



FILIAL THERAPY WORK BEST FOR PRESCHOOLERS' CHILDREN WITH CHALLENGING BEHAVIOR

(Keberkesanan Terapi Filial bagi Kanak-kanak Prasekolah yang Mempunyai Tingkah Laku Mencabar)

Marziyeh Alivandi Vafa & Khaidzir Hj Ismail

ABSTRACT

The primary aim of this article is to revisit a buzz-word in the field of child psychology: Filial therapy. To this end, attempts have been made to indicate filial therapy's advantages and contributions as a responsive practice in assisting psychologists to deal with children problem behaviors. To gain an in-depth insight into filial therapy, the concept of parent-child relationship on which filial therapy hinges will be fully covered in this article. Also, the article will address the factors involved in the development of filial therapy as an educational and practical model within the domain of psychology.

Keywords: Parent-child Relationship, Play in Therapy, Filial Therapy, Problematic Behavior and Child Psychology

ABSTRAK

Tujuan utama artikel ini adalah untuk menilai semula Terapi Filial dalam bidang psikologi kanak-kanak. Sehingga kini beberapa kajian telah dijalankan bagi membuktikan kebaikan serta sumbangan Terapi Filial sebagai amalan dalam membantu kanak-kanak yang berhadapan dengan masalah tingkah laku. Bagi mendapatkan maklumat mendalam mengenai Terapi Filial, konsep hubungan ibu bapa dan kanak-kanak dimana Terapi Filial bersandar akan dibincangkan dalam artikel ini. Artikel ini juga melihat faktor yang melibatkan perhubungan Terapi Filial sebagai satu model pendidikan dan praktikal dalam skop psikologi.

Kata Kunci: Hubungan Ibu Bapa-Anak, Bermain Dalam Terapi, Terapi Filial, Masalah Tingkah laku dan Psikologi Kanak-kanak

INTRODUCTION

A moment's thought will probably bring to mind the significance of the emotional and affective relationship that exists between children and their parents as an endowment bestowed to the most marvelous creatures of all, human beings. Early views of this emotional relationship date back to centuries ago, but the idea of the employment of such a god-given and mysterious relationship in therapy is now starting to enjoy an unprecedented boom in the field of child psychology.

Under the influence of the fairly recent approaches within the related studies, the premium has been put on the role of the parent-child relationships in providing healthy life for the children and their families as well. Family is a reality that could not be easily disregarded. According to Satir (1972), it is within family through which all positive and negative messages are communicated. Therefore, an affirmative and constructive interaction between family members (esp. parent-child relationship) can be considered as a secure base for development of psychological well-being in children. Studying the related literature leads us to the point that there has been a dramatic increase in attention paid to the efficacy of parent-child relationships in children's development in all psychological domains.

Much of the research conducted in the field suggests that inadequate parenting skills can initiate or increase children's problem behaviors (VanFleet 1994; Warren et al. 2004; Barlow et al. 2005). Put differently, parents' inadequacy in maintaining appropriate communicative skills with their children makes the situation seem worse. Generally, it is acknowledged that fostering and building up a good parent-child relationship should cut down on many of children's problem behaviors, and this can ultimately lead to living a healthy life. This happy message is contradicted with the reality, which depicts a different picture with different problems in children caused by the lack of parental knowledge. Christmas et al. (1996 246) voiced their concern forthrightly, stating that "parenting is the one significant task people can engage in without first demonstrating the knowledge and skills required. Many parents have not learned parenting skills, nor have these skills come naturally to them".

CONCEPTUAL FRAMEWORK

Children are the most vulnerable individuals whose lives are always in danger of various threats with regard to the child-related and family-related risk factors. In no uncertain terms, disregarding the importance of this critical period will do an irreparable harm to the child's mental health (Landreth 2002a). Irrespective of biologically grounded childhood problems (e.g., autism), recent years have seen a growing acceptance that family (esp. parents) play a crucial role in developing and escalating the childhood problem behaviors (e.g., Benham and Slotnick 2006; Campbell 1995; Powell et al. 2006, Webster-Stratton and Taylor 2001; Wenar and Kerig 2000). There is a burgeoning interest in the significant role of family concerning (a) healthy child development in all domains, (b) development and maintenance of childhood problem behaviors, and (c) their essential role in the therapeutic processes (Campbell 1995; Campbell et al. 2000; Johnson and Renaud 1997; Sanders 2002; Thompson et al. 2006). Phrased differently, child psychology has been basically interwoven with the basic concept of family as a system.

