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PARTNERSHIP CULTURES: BEGINNING AT THE BEGINNING THROUGH PARENTING

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Abstract

Partnership cultures begin with the smallest units of society, the family. Creating partnership families requires evaluating internalized parenting scripts, discarding domination practices, and acting to nurture and form healthy relationships. Care and respect are foundational to partnership parenting, creating a safe environment in which children's neurophysiologies flourish. Parenting practices that promote safety and calm, such as use of touch and communication that appreciates feelings, buffer children from the effects of stress. Policies and practices that support parents toward partnership -- particularly parents living with overwhelming stress, depression, addictions, and/or childhood histories of abuse and neglect -- may improve children's lifetime physical and mental health outcomes as well as improve our society.

Keywords: Partnership parenting, domination, parenting, child development, brain development

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Riane Eisler's (1987) *Cultural Transformation Theory* posits that all human societies tend to fall on a continuum from domination to partnership. The partnership model is recognized by mutually respectful and caring relations; gender equality is the norm, and hierarchies are based on actualization. There are no rigid rankings to maintain, making threats, coercion, and violence unnecessary. Since relations are based on mutual care and respect, power is linked to responsibility. Conflict is an opportunity to learn and to be constructive as well as creative.

The domination model, on the other hand, ranks some members of society as superior and more deserving compared to others (Eisler, 1987). Domination societies establish,

enforce, and rely on power over. True masculinity is equated with violence and domination. Men who do not conform are considered weak and effeminate. Anything assigned feminine attributes is devalued, including the work of caring and caregiving. Hierarchies and control are maintained through fear, shame, guilt, and force.

The most basic unit of society is the family. Within families, parents tend to parent the way they were parented. Using internalized models of parenting that were learned from families of origin may reinforce domination practices and ideology. In some homes, violence toward women and children may be expressed to assert power and control. In addition, religious teachings and cultural norms may condone hierarchies that deny or undervalue the personhood of those defined as weaker. This creates an environment of pernicious, unquestioned beliefs that are difficult to alter. At the individual level, violence and domination activate the body's stress response system and, when repeated and sustained, this leads to disease, both mental and physical.

Emerging research suggests that our physiologies are primed to respond to and flourish with nurturance. From the beginning moments of life, a maternal presence and affectionate touch buffers an infant's stress response (Feldman, et al., 2010). During face-to-face interactions, mothers and infants coordinate heart rhythms, the beginnings of regulation (Feldman, Magori-Cohen, Galili, Singer, & Louzoun, 2011; Perry, 2006). Parents are neurologically wired to feel good when nurturing each other and their children (Holt-Lunstad, Birmingham, & Light, 2014). Increased oxytocin levels have been reported in fathers after play with their infants (Feldman, et al., 2010). A caregiver's healthy predictable, repetitive, nurturing responses enable a young child's neurophysiology to develop the capacity to regulate stress and to form healthy attachments (Ludy-Dobson & Perry, 2010). Parenting matters. Parenting with care, respect, and guidance increases a child's chances for optimal health and creates cross-generational internalized models of parenting.

ADVERSITY IN EARLY YEARS LASTS A LIFETIME

Many current neurological studies suggest that early experiences may shape brain architecture and that this lays the foundation on which all development follows (Cozolino, 2006; National Scientific Council on the Developing Child, 2005; Shonkoff & Phillips, 2000). Excessive adversity leads to the release of chemicals that overwhelm and damage the developing brain (Teicher, Andersen, Polcari, Anderson, & Navalta, 2002). The Adverse Childhood Experiences (ACE) Study conducted by Kaiser Permanente's Department of Preventive Medicine in collaboration with the US Centers for Disease Control and Prevention (CDC) demonstrated a strongly proportionate and often profound relationship between childhood adverse experiences, defined by ten categories of abuse, neglect, and household dysfunction, and later physical and mental health issues (Felitti et al., 1998). Many problems such as suicide attempts, addiction, teen promiscuity, and early pregnancy were correlated with childhood adversities, as were heart disease, respiratory illness, and cancer (Brown et al., 2010; Felitti, & Anda 2009). Children exposed to adverse interpersonal experiences have increased probability of poor outcomes as adults. Though brains are plastic, repair is limited once critical time periods have passed, making the words of Frederick Douglass particularly prescient: "It is easier to raise up strong children than to fix broken men" (Frederick Douglas, cited in The National Scientific Council on the Developing Child, 2014). An investment in parenting and families has the potential to ameliorate much suffering and to increase the health and productivity of our society. Parenting that nurtures children optimizes the health of society.

