



Working with parents in parent–child art psychotherapy



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ABSTRACT

This article is part of a broader study that addresses the consolidation of a parent–child art psychotherapy model. It outlines the advantages, challenges, and art interventions that can be used by art therapists when working with parents. Twenty parent–child art therapists participated in this study. Fifteen were interviewed regarding their practical experience. The therapists' perceptions of parents' attitudes towards the experience of participation in therapy, encouraging parents to participate in the therapy, parental guidance, using art in therapy meetings, and the therapists' own parenting were characterized. The findings can help familiarize mental health therapists, art therapy students, and novice art therapists with the parental aspects of the parent–child art psychotherapy model.

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Introduction

Parent–child psychotherapy is a psychodynamic therapy approach that centres on the treatment of parent–child relations. Its objective is to treat disturbances in relationships in pre-latency childhood (Stern, 2005).

The main tenet of this therapeutic approach is the parental role in a child's emotional development and the assumption that the individual grows within and through relationships with others (Bowlby, 1979; Klein, 1975; Mahler, Pine, & Bergman, 1975; Stern, 1995; Winnicott, 1971). The parent–child psychotherapy approach is based on principles of object relations theory (e.g. Bowlby, 1979; Segal, 1979; Winnicott, 1971) which deals with the early development of the self in its relations with others. There are numerous parent–child models, each of which defines the therapist's role slightly differently. However, the objective of therapy in them all focuses on the relationship and connections between parent and child (Harel, Kaplan, Avimeir-Patt, & Ben-Aaron, 2006; Kaplan, Harel, & Avimeir-Patt, 2010; McDonough, 2000; Muir, 1992).

Most Israeli art therapists use the psychoanalytical-referential orientation model in the treatment of childhood relationship disturbances, as developed by Ben-Aaron and her colleagues (Ben-Aaron, Harel, Kaplan, & Patt, 2001; Harel et al., 2006; Kaplan et al., 2010). This model is mentalization-based, in which both parent and child are guided to better understand their own and others'

behaviour in terms of underlying mental states (e.g., thoughts, feelings, beliefs, desires, plans; Fonagy, Gergely, & Target, 2007; Fonagy, Steele, Moran, Steele, & Higgitt, 1991; Fonagy & Target, 1997).

The model is based on recognition of the complexity both of parenting and the change processes that parents undergo (Cohen, 2007), and it proposes a deeper understanding of inter-generational transferences of psychopathological parenting patterns and their prevention (Manzano, Palacio-Espesa, & Zilka, 2005).

The therapy format is one weekly session in which mother–child and father–child alternate meetings with the same therapist. Every two to three weeks, the therapist also meets with both parents together (without the child) to provide them with parental guidance. During parental guidance, the therapist discusses the child and encourages the parents to observe the child's sessions with each of them (Kaplan et al., 2010).

Parent–child art psychotherapy deriving from this model integrates artistic activity into the therapeutic setting (Gavron, 2010). Parent and child are involved in a visual creative experience that uses imagination and enables symbolic, non-verbal expression while the two engage in an artistic activity carried out jointly according to the child's developmental level (Edry, 2011; Hosea, 2006; Ponteri, 2001; Proulx, 2003; Regev, Kedem, & Guttmann, 2012; Wix, 1997). The use of artistic creation as part of the therapeutic process creates inter-personal interactions, which enables therapeutic intervention in the parent–child relationship (Proulx, 2005). As part of this process, internal representations of the self, the other, and the relationship between the two are expressed symbolically, which constitutes a projectional space for these internal representations (Gavron, 2010).

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Table 1
Therapist demographic information.