Considering family as a target to intervene dates back to the late fifties that the scientific context understood the importance of the relations between 'things'. This means that the subject of study was transferred from the individual to the relationship. Systems theory is the cornerstone of interventions in family therapy by which family has gained its real worth. Systems theory is a twentieth-century scientific paradigm applied wildly in different arenas including psychology (Miller 1994). Although this theory is based originally on the works of Bertalanffy (1968) due to the advance of cybernetics, family systems theory comes from the work of individuals like Ackerman (1958), Bateson (1972), Minuchin (1974), Bowen (1978), Satir (1972), Whitaker (1973) and other theoreticians who tried to apply the tenets of systems theory in understanding of behavior in light of communication and relationship. Family systems theory had very profound and long-lasting effect on shifting the focus away from one particular individual toward the family members' relationships. The core tenet of this theory

claims that any system is an organized whole, and elements within the system are necessarily interdependent. This means that focusing on the quality of the connectedness and interrelation in the system parts is the key element in understanding the functions of the whole system rather than focusing on each of the parts separately. In actuality, this view allows considering the influence of each member on the other member, and how a change in one component of the system affects the other components of the system. This implies that a change in one of the system's elements is disseminated (or will have trickle-down effect) to whole system. Stated differently, this theory hinges on the assumption that family is composed of interconnected members, and each member influences the others in predictable and recurring ways.

As is evident, this theory shifts the focus from individuals' behaviors to the individuals' relationships. Systems theory implies that family as a system is a complex network of relationships and emotions which cannot be seen with focusing on one particular individual. According to Minuchin (1974) as a child/family psychologist, for example, child's behavior can be understood through family functioning. To him, since the whole system is divided into different subsystems identified by boundaries (e.g., parent-child subsystem, sibling subsystem), patterns in a system are circular rather than linear, meaning that the system is the source of its own modification (Minuchin 1974). Therefore, the symptomatic behavior should be looked at as a message, showing an inappropriate and ill-formed intrarelational behaviors. This view supports the idea that improper mother-child interaction and mutual misunderstanding escalates more inappropriate behaviors which, in turn, leads to a sabotaged interaction cycle. For instance, some family systems, as stated by Minuchin (1974), develop an inappropriate and improper interaction patterns in subsystems so that the dysfunctional structures engender two types of inappropriate family relationships. They are known as 'enmeshed' and 'disengaged' families. The former refers to the families characterized by overly permeable or absent boundaries; whereas the latter is used for families with rigid boundaries between family members so that they do not allowed to express themselves and have positive attachment relationships. Minuchin and his colleagues (1978) identified that some family characteristics can be attributed to the children's problems as enmeshment of family members, overprotection, a low threshold for conflict resolution, a weak spouse-subsystem boundary, and rigidity between boundaries. In fact, providing a theoretical basis for the examination of reciprocal relationships within family members, family systems theory helps to understand the issue that children should not be considered as passive recipients of parenting, but they are the active participants in any family relations (Maccoby 1984).

Viewed more generally, family therapy introduced the systemic explanation for the adjustment problems of the individuals, namely it changed the focus of diagnosis, the treatment relationship, and the means of therapeutic intervention (Miller 1994). In being so, applying treatment to one individual was not adequate since his/her problems were maintained and exacerbated by family members. The central goal of family therapy movement was to study moving from 'the thing in itself' to the relations between 'things', meaning that the subject of study changed from the individual to the relational issues (Relvas 1997). Implicit in the foregoing discussions is that the individual was not seen as a sick entity but as someone labeled that way so that the treatment of individual was replaced by the treatment of the family. Drawing on the systems theory, family-based therapies focus on the purpose of a behavior rather than its cause. This means that searching 'what for' is more effective and important than the discovery of the 'why' (Relvas 1997). Thus, any behavior should be understood as being the function of another behavior or of the system itself, the inference being that through treating relational patterns in subsystems, family unit transformation

implies individual transformation and visa-versa. Thus, based on this perspective, the ultimate goal of the therapy is to learn how to change (Relvas 1997).

Since birth, children and their parents develop a close attachment relationships which are prone to last for the lifetime and affect patterns in the family systems. Attachment theory (Bowlby 1969) by focusing on the parent-child subsystem is one of the most influential theories of development and has implications for both personality and psychopathology across the life span. In this theory, the emphasis is on the affectional bonding between children and their caregivers, and is aimed at explaining the long-term effects of early attachment experiences on personality development, interpersonal functioning, and psychopathology. In fact, attachment theory places tremendous significance on the primary relationships experienced by children, and also plays a vital role in shaping individuals' capacity for interpersonal relationships (Bowlby 1969).

