural and strategic approaches remain influential in the field regarding parenting tensions. Interventions aim to perturb fixed patterns to allow the system to make more functional adjustments.

Noteworthy is James and MacKinnon's (2011) writing about an integrated treatment framework drawing from structural, strategic, and Milan models for addressing parenting inconsistencies. In particular, they describe utilising in-session enactments similar to Minuchin's approach. Parents are given a related task in sessions with coaching to correct any undermining of each other's parenting. The goal is to teach parents an authoritative approach to an acting-out child. A Milan stance of neutrality and circular questions is employed to assist parents with new insights and prevent the therapist aligning with either parent. It is noteworthy that there is a return to these first-order family therapy³ approaches in the realm of parent tensions. Richardson (2016) presents a similar approach using enactments in dealing with children's school refusal and parent tensions about what the child needs.

BOWEN THEORY AND A FAMILY SYSTEMS UNDERSTANDING OF THE PARENTING TENSION TRIANGLE: PARENTS SURE UP THEIR INNER TENSION BY CRITIQUING THE OTHER

In Murray Bowen's 1950s–60s National Institute of Mental Health research with whole families, in a psychotic young adult's admission he noticed the polarisation of parents reacting to excessive rescuing or firmness (Bowen, 1978, 2013). Bowen observed a predictable pattern with his research families: if one parent argued for more nurturing, the other was likely to advocate for firmer behavioural strategies.

Distinctive in the early family therapy movement, Bowen wrote predominately from his observational research (rather than from clinical practice) about a predictable process behind parent splitting. While the complimentary interchange is similar to Minuchin and other family therapy pioneers, Bowen viewed the main driver of this as each parent's emotional uncertainty or immaturity.⁴ This uncertainty is managed through an anxious focus on a child (the family projection process) rather than within the marital relationship (conflict, distance, or over and under-functioning spouses⁵).

Bowen's approach was grounded in a natural systems evolutionary framework. Like other species, the human family's instinctual survival sensitivities generate adaptations to perceived threats that may become part of the family's symptom generation. Bowen hypothesised that the family system's increased emotionality (anxiety) induces parents' polarising. Each parent and spouse could sure up their inner tension by critiquing the other. He writes that for parents, “The opposing viewpoints seem to function in the service of maintaining identity” (Bowen, 2013, p. 112). Each parent detours their insecurities by emotionally attuning to the parenting partner's floundering and has a counter-reaction. They react to the other carer more than responding to the child. Both sides of the debate are viewed as expressions of an ‘anxious child focus’ rather than from inner convictions. It was the focus on debating the sickness in the child that appeared to polarise parenting style:

One parent, basing their opinion on knowing how the patient felt, "would say that behaviour was caused by sickness and advocate understanding, love and kindness for the patient. The other parent would conclude that it was not all sickness and advocate management based on what the patient did, instead of feelings (Bowen in Butler ed., 2013, p. 125)."

To reduce parenting tension, Bowen noticed that:

In those families in which both parents could eventually tone down the sickness theme and relate to the patient [child] on a reality level, the patients changed (Bowen in Butler ed., 2013, p. 125).

At the core of this is an understanding of the emotional triangle between parents and child. The adults divert from addressing themselves to each other and focus on the child, who in turn becomes highly sensitised to their parents. The reactive triangle with parents incubates the child's emotional fusion⁶ in that it builds the child's heightened sensitivity to the emotional state of each parent. Hence this impinges on a child's developmental breathing space more than siblings who are less caught in the triangle. The focused-on child becomes an unconscious, active participant through eliciting nurturing from the soft parent and distancing or opposing the hard parent.

Building on Bowen's theorising, Kerr and Bowen (1988) describe this process as an emotional over-focus on another. He writes:

This pressure for adaptations or accommodations emanates from the emotional reactivity of people and not from the thoughtful recognition of a need for compromise to improve co-operation (Kerr & Bowen, 1988, p. 79).