No.	Age	Gender	Setting	Theoretical orientation	Supervisor	Seniority	Seniority in Parent–child
1	42	Female	Private & public	Psychodynamic, phenomenologic, Narativ	Yes	15	5
2	59	Female	Public	Eclectic	Yes	14	6
3	48	Female	Private & public	Object relations, attachment	Yes	14	5
4	53	Female	Private	Psychodynamic, phenomenologic	Yes	27	26
5	39	Female	Private & public	Psychodynamic, object relations	Yes	11	5
6	43	Female	Private	Eclectic	Yes	14	12
7	41	Female	Private & public	Psychodynamic, object relations, family therapy	Yes	10	4
8	50	Female	Private	Psychoanalytic, relational	Yes	24	17
9	40	Female	Private & public	Psychodynamic	Yes	12	10
10	40	Female	Private	Psychodynamic, object relations	Yes	15	10
11	36	Female	Public	Eclectic, psychoanalytic	No	5	1
12	51	Female	Public	Psychoanalytic	Yes	13	6
13	56	Female	Private & public	Adlerian theory, cognitive-behavioural	No	9	5
14	61	Female	Private	Developmental, object relations, relational	Yes	30	18
15	55	Female	Private & public	Psychodynamic, phenomenologic	Yes	30	12
16	55	Female	Private	Psychodynamic, phenomenologic	Yes	18	15
17	54	Male	Private & public	Eclectic—object relations and self psychology	No	8	4
18	55	Female	Private & public	Psychodynamic, object relations	Yes	20	15
19	50	Female	Private & public	Eclectic, psychoanalytic	Yes	20	8
20	42	Female	Public	Object relations	No	8	5

The presence of the parent in the therapy room, and parental use of art materials they may not have touched since their childhood constitute challenges for the therapist. The present study examined this issue by interviewing expert parent–child art therapists. Specifically, parent–child art therapists' perceptions regarding the practice of working with parents in parent–child art psychotherapy were explored. This study is part of a broader project that addresses the consolidation of a parent–child art psychotherapy model, through the perceptions of the therapists regarding their work.

This research method, which starts from art therapists' perceptions and aims to understand theoretical issues, is well-documented in psychotherapy research (Hill, Thompson, & Williams, 1997; Hill et al., 2005) and serves as an important tool for collecting clinical data in the field (for example, Daly & Mallinckrodt, 2009). Based on the interview findings, this article outlines the advantages, challenges, and art interventions that can be used when working with parents.

Method

Participants

A total of 20 parent–child art therapists aged 36 to 61 took part in the study. 19 female art therapists and one male (see Table 1). In the first stage of the study fifteen of the 20 participants were asked to participate in a semi-structured interview. In the second stage the interviewees provided feedback on the findings. Responses were obtained from only 11 of the 15 Stage I interviewees; hence 5 additional art therapists were asked to participate in this stage.

The participants were selected to take part in the study by their peers who defined them as experts in parent–child art psychotherapy, using the snowball sampling technique. All the participants had been trained in highly regarded art therapy study programs. As shown in Table 1, half of the participants worked in both private and public clinics and the remainder in one of the two settings; most of them referred to themselves as associated with the psychodynamic or relational object approach to art therapy. Sixteen of the participants were already supervisors, with 5 to 27 years' experience as art therapists and 1 to 26 years as parent–child art therapists. All of the art therapists gave their consent to use the interviews for research purposes by signing an informed consent form. The art therapists were instructed to provide examples from their treatment sessions without divulging any identifying details.

Measures

The interviews were semi-structured to enable a better grasp of the participants' perceptions and collect vivid examples from their clinical experience (McCracken, 1988).

The interview protocol investigated several key content areas: the place of parent–child psychotherapy in the therapist's professional life, the kind of population he or she works with, the therapeutic setup, therapeutic contract with the patients, the objectives of therapy, the extent to which evaluations or diagnoses that involve art are used, types of interventions used, perceptions of the therapist's role, the presence and meaning of art work in the room, procedural events during parental instruction, success and failure in parent–child psychotherapy, challenges in therapy, and the effects of the therapist's parental self on his or her behaviour.

Interviews with the art therapists were conducted by graduate students trained for this purpose. Each interview lasted between 1 and 2 h.

In this paper, which describes part of a broader study, we focused on the advantages, challenges, and art interventions that may be used when working with parents according to this model, as perceived by parent–child art therapists.

Procedure

In the first stage, we identified art therapists who met the criteria for this study. One of us contacted potential participants by phone, explained the purpose of the study and asked for their verbal consent. All 15 parent–child art therapists contacted this way agreed to participate. Individual meetings were scheduled between each consenting participant and one of the trained interviewers at a location convenient for the participant–therapist. Interviews with each art therapist were conducted and recorded during a single such meeting. In the second stage, feedback was obtained via email from 11 of the 15 Stage I interviewees and from the five additional art therapists.

Data analysis

Fifteen interviews served as the basis for the data analysis. Transcripts were prepared from digital audio recordings and interview notes. Grounded theory methodology was used to analyze the data (Charmaz, 2006). In the first stage of analysis, the open coding, we read the interview transcripts and separately identified key

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