According to Bowlby (1979), children have internal tendency to form an attachment to one or more figures (esp. mothers) early on in life. Bowlby (1969) advocates that attachment-related behaviors in infants (e.g., clinging, crying, smiling) are part of a functional biological system that operate as a buffer against dangers and stressful situations. He argues that the quality of parental responsiveness and availability to the child's attachment needs forms child's 'internal working model'. This implies that the attachment relationship builds child's internal working model of relationships in later childhood and adulthood, meaning that the quality of parent-child relationships rests on the mental representation of child's first attachment relationships (Bowlby 1969). Through parent-child relationship process, the internal working model develops gradually by which individual emotion, cognition, and behavior in attachment-related circumstances are guided (Bowlby 1973). Based on Bowlby's arguments, the quality of parent-child emotional climate helps children explore the world and react positively or negatively accordingly. Also, early relationships with primary caregivers, as stated by Bowlby (1988), influence children's perception of their ability to receive love and trustworthiness, as well. In so being, psychological well-being of children could be jeopardized by inappropriate attachment relationships between parents and their children. In sum, strong parent-child attachment developed in secure and positive climate creates a secure base for healthy growth in all development points (Bowlby 1979). Also, it is argued that early attachment relational patterns between children and their parents influence children's later development in light of neurodevelopment, emotion regulation, behavioral regulation and relational synchrony (Bowlby 1969). This view has gained much attention in recent years. For instance, according to Carlson et al. (2004), parent-child relational experiences impact children's personality development in the sense that it sets the stage for children's self-understanding and social/relational behaviors. In the same vein, inspired by attachment perspective, Kobak and Esposito (2002) postulated that risk for psychopathology increases when child's attachment strategies for sustaining the parent-child relationship fail. It implies that the breakdown in attachment strategies experienced by children stems from the notion that parents cannot support their children emotionally. Thus, insecurity experienced by the child regarding the attachment-related feelings is expressed in a problematic way, which makes it difficult for parents to understand the meaning of problem behaviors (Kobak and Esposito 2002).

As is evident, both attachment theory and family system theory put a great emphasis on the significance of caregiving, communication, joint problem solving, and mutuality in relationships. That is, family system theory highlights the importance of context where the interaction and childrearing practices take place while attachment theory elaborates on the parent-child relational process in that family context. Therefore, as it seems, establishing a

positive and mutually understanding parent-child climate could improve the likelihood of child as well as family psychological well-being in a positive family climate.

One of the central and vital variables which mediated in the quality of parent-child attachment relates to the parental warmth or acceptance through sensitivity to child's behavioral and emotional signals (Rogers 1951). The emphasis on providing the nurturing environment for individual's healthy psychological growth has been basically appreciated by humanistic perspective of Rogers (1951). Parent-child relations are closely associated with important aspects of childhood behavioral, emotional, social, and cognitive development. The reason lies in the fact that interacting with the environment, as stated by Rogers (1951), sets the stage for children to develop concepts about the self, the environment, and the self in relation to the environment. Roger's theory of personality development stems from the belief that there is a powerful force within each individual to strive continuously for self-actualization (an inherent tendency in children to move toward adjustment, mental health, and developmental growth). Providing an explanation for this issue, he maintains that a child exists in the center of a continually changing world of experiences, and attempts to become a positively functioning person in a self-directing manner. What a child experiences in the world (consciously/unconsciously, internally/externally), termed as 'phenomenal field', makes the reality for the child. Thus, all the perceptions acquired through relationships construct child's 'self', that is parent-child interactions influence the child to differentiate a portion of these experiences as the self. On the other hand, each child, according to Rogers (1951), has inner drive to satisfy basic needs such as self-realization and affirmation of the worthwhilness of self.

Adjusted and maladjusted children are different in such a way that the latter group face two many obstacles in order to meet their basic needs. Rogers (1951) convincingly argues that the absence of any thereat which has roots in inappropriate relational patterns (e.g., criticizing, blaming) provides an opportunity for the child to encounter the experienced inconsistency (between self-concept and experiences), and release the child's self-healing power. Following the Rogerian point of view, Axline (1947) postulated that creation of a similar climate for children to help them activate the self-healing power requires utilizing a developmentally appropriate way of relationship i.e., play. It implies that offering an opportunity to children to experience growth under favorable conditions assists them to play out their feelings. In this perspective, as stated by Sweeney and Landreth (2003), the focus is on the child and relationship rather the presenting problem. In fact, Rogerian approach claims that improvement is obtained through understanding the child rather than trying to change him or her. According to the humanistic perspective of Rogers, creating a positive climate through acceptance and unconditioned love is the vehicle for individual to reorient himself or herself toward self-actualization and adjustment, as well.