Other practitioners drawing on Bowen family systems theory have expanded discussions about how anxiety about a symptomatic child activates an emotional triangle. One parent aligns with the child's neediness, and the other responds from their more distant, outsider position. Donley (2003) writes about her clinical observations of a familiar triangle pattern of an involved mother and a more passive father (although she notes this can present in reverse). When the mother struggles to manage the child, she often asks the father to step in but reacts critically to him for being too firm with the child/adolescent. When the father distances, he silently criticises the mother for being too soft.

THERAPISTS GETTING CAUGHT IN PARENT TRIANGLES

It is critical to note the risk of therapists triangling⁷ or side-taking with either parent. Clinicians can easily fall into blaming mothers who are often anxiously involved with a struggling child and aligning with the quieter father in agreeing that she should back off. But equally, there is a risk of aligning with the involved, nurturing mother and judging the critical parent. Such clinical positions depart from a systems view. Michael Kerr writes about the trap of mother or parent-blaming:

The relationship with her husband is a critically important part of that context ... She is not operating in a vacuum. She is not to blame for child focus. It is not about the mother – it is about the parental triangle and the larger context in which it exists. Make no mistake about it ... the father participates equally in the parental triangle (Kerr, 2019, p. 36).

Donley (2003, p. 152) writes that 'the common denominator in a marriage that supports child-focus is that anxiety⁸ is experienced more in the relationship with the child than it is in the relationship between mother and father.' What can appear to be couple tension in the soft/hard split is understood as embedded in the anxious focus on a child with the emotional intensity compromising their development.



The child's developmental breathing space becomes emotionally overcrowded (Brown, 2008). The child comes to play their part in the triangle by increasingly focusing on their parents. Thompson (2014) writes about triangling around a self-harming child/young person from both parents and professionals:

The deeper cutting refocused both sympathetic and critical attention on the patient. Some called her behaviour a cry for help; others lectured her to stop the insanity (p. 141).

He notes that from a systems perspective, both the sympathetic and critical stances are regressive for the family. Parents' sustained focus on the struggling child prevents either parent from revising their part in the pattern and coming to a more principled position. Helping a parent discover their inadvertent part in reactive triangling around the child's symptoms is not to load more guilt on a parent. Kerr notes that 'an important distinction exists between causing something and playing a part in it' (2019, p. 24).

The clinical goal emanating from a Bowen theory lens on the soft/hard split is to assist a parent in observing and working on themselves and reducing their focus on fixing the child or the other parent. Bowen recognised this was not an easy shift, especially with a medical model focusing on treating the symptomatic child. Nevertheless, he described a profound turning point in family treatment when either parent 'could make a project out of themselves' (Bowen, 1978, p. 96).

It is important to note that the effort was for parents to focus on their part and not to focus on making the relationship harmonious and insisting parents be on the same page. Bowen believed that children could see through the united front or pretend harmony. They intuitively know when a parent is deferring to the other parent to keep the peace. Therefore, it is optimal for each parent to work at being open with each other about their perspectives and not force the other to change.

At the risk of simplification, the table below represents the author's efforts to clarify similarities and differences in foundational family therapy approaches (Table 1).

AN EXAMPLE FROM PARENT RESEARCH – IS MY CHILD UNWELL OR BEHAVING POORLY?

In this author's doctoral research, it emerged that all parents or carers of chronically symptomatic adolescents described versions of a soft/hard split. The qualitative research study interviewed 14 sets of parents about their experience of their involvement in their adolescent's partial hospitalisation treatment program at three junctures: at admission, at discharge, and at a six-month follow-up. Other papers

TABLE 1 Family therapy approaches to the soft/hard split.

APPROACH	COMMON FORMULATION	DISTINCTIVE FORMULATION	COMMON INTERVENTION	DISTINCTIVE INTERVENTION
Structural	> Complimentary parental reactivity > Co-created	> Hierarchy confusion > Inconsistent parenting	> Track interactions	> Directions to shift style > Enactments
Milan & strategic	> Entrenched circular patterns > Maintaining predictable equilibrium	> Negative feedback loops > Communication blocks	> Track sequences	> Paradoxical reversals
Bowen family systems	> Reactive polarising over time in response to a perceived vulnerable child	> Emotional fusion in a triangle with child a participant > Child-focused projection > Adaptation to anxiety/emotionality	> Track process	> Work on differentiation of self – reduce focus on others > Parent insight

present comprehensive methodology and findings from this research (Brown, 2018; June 2020; Nov 2020). The soft/hard split theme was a secondary finding sparking the author's curiosity.

