



The usage of art materials in the framework of parental training



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ABSTRACT

A study of art-based processes within parental training was conducted based on fifteen interviews with art therapists. Practitioners described ways in which these interventions are used in clinical practice, and how they perceive the meaning and influence of art-based interventions on therapeutic processes. The interviews were analyzed according to the principles of Grounded Theory (Charmaz, 2006). Four major themes emerged which captured the concepts, dilemmas, and the contribution of visual art within parental training. This study attempts to shed light on the contribution of integrating art-based interventions in parental training, and thus encourage advances in the field.

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In recent years, awareness of the impact of parents' involvement in their children's therapeutic process has increased. Child therapy initially focused on therapeutic work with the child alone (Yishay & Oren, 2006). As therapeutic approaches advanced, it became clear that there was also a need to establish a therapeutic relationship with the parents as a key factor supporting successful therapy (Creswell & Cartwright-Hatton, 2007). Parental Training or Parental Therapy (PT) is a broad field that includes a range of therapeutic interventions. Numerous studies have defined the general goals of Parental Training (Harrison, 2005; Nixon, 2002; Wyatt, Valle, Filene, & Boyle, 2008) and view it as a process whose function is to provide parents with emotional and practical support in daily childcare based on the assumption that a child cannot prosper in treatment without parental encouragement (Chethik, 2000; Minuchin, 2007). Working with parents at this level include defining expectations, needs, cognitions, beliefs, and general ways of thinking, but specifically encourages reflective interpretations and the ability for emotional regulation (Cohen, 2007).

Most Parental Training approaches are based on Object Relations theory (Mahler et al., 1965; Ogdan, 1990; Winnicott, 1971) and Attachment Theory (Bowlby, 1979, 1988). The various Parental Training models in the literature assign the therapist a slightly different role. This training can be carried out using the Simultaneous Treatment Approach described by Chazan (2003) in which parent and child are treated separately (in separate sessions) by the same therapist, or the Parent–Child Psychotherapy Approach for treatment of children (Ben-Aharon et al., 1997; Harel, Kaplan,

Avimeir-Patt, & Ben-Aaron, 2006; Kaplan, Harel, & Avimeir-Patt, 2010; Lieberman, 2004; McDonough, 2000; Muir, 1992). One of the foci of Parental Training in both these approaches is to develop the reflective function of the parent and child. Fonagy and Target (1998) suggested that the metallization process or the reflective function that develops during therapy is a result of the willingness of the therapist to contain and apply the emotional processes of the dyad in the play room. The development of reflective ability is aimed at giving the clients a sense of control, emotional regulation, self-awareness, understanding of the other, and a sense of responsibility for their own actions (Becker-Weidman & Hughes, 2008; Bleiberg, 2001).

The current study examined the perceptions of art therapists regarding the use of art materials (art based interventions) as part of training sessions with parents during their children's art therapy and focuses on the use of art materials within the parental sessions.

Art-based interventions view art as a powerful communication channel that can capture sensory and perceptual experiences such as emotions, dreams and events. Artwork links the inner experience that words cannot easily express with the outside world, in that shapes, lines and images substitute for words (Or & Amir, 2005). This therapeutic process allows clients to cope with real events in their lives in a better and more organized way when the therapy room serves as a safe container where an emotional change can occur through the use of artistic materials (Killick, 2000; Malchiodi, 2007). In the last twenty years a broad theoretical and research base has confirmed the therapeutic power of Art Therapy in a range of different populations (Frank & Whitaker, 2007; Hughes & De Silva, 2011; Slayton, D'Archer, & Kaplan, 2010). A number of works have discussed the integration of Art Therapy in parental training (Proulx, 2003; Rubin, 2005) and have shown that the use of

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art materials helps parents overcome their inhibitions and connect with their unconscious memories, fears and wishes, and thus come to grips through artistic language with their early conflicts that impinge on their relationship with their child. Nevertheless there is scant research on ways in which to integrate work with parents and Art Therapy (Buck, Dent-Brown, & Parry, 2013; Buck, Dent-Brown, Parry, & Boote, 2014; Pielech, Sieberg, & Simons, 2013; Regev & Snir, 2014; Ya-hui, Ching-Fang, & Cheng-Ta, 2011). The data support the claim that therapeutic work integrating parents is highly valuable, and has a positive influence on the parent–child relationship and the child’s self-perception. Research has also underscored the need for parental training, along with therapeutic work with the child or the parent–child dyad (Plante & Berneche, 2008). To date, however, no studies have dealt directly with the topic of art-based interventions in parental training.

