NUMBER: 3.; APRIL, 2020.; RECEIVED: JAN 17, 2019; ACCEPTED: JUN 6, 2019

Psychotherapeutic treatment of children and adolescents in creative relational family therapy[1]

Sara Jerebic, PhD, spec. MFT,
Family Institute Bližina and Faculty of Theology, University of Ljubljana, Ljubljana, Slovenia, phone: +38634925580, e-mail: sara.jerebic@blizina.si

Drago Jerebic, PhD, spec. MFT,
Family Institute Bližina and Faculty of Theology, University of Ljubljana, Ljubljana, Slovenia, phone: +38640130155, e-mail: drago.jerebic@blizina.si

Summary

Relational Family Therapy understands the family as a system in which family members are interconnected and influence one another. Children's behaviour is understood as a response to systemic needs, therefore it is important for children to be included in the therapy to ensure systemic changes. For adults and older children, support in the form of a talk in psychotherapy can alleviate hardship; however, such support is not sufficient for younger children, or in those children who are growing up in violence, or experience abuse or painful separation from their parents. These children often block their feelings and have little knowledge of how to express them. Whatever bad things happen to them, they feel responsible and blame themselves. Since they do not yet know how to cognitively distinguish what is and what is not true about themselves, they can have false beliefs about themselves. Children who suppress their emotions do not feel good and have problems getting in touch with others, which can be reflected in behavioural, emotional and unexplained health problems. In order to get in touch with others and express their blocked emotions, they must first feel their body and be aware of their feelings, for which they need

1 The authors acknowledge the partial financial support from the Slovenian Research Agency (project No. J5-9349).

psychotherapeutic support. The therapist helps them express their emotions that are not accessible solely through verbal communication. In order to do this, the therapist uses creativity and includes various therapeutic techniques and strategies that are experiential, suitable for the child's development stage, and child friendly: projection photography, drawing, sandplay, puppets, family genograms, and clay. In the article we will present clinical practice and various creative ways that bring new experiences in the therapeutic process and enable children to change their ways of thinking, feeling and behaviour, and enable parents to understand and connect with children. The workshop will be experiential. Participants will be able to integrate theory into practice and try different creative techniques themselves. Acquired practical knowledge and personal experience can help psychotherapeutic treatment of children and adolescents and their families.

***Key words**: children, adolescents, Relational Family Therapy, creativity, experiential techniques.*

Introduction

Relational Family Therapy (Gostečnik, 2004) is an innovative psycho-organic model based on three basic levels of experience, i.e. systemic, interpersonal and intrapsychic; and these three levels are based on five relational mechanisms: projection-introjection identification, compulsive repetition, the core affect, the affective psychic construct and the regulation of the affect (Gostečnik, 2015). This model understands the family as a system in which family members are interconnected and interacting with one another, which allows the therapist to understand family dynamics, the interaction of relationships and communication patterns. When the family is in distress, it is extremely important that all family members participate in the therapy in order to ensure systemic change (Becvar & Becvar, 1982; Broderick, 1990; Ruble, 1999). The involvement of children in the therapy process is crucial because children often act as a barometer of the family system and its (non)functioning (Wolfe & Collins-Wolfe, 1983), while changes are lesser and slower when children do not participate in therapy (Keith & Whitaker, 1981). Children, however, differ in their level of understanding their world and the ability to successfully navigate in the adult world (Gelman & Bloom, 2000; Pereira & Smith-Adcock, 2011). Children under the age of eleven do not yet have a fully developed abstract thinking ability, which is a prerequisite for meaningful verbal expression and understanding of complex issues and emotions (Bratton, Ray, Rhine & Jones, 2005; Piaget, 1951). Even children with highly developed verbal abilities cannot adequately express their experiences, concerns, fears and internal struggles (Landreth, 2012). Children living in dysfunctional families, in which, for example, they experience violence, alcoholism, have experienced abuse, or are experiencing the painful divorce of their parents, block the feelings associated with traumatic events and have little knowledge of how to express them (Oaklander, 2006). Research in neurobiological development and psychological trauma (Morrison & Homeyer, 2008; Perry & Szalavitz, 2007) shows how play stimulates neural structures in the brain. Traumatized children re-experience traumatic events, as trauma often remains stuck in the nonverbal parts of the brain. Playing out the event with movement helps to awaken the memory from nonverbal parts of the brain to the frontal lobe (Morrison & Homeyer, 2008; van der Kolk, 1994). The most critical result of trauma is the loss of control, which has far-reaching consequences. The child is overwhelmed by stress, and if parents are the source of stress, the child cannot regulate and process the arousal in their autonomic nervous system, which destroys the ability to integrate what has happened. Sensations, affects, and thinking are dispersed into sensory fragments and are not connected (van der Kolk, 1987, 2005). Children tend to blame themselves for whatever bad has happened to them. Not being able to cognitively distinguish between what is true about themselves and what is not, they can form false beliefs about themselves. Children who thus repress emotions do not feel good and have issues in establishing contact with others, which can be reflected in behavioural, emotional or unexplained health problems. But in order to be able to get in touch with