A repeating theme in the parent textual data was the tension and confusion parents experienced about whether to respond to the child as 'sick' or 'oppositional.' For example, one father encapsulated this saying:

The thing is, when the sickness occurs, we try to blame each other, and I say you're too strict, and my wife says you're too loose.

Parents split around this question in all family configurations represented in the sample: biological, step, and adoptive. Even with single parents, this theme arose in the context of extended family and with helping professionals. In this small qualitative sample of 17 interviewees over six months, it is interesting to note that there is no gender-stereotyped pattern of mothers appearing soft and fathers firm; instead, this binary is expressed evenly amongst mothers and fathers. The parent who was more involved in the care of and treatment of the child was more likely to advocate for more nurturing and accommodation of their symptomatic behaviours.

The parents who were couples in the same household (biological and blended families) expressed their awareness of the disagreements and reactions between them. They could articulate one parent taking either too firm or nurturing an approach to managing their symptomatic adolescent. Tension increases with parents' confusion about whether the adolescent's problem is a sickness or a behaviour problem. The following quotes from parent interviews represent this:

Well, I think we got into a rut where we'd punish her, and nothing worked. And then I'll be the lenient one. My wife will say I'm being too soft and, you know, at the end of the day, the same result evolved, from discipline or no discipline.

Parents expressed recurring tension about whether diagnoses and treatments were the best ways to manage the struggling young person:

He couldn't understand why I was seeing a psychologist; he can't understand why you can't just tell her to go to school.

My husband and I have a completely different view on this whole thing. You couldn't get two people that have more differences of opinion on what this diagnosis means.

In this research data, the most involved parent advocated for leniency to avoid further upsetting the struggling child. The more distant parent was usually critical of this accommodating approach and, when asked to step in, would be prone to being overly harsh. The common confusion that drives this process is about the child's diagnosis: Is it a sickness or behavioural discipline issue? The involved parent hopes the therapist will take their side and help correct the other parent. The distant parent hopes the therapist will reduce their partner's rescuing but is reluctant to speak about their own concerns. The nurturing parent is typically most involved in help-seeking and therapy, while the distant parent is commonly opposed to being involved in treatment.

CLINICAL PATHWAYS TO REDUCING PARENTING STYLE REACTIVITY

In this qualitative research, a group of parents emerged with increased agency and hope at discharge and six months following (Brown, 2018). These parents reported positively changing their interaction with their children during treatment. They contrasted with a small group of parents with reduced hope after finishing



the program who had remained more passive in expecting expert helpers to fix their child. The parents with increased hope (two-thirds of the sample) reported the value of being involved in exploring family dynamics rather than focusing on mental health psychoeducation about their child. In addition, these parents reflected on some helpful experiences that assisted in reducing the parenting tensions. They reported that whole family sessions helped the less involved parent, who advocated for more firmness and who was sceptical about mental health treatment, to develop more empathy for the young person:

The family sessions with my daughter helped to open my wife up to what the situation is. I think before her ideas were, “what are we here for?”... It really helped to open ways to work together to help.

This group of parents found that the ‘parent-only’ sessions helped reduce conflict about parenting. In parent sessions, the more distant parents could be more involved in therapy discussions. They spoke of the value of therapists hearing their opinions and not taking sides with either parent.

Parent meetings have given me an opportunity to put out my opinion on how it's going forward, and how it affects me as well. Because I haven't been able to do that, without criticism or fear about what it's going to do in our relationship.

I think the way that our psychologist dealt with it helped him to be involved. She helped us both to see, even though we may have not seen eye-to-eye on things, his way is not wrong but different. His way is still important.

