An Inquiry into the Efficacy of Filial Play as an Intervention with Families from Disadvantaged Areas in Limerick City and County

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ABSTRACT

Families living in designated disadvantaged areas in Limerick face significant problems of social exclusion including poverty, low educational attainment and high levels of crime. State intervention has focused on structural improvements to the environment and financial assistance both to local community organisations and directly to families. Child difficulties include aggression, anxiety, sleep disturbance and developmental delays in socialisation. The current study intervened at the level of social and affective capital, on the humanistic premise that a sense of personal well-being and security is of equal importance to material support. Of particular interest was the possible impact of social class values upon the accessibility of filial play therapy to parents from disadvantaged backgrounds.

A programme of filial play was presented to parents in an exploratory sequential mixed method design. Four groups of parents were facilitated using the Child-Parent Relationship Training (CPRT) model of filial play. At the conclusion of each training period, the data was analysed and modifications were made to enhance the efficacy of the programme with people of disadvantaged geographical origins. Quantitative data was gathered with the Porter Parental Acceptance Scale (PPAS), the Filial Problem Checklist (FPC), the Measurement of Empathy in Adult-Child Interaction (MEACI), the Rosenberg Self-Esteem Scale (RSES) and the Compass of Shame Scale (COSS). Quantitative data was analysed using Statistical Package for the Social Sciences (SPSS 20).

Qualitative data was gathered via participant and staff interviews, parental personal journals, research field notes and two case studies. Qualitative data was analysed via thematic analysis using the grounded theory model emphasising phenomenology and hermeneutics. Quantitative results were inconclusive due to sample size issues (N = 18) whereby early departing parents rarely made themselves available for post-intervention interviews. However, the directionality of mean score differences suggested that parents who completed training typically increased in feelings of empathy for their children and experienced fewer child problems. Quantitative results also indicated that shame-proneness, but not self-esteem was an issue for parents who left training prematurely.

Qualitative results were stronger and mirrored the quantitative results. Parents who were unsuccessful with filial play typically were under-resourced at the level of personal intrapsychic strengths. Participants who successfully completed training also reported a difficulty in engaging with their children at an empathic level, while coping with numerous sources of stress in their lives. Parents also indicated that aspects of CPRT which raised the possibility of criticism were particularly difficult to accommodate.

The overall conclusion is that parents from disadvantaged areas comprise a heterogeneous group, characterized by high levels of stress in their lives. Given certain programme modifications designed to minimize impact on parental sensitivities, filial play is an effective intervention.

DECLARATION

I hereby declare that I am the sole author of this thesis and that it has not been submitted for any other academic award. References and acknowledgements have been made, where necessary to the work of others.

Signature: Date:

_____ _____

Cóilín Ó Braonáin

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LIST OF ABBREVIATIONS

CPRT	Child-Parent Relationship Training
DEIS	Delivering Equality of Opportunity in Schools
FRC	Family Resource Centre
RAPID	Revitalising Areas by Planning, Investment and Development
SPSS	Statistical Package for the Social Sciences

CHAPTER ONE

Introduction

1.1 Introduction

Irish society has attempted and succeeded to some extent, to address social inequalities with regards to the children of the nation. In absolute terms, living standards have improved for the poorest sector of society and other examples of progress include the introduction of free secondary education and the very low infant mortality rate (Ferriter, 2004; Humphreys, 2011; United Nations, 2011). However, in spite of the introduction of a substantial social welfare system and low-cost education since the inceptions of the state, a significant amount of child deprivation persists (Combat Poverty Agency, 2006; Gibbons, 2005; Watson, Lunn, Quinn, & Russell, 2011). Tellingly, the economic boom of the Celtic Tiger era did not sound the death knell of poverty or child neglect. Sr. Stanislaus Kennedy, a well-known advocate of the poor, pointed out the 'scandal' of 90,000 children living in poverty in 2012, in spite of the wealth generated during the economic boom (Irish Times, 2012).

Nonetheless, many financial incentives were introduced during the period of economic prosperity with the avowed intention of reducing poverty and addressing social exclusion. Some of these programmes have met with limited success, such as the Revitalising Areas by Planning, Investment and Development (RAPID) programme which attempted to improve the infrastructure of the most deprived areas while also softening social class barriers by relocating some families from disadvantaged areas to middle-class areas (Irish Government, 2012). Other initiatives have been strongly counter-productive, however, such as the tenancy surrender scheme which provided a monetary inducement to public housing tenants who vacated their council houses and bought houses privately. The intention was to free up public housing for those on the waiting list, which it did. However, the people who left working class areas were predominantly the most functional of tenants and their departure left a vacuum in local

community leadership. The end result in some cases was that disadvantage became more concentrated and more entrenched (Hourigan, 2011).