These three seemingly varied views mentioned above have been elaborately incorporated in Filial Therapy (FT) which was developed by B.Guerney in 1964. Filial therapy as an independent variable of this study is an innovative psychotherapeutic and relationship enhancement family/play approach that engages parent-child dyads of family system by training parents to become change agents for their own children (VanFleet 2005). FT aims at changing the focus of attention from child to parent-child relationship, and does not follow the diagnostic perspective. Filial therapy postulates that most of the children's emotional, behavioral, and social problems are considered as environmentally-based adjustment problems elicited from a lack of parental knowledge and skill (Guerney 1964). Regarding 'relationship as a patient', according to L. Guerney (2003a), filial therapy aims at helping families replace the rigid and dysfunctional habitual relational patterns with more functional and flexible ones. In simple terms, the focus of filial therapy as a relationship

enhancement family/play therapy is on the importance of parent-child relationship and the capacity of the child toward self-healing so that the warm and nonjudgmental climate created by parents helps the child release his or her inner directional, constructive, and self-healing power (Guerney 1969). Since FT capitalizes on the therapeutic power of play in reorienting parent-child relationship, it takes a play-oriented stance to help parents build a positive and constructive communication with their own children since it is assumed that increasing parental awareness of their children's needs can reconstruct parent-child inappropriate relationships (Guerney 2003a). Thus, FT believes in (a) the importance of play as a developmental appropriate way for understanding the child, (b) the ability of parents in conducting child-centered play sessions with their own children, and (c) parent-child relationship problems as the primary roots of many children's existing problems (VanFleet 2005).

Additionally, with regard to its non-diagnostic perspective, FT is not directed toward specific problem behaviors since it is fundamentally based on encouraging the child to play out his or her underlying feelings in a safe climate provided by parents. This issue has been elaborately expressed by Landreth (2002a: 60): "how a child feels about herself is what makes a significant difference in behavior". Based on this aspect of FT intervention, problem behaviors for this research are conceptualized on the basis of mothers' concerns regarding their children's problem behaviors including both externalizing (e.g., problems embedded in negative emotions directed against others such as anger, frustration, disruption, aggression, and hyperactivity) and internalizing (problems directed toward oneself rather than others such as fearfulness, inhibition, anxiety, and withdrawn) problem behaviors which serves as the dependent variable of the current study.

Since the core principle of relationship-centered approaches rests on providing a warm and non-threatening climate, the underlying perspective of the filial therapy as a relationship-enhancement therapy is that teaching parents how to create acceptance-rich climate through play will assist them to operate as change agents for their own children's problem behaviors (Guerney 2003b). This may imply that warmth and acceptance experienced by the child influence his or her psychological adjustment. Parental acceptance as the other dependent variable of this research is conceptualized as an important parental attribute which is revealed in the parents' feelings and behavior toward the child (Porter 1954). In his classic work, Porter (1954) postulated that parental acceptance can be characterized by (a) unconditional love for the child, (b) a recognition of the child as a person with feelings who needs to express them, (c) a value for the unique make-up of the child, and (d) a recognition of the child's need to become an autonomous individual.

It is readily apparent from the foregoing that each individual is important member in the familial context and any relationship between family members has a valuable influence on the whole system. Thus, the more positive, productive, and warm these relationships are, the more individual is able to have a psychological well-being. In view of the theoretical framework and research-based documents contributed to the efficacy of 'parent-child relationship' and 'play as the child's developmental appropriate language' in improving psychological well-being of young children, the following statement represents the underlying logic for designing and conducting this study. If FT as a relationship enhancement family/play therapy has the potentiality in effecting positive outcomes, as reported in the studies conducted mostly in Western countries, then it can be implemented in different settings like Iran with possibly similar outcomes in ameliorating children's problem behaviors and improving their mothers' acceptance.

PARENTS AND THE CHILD'S WELL-BEING

The review of the research literature, on the other hand, suggests that having parents participate in all interventions is a very deliberate, intellectual, natural, and expected action in that parents are the primarily supportive sources in child's life. It is in the context of family that a child first explores his or her world and learns to adapt to the various demands of families and the world at large. There are increasing data on the effectiveness of mental health services and supports for young children that focus on the parent-child interaction. Strong parent-child relationship provides a secure base for development of emotional well-being in children. It is well documented that most of the children's problems, even not stemmed from inadequate parenting, could get worse by it. Therefore, the earlier the parents and professionals can intervene in the life of the child, the better it is for both child and the family. Taken as a whole, There is a hope that most of the symptoms and distress associated with childhood problems can be alleviated with timely and appropriate treatment.