The parent dyads in the high-hope group all reported how treatment assisted them in shifting from polarised differences to more balanced views about how to parent the symptomatic child. The clinician's capacity to not take sides with either parent and listen well to each perspective provided a pathway to this aspect of relational change. Parents who increased hope and agency did this by reducing the focus on fixing the symptomatic child and increasing their awareness of their reactions. This change of direction is in line with Bowen's observation that ‘... parents who could make a project out of themselves was a turning point in both the theory and practice of family psychotherapy (Bowen, 1978, p. 96)’. The pathway for parents to reduce their fixing efforts towards the child and subsequent negative views of the other parent was being able to redirect attention to their interactions with their child and consider what is and is not helping. They recognise that an effort to change the other parent or the child is not within their control and begin to experience the agency that grows from adjusting themselves.

AN EXAMPLE OF A CLINICAL INTERVENTION TO REDUCE PARENT-TO-PARENT REACTIVITY – TRACING INTERACTIONS

It is one thing to explore a theoretical basis for understanding parenting tensions, but theory will have reduced relevance without seeing how this informs clinical practice or parenting efforts. A clinical approach informed by theory will now be presented as one example of a family systems response to assisting parents who are caught in the soft/hard split that also triangles in a vulnerable child.

These parent research findings and study of Bowen theory have assisted this author in refining a manualised approach, the Parent Hope Project (Brown, 2019), which takes parents on a path to increased awareness of what they can adjust about their parenting. Parent data about the value of learning to see their own patterns rather than being instructed by the therapist have shaped this intervention along with the benefit of repetition in assisting parents in stepping back and observing themselves more thoughtfully. The primary aim is to facilitate a reduction in a parent's intensity directed towards their symptom-bearing child and to make a project out of adjusting themselves. The effort is to promote parent agency and reduce parents' investment in an expert ‘fix’ from the therapist and treatment team. In

each ‘Parent Hope Project’ session, the clinician takes parents through a specific interaction with their child and other family members.⁹ From this described sequence, clinicians ask key questions about the effects of each parent’s responses. Having both parents attend sessions is unnecessary to generate new insight for a parent.

The parenting style tension is one component of the clinical process. It is tackled by asking parents where their energy is directed during the interaction. Is it towards the child, reacting to the other parent, or managing themselves (self in the system)?

CHILD FOCUS: Worried thoughts about the child	What the child might do	What do you want the child to do	How to make the child feel and act differently
OTHER PARENT FOCUS: Being irritated with the other parent	Telling the other parent what to do	Being critical or worried about how the other parent is going about things	Trying to get the parent to approach things your way
PARENT FOCUS: Thinking about what you think is my role as a parent	What are you in control of	What do you want to take a stand on	What do you want to convey is important to you? How do you want to contribute to your child growing their coping capacities?

(Parent Hope Project Manuals: Brown, 2019, p. 21)

The parent manual suggests some self-reflection about the parenting partnership:

When a child is floundering, it is common for each parent to anxiously react to what they feel is unhelpful about the other’s relationship with the child ... Observe how much energy goes into wanting to change the other parent. Is this working? How much of each of your parenting styles is being shaped by your reactions to each other ... (Brown, 2019, p. 22)

The clinical focus is on uncovering the emotional process or reciprocity between family members rather than asking about parents’ opinions or making space for venting. Describing patterns is foundational for revealing to parents the impact of their reactions. Errington (2022) reviews such a clinical path towards generating client relationship insights in exploring the use of sequences in family therapy. She writes

Sequences offer a unique opportunity to observe emotional process in relationship interactions with clients in a way that promotes their own thinking and problem solving abilities. (Errington, 2022, p. 101)

As noted earlier, a vital consideration for the therapist is to avoid taking sides in parent tension. The tracking of factual interactions shifts the dialogue away from parents trying to make a case for their way of doing things. Instead, they observe how they react to each other and consider more thoughtful and balanced ways of working as a parenting team. The therapist works to keep a systems view in uncovering the circularity of family patterns and not getting trapped in linear thinking that leads to blaming or trying to change an individual family member. As Kerr (2019) outlines:

Learning how to track the paths of triangles rather than getting lost in the content of the moment requires discarding cause-and-effect thinking and employing systems thinking. (p. 20)

The clinical pathway described is of the therapist and the client seeing that parenting polarities are driven more by an anxious child-focused reactivity. It is stirred up by watching ineffective efforts to help or change the symptomatic child. This lens guides the therapy process away from



parent education and towards parent self-discovery and improved management of parent emotional responses.