others and express their blocked emotions, they need to feel their body and be aware of their feelings. To be able to do this, they need support (Oaklander, 2006). Support in the form of a talk in therapy can alleviate the distress of adults and older children, but it is not enough to provide therapeutic support for the youngest family members (Gil & Sobol, 2005). Symbolic play allows the child to control one part of her/his behaviour so that s/he can feel stronger (van der Kolk, 1987). The author (van der Kolk, 2005) also emphasizes the need of intervention, which includes movement and pleasant experience. A predominantly speaking approach thus does not capture the child's primary way of communication and expression, such as experiential play; therefore, in the treatment of families with children, child-friendly approaches appropriate to their developmental stage should be applied.

Relational Family Therapy with the elements of play

Many family therapists have thus expanded their clinical practice and introduced various techniques and strategies into family therapy that benefit children (Wehrman & Field, 2013). From the very beginning, play is the most natural way of communication for children (Oaklander, 1979) and enables the involvement of younger children in therapy (Gil, 1994). Eliana Gil (1994), a pioneer in the field of family therapy combined with play, claims that play in family therapy can connect individuals to one another in carrying out a simple and pleasant task that releases defence mechanisms and enables communication at a deeper level in which imagination, metaphors, and symbols can be expressed. Play between parents and children is one of the concrete ways in which families express and release natural creativity. They can play at any time, experiencing mutual positive emotions. Interactive play can create attachment or at least motivate family members to participate in positive common experiences. It stimulates a creative family atmosphere and helps them adapt in conflict situations (Harvey, 2003). When playing, children express their thoughts and feelings, solve problems, relieve tension and discover alternative ways at both verbal and non-verbal levels. When they are involved in family therapy through play, often the defence is reduced and the depth of interaction becomes much more visible (Gil, 1994). They can express their hidden thoughts and emotions, which they would not be able to do in mere conversation. Play helps them bridge the gap between their experience and understanding, thus providing a means for insight, learning, solving and dealing with problems (Bratton, Ray, Rhine & Jones, 2005). From the point of view of involuntary clients, playing attracts children and adolescents into a working alliance. In a safe environment in which they do not feel threatened, children and adolescents are more willing to participate in the therapeutic process (Schaefer, 2003). Before using various playing techniques, however, it is first necessary to establish a safe therapeutic relationship which is the basis of change.

Therapeutic relationship

Therapeutic relationship is placed in the very centre of Relational Family Therapy, enabling the change of fundamental relational structures (Gostečnik, 2004). Thus, before using any specific methods, the relationship between a therapist and a child based on empathy should first be built (Hopkins, 2000). The empathic attitude of the therapist enables an experience of a relationship that is different from previous relationships (Simonič, 2010). It replaces missing parental functions in the relationship with the therapist. The emphasis is on experiencing therapy, rather than on interpretation (Gostečnik, 2013; Winnicott, 1987). The first therapist's task is therefore to enable the child to experience security (Oaklander, 2007), while providing a safe foundation for the child and the parent, with the ultimate goal of helping the parent provide such foundation for the child (Shi, 2003). Additionally, playing is the most natural way of building relationships and a means by which the development of cooperation can be encouraged (Landreth, 2012). As a person of temporary attachment, the therapist creates an environment in which parents can freely explore new approaches to parenting. Consequently, the child can freely explore the new emotional area and experience a new parent-child relationship. In general, the therapist must understand the dynamics of the parent-child relationship and the model of constructive interaction with the child, show that s/he can effectively provide safe foundations, offer effective approaches to parenting, and provide comfort. Within the framework of safe foundations, the therapist gradually encourages the parent and the child to explore a new relationship, with the goal of changing the model of child's internal functioning (Shi, 2003). The therapist achieves this with an empathic relationship in the therapeutic process with interventions at the systemic, interpersonal and intrapsychic levels (Gostečnik, 2004).

Therapeutic process

A family in which a child has emotional, behavioural or unexplained medical problems (without a physical cause) can be included in the therapeutic process. These problems are: children behave inappropriately, they cannot get rid of feelings of anxiety, phobias, and nightmares; they suffer from self-harming and eating disorders, have problems at school and in social contacts, suffer from the feelings of inferiority, bad self-esteem, loneliness, experience distress due to parental divorce, relocation to an extended family, have experienced a traumatic event, violence or abuse, are experiencing hardship associated with placement in a foster or adoptive family, or their parents have problems with setting boundaries, disagreements about upbringing, feel helpless, confused, incompetent, etc. (Jerebic, 2015).