The past three decades have been witnessed a growing line of research on many programs offered for parent training (Barlow & Stewart-Brown 2000). All these programs, guided by a specific theory, have given center stage to the parent-child relationship in the evolution of children's problem behaviors (Barlow et al., 2005). The theoretical basis of most of the parenting programs can be classified into either behavioral programs or relation-based programs. The focus of the former program is to help parents to identify problem behaviors and using positive reinforcement to encourage appropriate behaviors while the central component of the latter is based on relations which emphasize understanding the thoughts and the feelings underlying the children's behavior and developing parental responses accordingly (Gross & Grady 2002). The emphasis of programs based on the family-oriented theories hinges on helping parents understand their own behavior and that of other family members, and to locate the problem behavior of children within the context of relationships at home (Gross & Grady 2002; Barlow & Stewart-Brown 2000).

Rogers (1951) advocates that interacting with the environment helps the children to develop concepts about the self, the environment, and the self in relation to the environment. He suggests that because young children spend a great deal of time interacting with their parents, the child's concept of self is largely influenced by parent-child interaction. There are numerous studies which indicates the importance of the relationship between emphatic (the ability to perceive and sense the world as another person sees and feels it) parental characteristic and child adjustment (Warren et al. 2004).

From this it follows that parental acceptance, warmth, affection, and positive involvement play a crucial role in children's emotional, social, and behavioral adjustment. Positive parental involvement can abolish or lower the incidence of the child's problem behavior, because positive climate created by parents prevent the child to seek attention through negative behavior (Warren et al. 2004; VanFleet 2006). Therefore, safe interaction or attachment and healthy relationships between parents and children are the fundamental aspects of better psychological health (Ladd & Ladd 1998). To recap, families have the potential to provide a context in which children grow and develop in an accepting, warm, and positive environment.

In view of the arguments above, the related literature shows that acknowledging mother-child relationships and trusting in mothers as change agents in this connection have been a promising perspective in that no other relationship has been found to be as influential and important as a mother-child relationships in shaping family adjustment. The reason perhaps lies in the fact that childhood has its own complicated features. It is a totally different world which only parents (especially mothers) have permission, patience, and the power to

enter. However, the fact of the matter is that few mothers have the knowledge of finding the right path which leads to this world. Most of them go the wrong direction in spite of themselves. According to Landreth (2002), the majority of parents do not have the communication skills required to satisfy their children's emotional needs. Put differently, mothers naturally tend to have their children refrain from their problem behaviors with showing no or little effort to look into the precise root of the problem.

THE HISTORY OF FILIAL THERAPY

As it is very well known by now, the present author has been inspired by a very comprehensive approach existing in the literature which incorporates the most essential elements of the abovementioned. This approach has come to be known as "Filial therapy" which acts as a link between family therapy and play therapy. The development of Filial therapy by Guerneys (1969) paved the ground to mark a significant and innovative development in the field of play therapy (Bratton et al. 2005). Filial therapy was developed by Bernard and Louise Gureney during the 1960s as a treatment for children (aged 3-11) with emotional, behavioral, and social problems (VanFleet 1994). The Guerneys developed Filial therapy as a way to enhance and strengthen parent-child relationships and to prevent future problems in children through these relationships. Filial therapy is an overwhelmingly useful tool in assisting children and families to overcome or prevent problems that might otherwise weaken them (VanFleet 1994). Through filial therapy, parents are thought four skills (structuring skill, empathic listening skill, child-centered imaginary play skill, and limit setting skill) in order to cope with their children's problems and help them to reduce parent-child dysfunctional patterns and inappropriate parental control. Including such constructive skills, filial therapy can provide a climate for parents to find a way out of repetitive cycles of unhealthy communication patterns (VanFleet 1994). When these communication gaps are bridged, they feel more validated and will be able to master their difficulties and anxieties. Taken together, filial therapy, a theoretically mixed approach, was developed to help parents become therapeutic agents in dealing with their children's problems by using the naturally existing bond between parent and child.

The main assumption of filial therapy rests on the fact that the children's interpersonal relationship with their parents is the locus of child's problem which should be paid considerable attention (Guerney 1969). Therefore, most emotional, behavioral, and social difficulties of children arise partly from the lack of parenting knowledge and skills necessary to build appropriate relationship (Guerney 2003). According to Guerney's work with children and their parents, parent psychopathology should not be taken as a mere reason of children's problems, because these sorts of problems stem from learning problem (i.e. lack of knowledge). In his opinion, parents are not educated to be parents, and they rely heavily on informal instruction from their family, friends, and neighbors. The underlying core principles for conducting filial therapy can be sought in the following:

- i. filial therapists' emphasis on the crucial role of play to understand the child
- ii. considering and trusting to the parents' ability to learn necessary skills to
- iii. conduct child-centered play sessions with their own children
- iv. filial therapists' preferences in educational models (VanFleet 1994).