The current study aimed to bridge this gap by exploring art therapists’ perceptions of the impact of art-based interventions in the framework of parental training. It documents how these interventions are used in clinical practice, and the meaning and influence of artistic interventions on therapeutic process.

Method

Participants

Approximately sixty art therapists involved in parental training were contacted by telephone. Only the 15 art therapists who reported on their use of art-based interventions within the framework of parental training were included in the final sample which was selected according to the criteria of Theoretical Sampling (Patton, 2002). In this sampling method, interviewees are chosen on the basis of their ability to contribute to theory building (Creswell, 1998; Patton, 2002). The ages of the therapists, 14 women and 1 man, ranged from 33 to 61 (see Table 1). The participants’ experience with art-based interventions in the framework of parental training ranged from 4 to 30 years ($M = 16.6$). All of the therapists reported that they started to use art-based interventions as a result of their practical experience. The therapists gave their full consent to use the interviews for research purposes and signed a consent form for participation in the study. The study was approved by Ethics Committee of the Faculty of Social Welfare & Health Sciences of the University of Haifa.

Measures

A semi-structured interview (Hill, Thompson, & Williams, 1997) was used to collect the data. The purpose of the interview was to learn about the use of art based interventions in parental training associated with art therapy with children. The therapists were asked in particular how art-based interventions are implemented and how they perceive the meaning and impact of these artistic interventions on the therapeutic process in parental training.

The interviews explored several major content fields: the type of population the therapist works with, the therapy contract with these clients and their parents, the goals of therapy, types of verbal and artistic interventions used by the therapist, the presence and meaning of the art materials in the therapy room, and the success and failure of art-based interventions within the framework of parental training.

Procedure

The researcher conducted semi-structured interviews (1–2 h long) with the 15 participant therapists. All the interviews were recorded and later transcribed.

Table 1
Therapists’ demographic data.

No.	Age	Sex	Age of clients	Education	Year of practice
1	42	Female	5–14	B.A—education Certified art therapist	16
2	60	Female	4–18	M.A—experienced Art Therapist B.A—education & teaching arts	20
3	59	Female	4.5–17	Certified art therapist Psychotherapy and Family therapy	14
4	43	Female	5–18	B.A—design Certified art therapist Psychotherapy	14
5	40	Female	4–9	B.A—education & humanities Certified art therapist Psychotherapy and dyadic therapy	6
6	60	Female	5–18	B.A—design and arts Certified art therapist Dynamic child therapy	17
7	41	Female	5–15	B.A—Arts + teaching certificate Certified art therapist Dynamic child therapy	12
8	43	Female	5–13	B.A—arts Certified art therapist M.A—experienced art therapists	11
9	33	Female	4–18	B.A—education Certified art therapist M.A.—educational counseling	4
10	56	Female	4–18	B.A—brain sciences Certified art therapist Dyadic therapy M.A—relational psychology	18
11	52	Female	5–18	B.A—special education Certified art therapist M.A—counseling and therapy Psychotherapy	26
12	52	Female	5–14	B.A—education Certified art therapist M.A.—educational counseling PhD in art therapy	12
13	61	Female	5–11	B.A—education Certified art therapist M.A.—educational counseling	12
14	52	Female	6–18	B.A—psychology and philosophy Certified art therapist Jungian psychology	25
15	54	Female	3.5–18	B.A—social work Certified art therapist	24
15	59	Male	5.5–16	B.A—arts, Bezalel Academy Certified art therapist	30

Data processing

The 15 interviews were analyzed according to the principles of Grounded Theory (Charmaz, 2006) to identify and define themes, dilemmas and central interventions. In the first stage of analysis known as the open encoding stage, the transcriptions of the interviews were read several times, and central themes that emerged were marked. In the second stage, the axial analysis, the categories were processed several times until they contained all the information obtained from the interviews. In the third and last stage, called selective coding, all the interviews were reviewed and read

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