PARENTING STYLES

Families have many configurations, and there are numerous styles of parenting. Authoritative parenting is one commonly referenced style of parenting. These parents set limits and communicate expectations for their children. Explanations are given and parents discipline with warmth (Kordi & Baharudin, 2010). Children are allowed to voice their views and sometimes this may lead to the negotiation of rules or limits.

Authoritative parenting uses high control and high warmth to parent their children. Authoritarian parenting, on the other hand displays high control and low warmth. Children are expected to do as they are told without question. These parents remain distant in their relationships with their children

Baumrind, Larzelere and Owens (2010) reported parenting that was authoritative resulted in adolescents who were better adjusted and more competent compared to those raised by authoritarian parenting styles. Adolescents from authoritarian families fared worst in spite of similar parental time involvement with children. In addition, authoritarian parenting which uses coercive power, expectations of blind obedience, and punitive discipline is linked with externalizing behavior in children (Rinaldi & Howe, 2012). Authoritarian parenting shares many practices and beliefs with the domination model.

Alternatively, authoritative parenting styles used more measured discipline with warmth, explanation, and flexibility (Kordi and Baharudin, 2010). Authoritative style parenting involves guiding rather than iron-fisted control. This style allows children to be heard, which in turn allows them to feel they have worth. In addition, children raised in authoritative homes develop an understanding of other minds (theory of mind), the foundation for successful social interactions (O'Reilly & Peterson, 2015). Authoritative parenting styles result in healthier children and appear to be consistent with the partnership model, but a partnership family model would go further.

PARTNERSHIP PARENTING

A partnership family has mutual care and respect at its foundation and operates as an egalitarian system. When a partnership relationship is heterosexual, parents model gender equality. In order to achieve gender equality for all family members, all partnership family structures question and discard rigid notions of gender roles, power, and domination. Caregiving is a valued contribution from all family members and sexes. All interactions, including discipline, are conducted with care, respect and

warmth. Parental leadership sets limits while seeking to understand and communicate. Children who make mistakes are allowed to offer solutions and ways to make repairs, allowing them to solve problems, be creative, and grow. This enables children to take responsibility for their acts while developing autonomy. Children have the same rights to autonomy as other family members, as well as a clear understanding of their responsibilities and expectations for respect. Parents cultivate empathy, compassion and connections by helping children see themselves as part of something greater, from family to local community to the world community. This starts children on the road to forming healthy relationships with themselves and others. Interdependent relationships are the goal.

In partnership parenting, each individual in the family is important, and so is the family unit as a whole. Adapting Miller's Relational-Cultural Theory (1986) to partnership families, the expectation would be for an overall zest of well-being and worth from experiencing family relationships. Each member's physical and mental health is important, as well as the health of interactions between the members. Parent adult-to-adult relationships are cooperative and supportive. Relationships between parents that create a positive emotional climate provide an environment in which the child is better adapted and learns positive relationships (Raikes & Thompson, 2006). Parent interactions in a triad with the child(ren) are also cooperative, supportive, and in balance. For example, when parents are playing together with the child, both are interacting with the child as well as each other in a respectful way. Parents may need to learn to control impulsive responses that are not respectful or inclusive and that do not model caring. Each member of the family needs to feel safe in order to grow. For children, feeling safe requires parental attention and attachment as well as limits.