Unlike medical models, filial therapy is an educational model of intervention since the therapist considers mental health difficulties as coming out from a lack of skills rather than inherent flaw or illness (VanFleet et al. 2005). The educational model carries the message

that change occurs through learning new skills and behaviors through which inappropriate behaviors can be diminished. According to Guerney (1982), the educational model has always been highly appreciated by therapists and parents. In fact, educational methods, according to experts, are the most efficient and less threatening way to help parents of children with problems. Practitioners contend that people embrace educational procedures more willingly, for such models are easily accessible to a wide range of clients (parents) and create an atmosphere good enough to give parents to feel self-confident and adequate without blame and resistance (Ginsberg 1997). In a nutshell, parents do not feel that they are drained of all the abilities necessary for effective parenting.

Involving parents in some parent training approaches should not blind us to the true differences between filial therapy and such programs. The difference between filial therapy and parent training approaches is that in the latter approach parents are encouraged to learn certain strategies in order to control their children's behavior, while the former is considered as a didactic and dynamic approach which assists parents to understand their children's behaviors. The major distinction, however, which can be attributed to filial therapy is that 'play' is given a high premium in a sense that it is approved to be a developmentally appropriate way to approach children. Landreth (2002: 14) advances an argument for the application of play in child therapy, stating that "play is the children's natural medium of communication. Children express themselves more fully and more directly through self-initiated, spontaneous play than they do verbally because they are more comfortable with play". He goes on to add that play is the best way for children to resolve their problems and communicate their feelings. Put it in other words, since play provides a context in which children feel more comfortable, they tend to show their real selves while engaged in self-initiated and spontaneous play. In fact, play is the natural language-like medium for children to get their meaning across, to express themselves, and to connect within their immediate surroundings. Landreth (2002) argues cogently that verbal communication with children transients their zone of comfort. In other words, to communicate with words is like having children adjust beyond their level of development.

Johnson (1995) elaborates on the values of filial therapy in an outstanding manner. He maintains that filial therapy, as compared to individual child therapy, can create an atmosphere through which parents feel more powers in dealing with their children's problems. To wit, filial therapy can provide parents with an excuse not to blame themselves and it can be a stepping stone to family treatment. The second main benefit of filial therapy, according to Johnson (1995), refers to its potentiality for integrating systemic and individual issues. In fact, filial therapy encompassing family therapy and play therapy aims to provide an opportunity for therapists to deal with systemic (family) issues and issues of the child. The other main factor which considers filial therapy as an essential therapy refers to its power in strengthening parent-child relationship. Since filial therapy is based on a therapeutic play relationship between parent and child, rather than the therapist and child, it can increase the child-parent bond, and help them to be engaged actively in the treatment process (Johnson 1995).

Filial therapy has capitalized on 'child-centered play therapy' (CCPT) – a kind of play therapy developed by Axlin on the bases of Rogers's Client-centered therapy, for the manner of play sessions are fully directed by child. Landreth (2002) contends that:

child-centered play therapy is a complete therapeutic system, not just the application of a few rapport building techniques, and is based on a belief in the capacity and resiliency of children to be constructively self-directing. Children are the best sources of information about themselves. Children create their own history

in the playroom, and the therapist respects the direction determined by the child” (p. 59).

It is crystal clear from the abovementioned that the empathic and nonjudgmental play context provided by filial therapy creates an environment in which children can express themselves openly. While children experience their parents’ nonjudgmental acceptance in the playroom and begin to play out troubling issues in their parents’ presence, they begin to accept that their parents really may be capable of this same behavior outside of playroom. On the other hand, establishing a meaningful relationship between parent and child can provide a climate in which parents can have more control on their children’s behavior and feel more capable.

CONTRIBUTIONS OF FILIAL THERAPY AND ITS GOALS

In a fairly obvious sense, the natural, fundamental, and educational design of filial therapy as a relationship enhancement modality implies the fact that it can be successfully used with families without severe problems. In other words, although filial therapy has been originally developed as a treatment for children with emotional, behavioral, and social problems, the underlying relationship enhancement aspects of it highlights the necessity and significance of utilizing filial therapy in both difficult and natural settings (Gureney 2003). According to VanFleet (1994), apart from certain severe problems within some families, most of the families lack parenting skills, misunderstand family roles, and misinterpret the relationships. Such issues with some other developmental problems are all dealt with in filial therapy.