At the beginning of the process, the therapist explains the structure that provides security. The therapist also explains that the therapy is carried out in various ways, and at the

same time makes room for parents to talk about their expectations about the therapeutic process. When the parents 'make' the child an identified patient (Gostečnik, 2004), the therapist, in the presence of the child, explains that the child does not feel good about whatever causes the child's unwanted behaviour, while at the same time relieving the child of the feelings of guilt and telling them that the meetings are intended for them to feel good. The therapist also shows parents and children the room that is adapted for children and where there are various play materials. Children are excited, and at the end of the therapy session their answer to the therapist's question if they want to return is usually affirmative (Jerebic, 2015). The therapist's intervention is to liberate identified patient of scapegoating (Gostečnik, 2017) and the main task is consistent regulation of feelings and difficult affects that occur in therapy (Gostečnik, 2013).

Creativity in Relational Family Therapy

Specific, structured techniques used by the author of the present article in the therapeutic process are based on the principles of Relational Family Therapy and in addition to play, they also allow projection. They enable communication, experiencing and expressing feelings. They include drawing, clay, imagination, storytelling, photographs, cards, puppets, sandplay, directed family genograms and various games (Jerebic, 2015). When a child builds his world in a sandbox, makes a drawing, tells a story, he experiences himself. Whatever the child does, it is a projection of something within him. For example, when he tells a story, its contents mirror the child's experiences, needs, desires, and feelings (Oaklander, 2006). Since each emotion has its own physical component, the therapeutic process helps children to become more aware of their body and its reactions, which allows regulation and, consequently, gaining control over their behaviour. Together with the child, the therapist can then access the most important internal messages through the body (Gostečnik, 2013; Schore, 2003; Siegel, 1999, 2010). Some techniques are guiding (such as storytelling and the use of puppets), others are more spontaneous and non-structured (such as fantasy play roles and free play). All techniques include parents, children and the therapist (Gil, 2014), but they can choose the ones that they prefer.

Conclusion

By means of a range of play or expressive therapy techniques and approaches, the therapist can elicit the full participation of family members, in order to uncover, address and resolve problems or underlying patterns of family dysfunction. The involvement of children in the process of Relational Family Therapy proved to be a successful method in terms of changes in the family system (Jerebic, 2015). By means of a child-friendly approach parents can get to know and feel what their children feel and experience and how they experience others. Relational Family Therapy also recognizes that parental traumas often get transferred to their children (Gostečnik, 2017). The child's behaviour is thus placed in a different context, where there is room for understanding the feelings of children and adolescents, which are also regulated in therapy. In a safe therapeutic relationship, various techniques help children express their feelings, while at the same time they awaken parents' emotional memories of their own childhood. Parental affect regulation improves their own response, which enables affect regulation in the child and consequently leads to different behaviour. This is due to different and newly created communication that, in a safe and playful therapeutic relationship, enables the child-parent connection. From this we can conclude that the inclusion of children in therapy together with (non-abusive) parents helps children process distress, which gives them the feeling of security, so that also later in life, they will be able to trust, develop well, better understand themselves and their responses as adults and thus live more quality life.

References:

1. Becvar, R. J. & Becvar, D. S. (1982). ***Systems theory and family therapy: A primer.*** Washington, D.C.: University Press of America.
2. Bratton, S. C., Ray, D., Rhine, T. & Jones, L. (2005). The Efficacy of Play Therapy With Children: A Meta-Analytic Review of Treatment Outcomes. ***Professional Psychology: Research & Practice, 36***(4), 376-390.
3. Broderick, C. B. (1990). Family process theory. V J. Sprey (ur.), ***Fashioning family theory: New approaches*** (pp. 171-206). Newbury Park: Sage.
4. Gelman, S. A. & Bloom, P. (2000). Young children are sensitive to how an object was created when deciding what to name it. ***Cognition, 76***(2), 91-103.
5. Gil, E. (1994). ***Play in family therapy.*** New York: Guilford Press.
6. Gil, E. & Sobol, B. (2005). Engaging Families in Therapeutic Play. V C. E. Bailey (ur.), ***Children in therapy: Using the family as a resource*** (pp. 341-382). New York: Northon.
7. Gostečnik, C. (2004). Relacijska družinska terapija (Relational Family Therapy). Ljubljana: Brat Frančišek in Frančiškanski družinski inštitut.
8. Gostečnik, C. (2013). Relacijska paradigma in klinična praksa (Relational Paradigm and Clinical Practice). Ljubljana: Brat Frančišek in Frančiškanski družinski inštitut.
9. Gostečnik, C. (2015). Relacijska družinska terapija (Relational Family Therapy). V B. Simonič (ur.), ***Relacijska družinska terapija v teoriji in praksi*** (pp. 9-33). Ljubljana: Teološka fakulteta in Frančiškanski družinski inštitut.
10. Gostečnik, C. (2017). Relational Family Therapy. New York: Routledge.