CONCLUSION

This paper has reviewed the parenting soft/hard split in the literature. It has presented the hypothesis that parenting style tensions are less likely in families where children are functioning well. However, when a child is struggling, parents' insecurities are amplified. Polarities of views about appropriate parenting are likely to be prompted by the anxiety of relating to a symptomatic child who is not responding well to the other parent's approach. In this classic family triangle, the observing parent diverts their insecurities by reacting to the ineffective strategies of the other and responds emotionally by taking an opposing position. Parents have stopped addressing their clarity of self in their relationship and have filled this breach by monitoring their children.

While there is substantial research on optimal parenting styles, there is little that explores the emergence of style tensions. The founding theories of family therapy have attended to the familiar soft/hard split in clinical presentations and developed interventions to interrupt such polarising. Bowen's original research opens a particular systems lens to understand how parents' lack of a clear self drives an adaptive response to a struggling child that fuels a soft/hard split. The author's doctoral research presents expressions of parent tensions around a struggling adolescent. The soft/hard split pattern is an area ripe for further study, especially around its emergence over time. For example, to what extent does this parenting style tension develop following the emergence of a child's clinical symptoms? How is it related to the parent's involvement in seeking help for the child? What are the most effective ways for clinicians to assist parents in resolving their polarising in ways that lift their sense of hope and agency?

The paper described a process of helping parents reduce their reactivity by exploring their emotional and behavioural interactions. The effort goes towards reversing a parent's focus on the child and their partner and beginning to sure up how they manage what is in their control. A Bowen family systems-based intervention has been presented based on tracking reciprocal parent-child processes and considering their impacts. The paper has highlighted a challenge for therapists not to take sides with parents or pressure parents to work better as a team. Instead, they assist them in observing how they react to each other and consider more thoughtful and balanced ways of operating as parents. This outcome is undoubtedly beneficial to a child's recovery of well-being.

ACKNOWLEDGMENTS

The research discussed in this paper was undertaken as part of a PhD Program in the School of Social Sciences, University of New South Wales, Sydney 2009–2017. Acknowledgment to supervisors: Associate Professor Jan Breckenridge and Adjunct Senior Lecturer Kerrie James.

ORCID

Jenny Brown  <https://orcid.org/0000-0002-4527-9776>

ENDNOTES

¹ This research was undertaken as part of a PhD program in the School of Social Sciences, University of New South Wales, Sydney 2009–2017. Acknowledgement to supervisors: Associate Professor Jan Breckenridge and Adjunct Senior Lecturer Kerrie James.

² In family therapy, 'complimentary' is when people respond in the opposite direction to the other with symmetrical referring, taking the same position in a relationship.

³ In first-order approaches (cybernetics), the therapist is an observer with expertise about the system from the outside. This is opposed to second-order approaches where the therapist is part of what is being constructed in the context and takes a fluid not-knowing stance.



- ⁴ Immaturity is used as a lay term for lower differentiation of self which is the degree to which a person can be connected while maintaining a separate self as well as their capacity to integrate their thinking and feeling rather than being swamped by a feeling world.
- ⁵ These bracketed mechanisms are all part of the Bowen theory concept of the nuclear family emotional process. They are differing ways for people to manage chronic anxiety, undifferentiation, and fusion in family relationships.
- ⁶ Fusion is when family members are emotionally interdependent and affect each other profoundly. This contrasts with differentiation when family members maintain connection without losing their individuality. Both fusion and differentiation sit on a scale and are found in varying degrees in all relationships. Fusion is not exactly the same as enmeshment which refers more to blurring of family structural boundaries.
- ⁷ Triangling is when a third party takes on what belongs in another relationship – by detouring, taking sides, or mediating.
- ⁸ Systems anxiety is different to a clinical diagnosis of anxiety. It refers to a heightened alertness to a threat within relationships.
- ⁹ Bowen theory clinical work tracks interaction to uncover the emotional process in the family. It is not concerned with tracking behaviour but rather what the behaviour, thinking, and feeling reveal about the 'to and fro' of family dynamics.