PARTNERSHIP PARENTING PRACTICES FROM THE BEGINNING

From the beginning, young children and infants solicit caregiver attention through call and response type interactions, gestures, facial expressions, and vocalizations

(Shonkoff & Bales, 2011). Responses from caretakers should be contingent, meaning that the intensity, quality, and timing of responses are related to the child's call for attention or relief from distress (Siegel & Hartzell, 2003). Contingent, attuned responses affect the young child's ability to regulate stress and allow the child to feel understood and connected to the outside world (Feldman, 2012). Feeling empathically recognized or as if one matters enables the beginning of a healthy formation of self (Beebe, 2010). Repeated over time, the child builds a feeling of safety and trust in the relationship and extends the knowledge from these repeated intersubjective interactions to the construction of social knowledge. Caregiving that provides the feeling of safety is one of the most important factors in building the brain's foundation (Shonkoff & Phillips, 2000).

In addition, a caregiver's attention and attuned responses help regulate a young child's arousal and distress, which allows the child to develop an ability to self-regulate (Decorcia & Tronick, 2011; Schore & Schore, 2008). Attainment of self-regulation skills enables the development of self-control (Sanders & Mazzucchelli, 2013). The inability to use self-control in early childhood is predictive of poor health, lower income, and poor social behavior in adulthood (Moffitt et al., 2011).

In reality, consistently contingent, attuned caregiver-infant interactions are not possible. When experiences of mismatches are brief and followed quickly by successful attempts to repair the interaction, a child learns that when things go wrong, repairs can be made. Repeated successful instances of reparation build trust (Tronick & Beeghly, 2010). Conversely, chronic mismatches without repair lead to implicit memories that mismatches cannot be repaired. In this situation, the child learns that her or his attempts at interaction or getting needs met do not matter. To not be acknowledged can lead to a damaged sense of self. Clearly this does not respect a child's worth, and violates principles of partnership-oriented parenting.

Some children's temperaments may make them difficult to understand or soothe. The overall goal of interactions is the accumulation of positive contingent communications

and reparations which make for good enough parenting (Siegel & Hartzell, 2003). No parent can be perfect. The expectation of perfection denies the humanity of the caretaker. Perfection is domination of an ideal over the reality of humanity. Partnership parenting respects the humanity and autonomy of each member of the family. Not expecting perfection from others or the self allows compassion for others and the self.

PROMOTING SAFETY AND CALM

Partnership parenting promotes a feeling of safety for the child by virtue of repeated, consistent nurturing interactions. These nurturing interactions buffer children from the effects of stress (American Academy of Pediatrics, 2012; Hostinar & Gunnar, 2014). Being overwhelmed by stress has consequences for mental and physical health throughout the lifespan (National Scientific Council on the Developing Child, 2005). In addition, managing stress early may help avert severe mental illness for children genetically predisposed toward mental health disorders (Hlastala et al., 2000).

Partnership parenting styles that use gentle, supportive touch optimize a child's sense of safety and calm. Research on maternal touch demonstrated a calming of the hypothalamic pituitary adrenal (HPA) axis and control of the parasympathetic nervous system when mothers touched their babies during a stressful event (Feldman et al., 2010). Other calming or regulating tools caregivers use include looking at, nursing, rocking, singing, and vocalizing in a calm manner. Through calming activities, the vagus nerve inhibits the sympathetic influences to the heart and moderates the HPA axis (Porges, 2005). Deactivating mobilization, or fight-or-flight behaviors, enhances the ability for social engagement behaviors, which in turn enhance connections and relationships.

Children's minds are shaped by relationships (Siegel, 2008). Communication that includes listening and appreciating feelings is critical to healthy relationships. For families, one ideal place to listen to children and appreciate feelings is at family

meals. Communication at family meals, not simply being present at meals, is correlated with adolescent well-being and greater positive affect (Offer, 2013). In a recent interview Daniel Siegel offered an example of parent-child communication that illustrates the partnership value of parent-child respect (Carlson, 2008). A four-year-old boy was excited about an upcoming party. His arousal led him to bounce on the couch while aiming his football at a lamp. Siegel tells us that in this situation, the parent could yell, “Stop!” and send the child to his room. Or the parent could say, “Stop,” and comment on the child’s excitement, acknowledging the child’s feelings, and then redirect the child to play outside. In this way the child’s feelings were reflected and he had an example of how to self-regulate when excited. This allows growth of the prefrontal cortex and maintains the important parent-child connection.