11. Harvey, S. (2003). Dynamic family play with an adoptive family struggling with issues of grief, loss, and adjustment. V D. J. Wiener in L. K. Oxford (ur.), ***Action therapy with the families and groups: Using creative arts improvisation in clinical practice*** (pp. 19-43). Washington, DC: American Psychological Association.
12. Hopkins, J. (2000). Overcoming a child's resistance to late adoption: How one new attachment can facilitate another. ***Journal of Child Psychotherapy, 26***(3), 335-347.
13. Jerebic, S. (2015). Terapevtska obravnava otrok v relacijski družinski terapiji (Terapeutic treatment of children in relational family therapy). V B. Simonič (ur.), ***Relacijska družinska terapija v teoriji in praksi*** (pp. 177-193). Ljubljana: Teološka fakulteta in Frančiškanski družinski inštitut.
14. Keith, D. V. & Whitaker, C. A. (1981). Play Therapy: A Paradigm for Work with Families. ***Journal of Marital and Family Therapy, 7***(3), 243-254.
15. Landreth, G. L. (2012). ***Play therapy: The art of the relationship.*** New York: Routledge, Taylor & Francis Group.
16. Morrison, M. & Homeyer, L. E. (2008). Supervision in the Sand. In A. Drews in J. Mullen (ur.), ***Supervision can be playful. Techniques for child and play therapist supervisors*** (pp. 233-248). New York: Jason Aronson.
17. Oaklander, V. (1979). A gestalt therapy approach with children through the use of art and creative expression. V E. H. Marcus (ur.), ***Gestalt therapy and beyond: An integrated mind-body approach*** (pp. 235-247). California: Meta.
18. Oaklander, V. (2006***). Hidden treasure: A map to the child's inner self***. London: Karnac Books.
19. Pereira, J. K. (2014). Can We Play Too? Experiential Techniques for Family Therapists to Actively Include Children in Sessions. ***The Family Journal, 22***(4), 390-396.
20. Pereira, J. K. & Smith-Adcock, S. (2011). Child-centered classroom management. Action in ***Teacher Education, 33***(3), 254-264.
21. Perry, B. D. & Szalavitz, M. (2007). ***The boy who was raised as a dog and other stories from a child psychiatrist's notebook: What traumatized children can teach us about life, loss and healing.*** New York: BasicBooks.
22. Piaget, J. (1951). ***Play, dreams, and imitation in childhood.*** New York: Norton.
23. Ruble, N. (1999). The Voices of Therapists and Children Regarding the Inclusion of Children in Family Therapy: A Systematic Research Synthesis. ***Contemporary Family Therapy: An International Journal, 21***(4), 485-503.
24. Schaefer, C. E. (2003). ***Play therapy with adults.*** New York: J. Wiley.
25. Schore, A. N. (2003). ***Affect regulation and the repair of the self.*** New York: W. W. Norton & Company.
26. Shi, L. (2003). Facilitating constructive parent-child play: Family therapy with young children. ***Journal of family psychotherapy, 14***(3), 19-31.
27. Siegel, D. J. (1999). ***The developing mind***. New York: Guilford Press.
28. Siegel, D. J. (2010). ***The mindful therapist: A clinician's guide to mindsight and neural integration.*** New York: W W Norton & Co.
29. Simonič, B. (2010). ***Empatija (Empathy).*** Ljubljana: Brat Frančišek in Frančiškanski družinski inštitut.
30. van der Kolk, B. A. (1987). The drug treatment of post-traumatic stress disorder. ***Journal of affective disorders, 13***(2), 203-213.
31. van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. ***Harvard review of psychiatry, 1***(5), 253-265.

32. van der Kolk, B. A. (2005). Developmental trauma disorder: Towards a rational diagnosis for children with complex trauma histories. ***Psychiatric Annals, 35***(5), 401-408.

33. Wehrman, J. D. & Field, J. E. (2013). Play-Based Activities in Family Counseling. ***American Journal of Family Therapy, 41***(4), 341-352.

34. Winnicott, D. W. (1987). The child, the family, and the outside world. Harmondsorth: Penguin.

35. Wolfe, L. A. & Collins-Wolfe, J. A. (1983). Action techniques for therapy with families with young children. ***Family Relations, 32***(1), 81-87.