REFERENCES

- Bateson, G. (1972) *An ecology of mind*. New York: Ballentine.
- Baumrind, D. (1991) The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11(1), 56–95.
- Baxter, L.A., Braithwaite, D.O. & Bryant, L.E. (2006) Types of communication triads perceived by young-adult stepchildren in established stepfamilies. *Communication Studies*, 57(4), 381–400.
- Bowen, M. (1978) *Family therapy in clinical practice*. New York: Jason Aronson.
- Bowen, M. (2013) In: Butler, J.F. (Ed.) *The origins of family psychotherapy: the NIMH family study project*. New York: Jason Aronson.
- Braithwaite, D.O. & Baxter, L.A. (2006) 'You're my parent but you're not': dialectical tensions in stepchildren's perceptions about communicating with the nonresidential parent. *Journal of Applied Communication Research*, 34(1), 30–48.
- Brown, J. (2008) We don't need your help, but will you please fix our children. *Australian and New Zealand Journal of Family Therapy*, 29(2), 61–69.
- Brown, J. (2019) *Parent Hope Project parent manual*. Available from: www.parenthopeproject.com.au [Accessed 5th August 2022].
- Brown, J. (2020a) The reciprocity between parents and their child's mental health treatment systems. *Family Systems: A Journal of Natural Systems Thinking in Psychiatry and the Sciences*, 14, 103–126.
- Brown, J. (2020b) Engaging with parents in child and adolescent mental health services. *Australian and New Zealand Journal of Family Therapy*, 41(2), 145–160.
- Brown, J. (2018) Parents' experiences of their adolescent's mental health treatment: helplessness or agency-based hope. *Clinical Child Psychology and Psychiatry*, 23(4), 644–662.
- Campbell, D. & Draper, R. (1985) *Applications of systemic family therapy*. London: Grune & Stratton.
- Collins, W.A., Maccoby, E.E., Steinberg, L., Hetherington, E.M. & Bornstein, M.H. (2000) Contemporary research on parenting: the case for nature and nurture. *American Psychologist*, 55(2), 218–223.
- Conger, R.D., Thomas, J., Schofield, T.J., Tricia, K. & Neppl, T.K. (2012) Intergenerational continuity and discontinuity in harsh parenting. *Parenting*, 12(2–3), 222–231.
- Donley, M. (2003) Unravelling the complexity of child focus. *Family Systems. A Journal of Natural Systems Thinking in Psychiatry and the Sciences*, 6(2), 147–160.
- Errington, L. (2022) Tracking emotional process in relationship interactions using sequences. *Australian and New Zealand Journal of Family Therapy*, 43(1), 92–103.
- Flaskas, C. (2007) Holding hope and hopelessness: therapeutic engagements with the balance of hope. *Journal of Family Therapy*, 29(3), 186–202.
- Haley, J. (1987) *Problem-solving therapy*, 2nd edition. San Francisco: Jossey-Bass.
- Hoeve, M., Dubas, J.S., Gerris, J.R., van der Laan, P.H. & Smeenk, W. (2011) Maternal and paternal parenting styles: unique and combined links to adolescent and early adult delinquency. *Journal of Adolescence*, 34(5), 813–827.
- Jabeen, F., Anis-ul-Haque, M. & Riaz, M.N. (2013) Parenting styles as predictors of emotion regulation among adolescents. *Pakistan Journal of Psychological Research*, 28(1), 85–105.
- James, K. & MacKinnon, L. (2011) Establishing the parental hierarchy: an integration of Milan systemic and structural family therapy. In: Rhodes, P. & Wallis, A. (Eds.) *Working with families: a practical guide*. East Hawthorn, Victoria: IP Communication.
- Kawabata, Y., Alink, L.R., Tseng, W.L., Van Ijzendoorn, M.H. & Crick, N.R. (2011) Maternal and paternal parenting styles associated with relational aggression in children and adolescents: a conceptual analysis and meta-analytic review. *Developmental Review*, 31(4), 240–278.
- Kerr, M.E. & Bowen, M. (1988) *Family evaluation: an approach based on Bowen theory*. New York and London: W.W. Norton & Company.
- Kerr, M.E. (2019) *Bowen theory's secrets: revealing the hidden life of families*. New York and London: W.W. Norton & Company.