Children who don’t feel connected to others are at risk. Loneliness is a risk factor for many addictions such as internet, pornography, and substances (Cabrera & Menella, 2014; Junghyun, LaRose, & Wei, 2009; March & Schub, 2014; McCoy, 2014; McCoy & Woods, 2015). Neglectful parenting which is disconnected increases the risk of drug use, while warm and supportive parenting with rules and limits can be protective for substance abuse and suicide attempts (Becona et al. 2012, Benchaya, Bisch, Moreira, Ferigolo, & Barros, 2011; Donath, Graessel, Baier, Bleich, & Hillemacher, 2014). Nurturant parenting is associated with less unhealthy risk taking such as sexual risk taking, unhealthy eating, smoking, and drug and alcohol addictions. Children who have been made to feel that they matter and know their feelings are respected take fewer unhealthy risks. Partnership parenting from the beginning wires children neurologically to feel safe in relationships, allowing them to connect to others later which decreases loneliness.

OBSTACLES TO CONNECTION

Parenting in health-promoting ways is not obvious or possible for everyone without support. Some parents need education in child development to form realistic

expectations of children, while others need to learn to regulate themselves (Bridgett, Burt, Edwards & Deater-Deckard, 2015). Depression, anxiety, and addictions affect parenting and may lead to emotional dysregulation and stress in children (Beebe, et al., 2011; Brennen, et al., 2000; Field, 2010; Tronick & Reck, 2009). Poverty, similar to abuse and neglect, negatively affects brain development. Children living in poverty have less gray matter than children from wealthier families and this is correlated with deficits in cognition and academic achievement (Thompson, 2015; Hair, Hanson, Wolfe, & Pollak, 2015). According to the Institute for Research on Poverty (2015) there were more than 14.5 million children living in poverty in the United States in 2013. This is likely to negatively impact us all in the future. Interventions that provide resources to families and help parents cope with mental illness will increase positive child health outcomes.

Parental histories of abuse and neglect often present obstacles to raising children with positive health outcomes in adulthood (Bailey, DeOliveira, Wolfe, Evans & Hartwick, 2012). Gara, Allen, Herzog & Woolfolk (2000) reported that mothers who were abused in childhood had trouble differentiating negative behaviors and how to discipline them, using the same technique for each different behavior. Parents from backgrounds of abuse are at high risk for continuing the cycle of violence (Pears & Capaldi, 2001). Supporting at-risk parents in their parenting has the potential to alter the life course of a child, a family, and future generations.

CONCLUSION

The way we structure the most fundamental unit of society, the family, has a profound influence on our society as a whole and on the direction the culture will take. Domination models promote disease and disconnection through a valuation of rigid ranking, independence, and crippling gender roles. Partnership models value caregiving, interconnections, gender equality, and interdependence. Our minds and bodies flourish in nurturing environments. Policies and practices that ensure environments in which children have resources, healthy parents, and attachments

leads to healthier, more productive adults, which in turn affects the health of the society in which all children live. Investing in partnership parenting is an investment in a healthier, more productive society.

A related, easily accessible guide, *Caring and Connected Parenting: A Guide to Raising Connected Children*, is available free at <http://saiv.org/parenting-guide/>. Based on the latest neuroscience research, this guide for parents of children aged 0-4 years develops a partnership parenting philosophy while helping parents identify obstacles to their parenting such as stress, depression, and/or childhood histories of abuse or neglect. The guide has been endorsed by Nobel Peace Prize Laureates Desmond Tutu and Betty Williams and pediatricians T. Berry Brazelton and Laura Jana, as well as psychiatrist and author Daniel Siegel. Easy-to-print, age-specific modules are also available on-line for use by healthcare providers and other professionals. The guide is available in Spanish.

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