The other advantage of this model refers to its emphasis on both preventive and intervention perspectives. The studies on Filial therapy suggest that filial therapy training fulfils the dual function of intervention and prevention of future problems (VanFleet 1994; Gingberg 1997; VanFleet et al. 2005). Therefore, it is appropriate for all families, not just those who are experiencing clinical level problems (Sweeney 1997; Landreth 2002). Put differently, the skill training methodology of filial therapy the focus from pathology and dysfunction to constructive and functional issues (Ginsberg 1997). According to VanFleet et al. (2005), filial therapy has been used successfully as a preventive program to strengthen families and also as a therapeutic intervention for many child/family problems such as anxiety, depression, abuse/neglect, children with ODD, ADHD, conduct behavior problems, obsessive-compulsive disorder, social difficulties, bipolar disorder, trauma, grief, single parenting, adoption/foster care/kinship care, attachment disruption, high conflict divorce, traumatic events, anger/aggression problems, chronic medical illness, step parenting, relationship problems, multi problem families, etc. (VanFleet 1994).

Viewed more generally, the process of filial therapy carries the message that all in the family including children, parents and the family as a whole can be benefited in nearly all situations. The goals of filial therapy can be summarized in the following:

- i. reducing children’s problem behaviors
- ii. increasing children’s trust in their parents
- iii. producing an opportunity for children to express their feelings appropriately
- iv. increasing children’s confidence in themselves and choices they make
- v. understanding children’s development, feelings, and motivations by parents
- vi. learning about the importance of play in child’s life
- vii. increasing parents’ acceptance, warmth, and trust toward their children
- viii. helping families prevent future problems and learn coping skills
- ix. improving families’ communication abilities

- x. strengthening parent-child relationship (VanFleet 2006).

CONCLUSION

To conclude, filial therapy, on the one hand, has been widely used to help children with different problems. It has been claimed that if biological factors have been ruled out, filial therapy can offer children an opportunity to explore and express their feelings through play and is an effective way for child psychologists to understand children's underlying thoughts and feelings and help them to make meaningful changes in their lives (VanFleet 1994; Kale and Landreth et al. 1999; VanFleet et al. 2005). On the other hand, it can help parents understand their children's conflicts, respond to them in a supportive fashion, and apply parenting skills in a manner more likely to lead positive results (VanFleet 1994).

A glimpse at the studies done before reveals that the interpretation of future events in one's life rests on the quality of childhood. In no uncertain terms, disregarding the importance of this period will, in a sense, do an irreparable harm to the family and child's future. In closing, it is worth noting that the present-day families could possibly lead a life devoid of some waxing problems with appropriate contributions offered by psychological professionals.

REFERENCE

- Axline, V.M. (1947). *Play therapy*. Revised ed. New York: Ballantine Books.
- Acerman, N. W. 1958. *The psychodynamics of family life*. New York: Basic Books.
- Barlow, J. & Stewart-Brown, S. 2000. Preview article: Behavior problem and parent training programs. *Journal of Developmental and Behavioral Pediatrics* 21: 356-370.
- Barlow, J., Parsons, J., Stewart-Brown, S. 2005. Preventive emotional and behavioral problems: the effectiveness of parenting programs with children less than 3 years of age. *Child: Care, Health & Development* 31, 1: 33-42.
- Bateson, G. 1972. *Steps to an ecology of mind*. New York: Ballantine Books.
- Benham, A.L., & Slotnick, C.F. (2006). Play therapy. Integrating clinical and developmental perspectives. In J.L.Luby (ed.). *Handbook of preschool mental health: development, disorder and treatment*, pp. 331-371. New York: Guilford Press.
- Bowen, M. 1978. *Family Therapy in Clinical Practice*. J. Aronson.
- Bowlby, J. 1988. *A secure base. Parent-child attachment and healthy human development*. New York: Basic Books.
- Bowlby, J. 1979. *The making & breaking of affectional bonds*. London: Tavistock.
- Bowlby, J. 1973. *Attachment and loss: vol. 2 separation*. New York: Basic Books.
- Bowlby, J. 1969. *Attachment and loss: vol. 1 separation*. New York: Basic Books.