- Maccoby, E.E. & Martin, J.A. (1983) Socialisation in the context of the family: parent–child interaction. In: Mavis Hetherington, E. (Ed.) *Socialisation, personality, and social development, vol. 4 of handbook of child psychology*, 4th edition. New York: John Wiley & Sons, pp. 1–101.
- Mayseless, O., Scharf, M. & Sholt, M. (2003) From authoritative parenting practices to an authoritarian context: exploring the person–environment fit. *Journal of Research on Adolescence*, 17, 23–50.
- Mendenhall, A.N., Arnold, L.E. & Fristad, M.A. (2016) Parent counseling, psychoeducation, and parent support groups. In: Dulcan, M.K. (Ed.) *Dulcan's textbook of child and adolescent psychiatry*. Arlington: American Psychiatric Publishing, Inc., pp. 875–899.
- Minuchin, S. (1974) *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Minuchin, S. & Nichols, M.P. (1993) *Family healing: tales of hope and renewal from family therapy*. New York: Free Press.
- O'Reilly, M. & Lester, J.N. (2016) Building a case for good parenting in a family therapy systemic environment: resisting blame and accounting for children's behaviour. *Journal of Family Therapy*, 38, 491–511.
- Palazzoli, M.S., Boscolo, L., Cecchin, G. & Prata, G. (1978) A ritualised prescription in family therapy: odd days and even days. *Journal of Marital and Family Therapy*, 4(3), 3–9.
- Papernow, P.L. (2018) Clinical guidelines for working with stepfamilies: what family, couple, individual, and child therapists need to know. *Family Process*, 57, 25–51.
- Rhodes, P., Brown, J. & Madden, S. (2009) The Maudsley model of family-based treatment for anorexia nervosa: a qualitative evaluation of parent-to-parent consultation. *Journal of Marital and Family Therapy*, 35, 181–192.
- Richardson, K. (2016) Family therapy for child and adolescent school refusal. *Australian and New Zealand Journal of Family Therapy*, 37(4), 528–546.
- Rosman, B.L., Minuchin, S. & Liebman, R. (1975) Family lunch session: an introduction to family therapy in anorexia nervosa. *American Journal of Orthopsychiatry*, 45(5), 846–853.
- Simons, L.G. & Conger, R.D. (2007) Linking mother–father differences in parenting to a typology of family parenting styles and adolescent outcomes. *Journal of Family Issues*, 28(2), 212–241.
- Steinberg, L. (2001) We know some things: parent–adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence*, 11(1), 1–19.
- Steinberg, L., Lamborn, S., Darling, N., Mounts, N. & Dornbusch, S. (1994) Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development*, 65, 754–770.
- Thompson, E. (2014) Hospital leadership and the chronically suicidal adult. *Family Systems: A Journal of Natural Systems Thinking in Psychiatry and the Sciences*, 10(2), 129–143.
- Watzlawick, P. & Beavin, J. (1967) Some formal aspects of communication. *American Behavioral Scientist*, 10(8), 4–8.

How to cite this article: Brown, J. (2023) Making sense of the parenting ‘soft/hard split’. *Australian and New Zealand Journal of Family Therapy*, 00, 1–12. Available from: <https://doi.org/10.1002/anzf.1533>