- Bratton, S. C., Ray., Rhine, T., & Jones, L. 2005. The efficacy of play therapy with children: A meta-analytic review of treatment outcomes professional psychology: *Research and Practice* 36, 4: 376-390.
- Carlson, E. A., Sroufe, L. A., & Egeland, B. 2004. The construction of experience: a longitudinal study of representation and behavior. *Child Development* 75(1): 66-83.
- Christmas, A. L., Wodarski, S., & Smokowski, P. R. 1996. Risk factors for physical child abuse: A practice theoretical paradigm. *Family Therapy* 23, 3: 233-248.
- Ginsberg, B.G. 1997. *Relationship enhancement family therapy*. NewYork: John Wiley.
- Gross, D., Grady, J. 2002. Group-based parent training for preventing mental health disorders in children, *Issues in Mental Health Nursing* 23: 367-383.
- Guerney, B. 1969. Filial therapy: Description and rationale. In B. Guerney (eds.), *Psychotherapeutic agents: New roles for nonprofessionals, parents, and teachers*. New York: Holt, Rinehart, & Winston: 450-460.
- Guerney, B. 1982. Relationship Enhancement. In E. K. Marshall & P. D Kurtz (Eds.), *International helping skills*. San Francisco: Jossey-Bass: 482-518.
- Guerney, L. 2003. Filial Play Therapy. In Ch. Schaefer (Eds.), *Foundations of play therapy*. Toronto: John Wiley & Sons.
- Johnson, L. 1995. Filial therapy: A bridge between individual child therapy and family therapy. *Journal of Family Psychotherapy* 6: 55-70.
- Kale, A. L., & Landreth, G.L. 1999. Filial therapy with parents of children experiencing Learning difficulties. *International Journal of Play Therapy*, 8: 35-56.
- Kobak, K. & Esposito, A. (2002). Levels of processing in parent-child relationships for clinical assessment and treatment. In Leslie Atkinson (ed.). *Attachment and Psychotherapy*. New York: Cambridge University Press.
- Ladd, G. W., Ladd, B. K. 1998. Parenting behaviors and parent-child relationships: Correlates of peer victimization in kindergartens? *Developmental Psychology* 34. 6: 1450-1458.
- Landreth, G. 2002. *Play therapy: The art of the relationship* (2nd ed.). New York: Brunner-Routledge.
- Maccoby, E. E. 1984. Socialization and developmental change. *Child Development* . 55:276-287.
- Miller, W. M. 1994. Family play therapy history, theory and convergence. In C. E. Schaefer & L. J. Carey(ed). *Family play therapy*, pp. 3-19. London: Aronson..
- Minuchin, S. 1974. *Families and family therapy*. Cambridge, Mass: Harvard University Press.

- Minuchin, S., Rosman, B., & Baker, L. 1978. *Psychosomatic families*. Cambridge, Mass: Harvard University Press.
- Powell, D., Dunlap, G., Fox, L. (2006). Prevention and intervention for the challenging behaviors of toddlers and preschoolers. *Infants & Young Children*. 19(1): 25-35.
- Rogers, Carl. 1951. *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin.
- Relvas, A.P. 1997. Family therapy: Foundations and techniques. In P.J. Hawkins & J.N. Nestoros(ed.). *Psychotherapy: new perspectives in theory, practice and research*. Pp. 387-425. Athens: Ellinka Grammata.
- Satir, V. 1972. *People making*. Palo Alto, CA: Science & Behavior.
- Sweeney, D. S. 1997. *Counseling children through the world of play*. Wheaton, IL: Tyndale House.
- VanFleet, R. 1994. *Filial therapy: Strengthening parent-child relationships through play*. Sarasota, filial therapy: Professional Resource Press.
- VanFleet, R., Ryan, S. D., & Smith, S. 2005. Filial therapy: A critical review. In L. Reddy & C. E. Schaefer (eds.). *Empirically based play interventions for children*. Washington, DC: American Psychological Association: 241-264.
- VanFleet, R. 2006. *Introduction to filial therapy: a video workshop for mental health professionals*. Boiling Spring, PA: Play Therapy Press.
- Warren, M. A., Kaminski, P. L., Durrant, S. L. & Bayer, N. 2004. Parent-child interactions with ADHD children: Parental empathy and child adjustment. Paper presented at *the Annual Convention of the American Psychological Association Conference*, Toronto, Canada. Available on the ERIC Clearinghouse on Counseling and Student Services [ERIC/CASS].
- Webster-Stratton & T. Taylor. 2001. Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 Years). *Prevention Science* 2(3): 165-192.
- Wenar, C. & Kerig, P. 2000. *Developmental psychopathology: from infancy through adolescence*. 4th ed. Boston, MA: McGraw-Hill.
- Whitaker, C. A. 1973. My philosophy of psychotherapy. *Journal of Contemporary Psychotherapy*. 6(1): 49-52.

Marziyeh Alivandi Vafa¹ & Khaidzir Hj Ismail¹
¹Pusat Pengajian Psikologi & Pembangunan Manusia
 Fakulti Sains Sosial dan Kemanusiaan
 Universiti Kebangsaan Malaysia,
 Email: izay@ukm.my