The term ‘disadvantaged’ is problematic in that it seems to refer to people with substantial social problems. However, the term ‘disadvantaged’ is also somewhat synonymous with a section of the ‘working-class’ given that middle class people with serious social problems are not labelled as disadvantaged. In this paper, the term disadvantaged shall refer to geographical places wherein a subsection of the working class, experiences significantly more social disadvantage than the working class as a whole, but which shares a similar class zeitgeist. It is further noted that the work ‘disadvantaged’ can carry a social stigma, and a difficulty exists whereby stigmatised words can reify social constructs (Ricoeur, 1977). That is, by using the term ‘disadvantaged’ we may inadvertently perpetuate the social conditions that we wish to alleviate. It is desirable, therefore, to avoid the language of deficit where possible, although there is no agreement as to what term might replace disadvantage (Spring, 2007).

Conversely, there is a danger in not labelling a phenomenon clearly. Political correctness can be misused as a way of denying that social problems exist. Ambiguity can be counter-productive to truth, because to claim that people are all the same may allow society to avoid helping those in need (Gilligan, 2007). As an interim solution to this problem, disadvantage shall refer in this study to the geographical urban areas from which participants came, and to the life circumstances of rural people facing similar challenges, but who are not necessarily geographically proximate to one another.

The concept of well-being in children needs some elaboration given the broad scope of the term. One definition is itself quiet broad and lists nine dimensions of well-being, i.e., (a) physical and mental well-being, (b) emotional and behavioural well-being, (c) intellectual capacity, (d) spiritual and moral well-being, (e) identity, (f) self-care, (g) family relationships, (h) social and peer relationships, and (i) social presentation (National Children's Strategy, 2000). Andrew's et al. (2002: p. 103) defines child well-being as 'healthy and successful individual functioning, positive social relationships, and a social ecology that provides safety, human and civil rights, social justice and participation in civil society. Costello (1999) points outs the importance of the child having an important role in the family as an aspect of child well-being. Moreover, the National Council for Curriculum and Assessment (2009), in reference to the primary school curriculum, provide a rationale for concern regarding child well-being, i.e. the goal is 'to enable children to meet, with self-confidence and assurance, the demands of life, both now and in the future (p. 5).

Child well-being is a multi-faceted phenomenon and clearly an injection of economic capital alone has not succeeded in eradicating poverty and social exclusion in Ireland, so it seems that financial investment alone is insufficient (Fitzgerald, 2007; Office for Social Inclusion, 2009). The current research looks at the area of social capital and specifically at parent/child relationships. Social capital describes the view that personal relationships, social networks, and family support have enormous value and importance in providing and maintain social cohesion (Bourdieu, 1985; Green, 1995). This study examines the possibility that strengthening filial relationships might bolster family bonds and increase subjective well-being in children. It is hoped that by increasing wellbeing on a case by case basis that community interconnection might be rebuilt and

contribute to a reduction in the level of social exclusion (Asset-Based Community Development Institute, 2009).

As such, this research is optimistic, solution-focused and rejects the age-old adage that 'for ye have the poor always with you' Matt. 26:11 (King James Version). The study regards the family and society through a humanistic lens which posits that individuals are intrinsically motivated to self-actualization, given the appropriate social supports with which to do so. The focus is on young children, given that any approach to changing the zeitgeist within a community must have a broad impact on an upcoming generation. Once children become delinquent, the tendency is for a pattern of self-destructive and anti-social behaviour to persist (Patterson, DeBaryshe, & Ramsey, 1989). If the values and beliefs within families from disadvantaged areas can be benignly altered, so that life-enhancing attitudes emerge, constructive engagement with society might gradually gain momentum. The intervention effected in this project was the introduction of non-directive filial play therapy to parents from disadvantaged areas. The medium through which the invention sought to bring about change was empathy, i.e., an increase in the feelings of empathy felt by parents for their children. It is known that children who feel loved and nurtured by their parents, are happier, experience fewer emotional difficulties and are more engaged with school (Axline, 1964; Garbarino, 1992; Gerhardt, 2004).

1.2 Advocacy

The perspective of advocacy informs this research because families from disadvantaged areas (and children in particular) are relatively disempowered in Irish society and they need advocates who will constantly challenge the zeitgeist (Freire, 1970; Lynch, Baker, & Lyons, 2009). Evidence for the tentative extent of societal protection for children's

well-being is the relatively late adoption, in the history of the state, of legislation to protect children (Department of Health and Children, 2001), and the more recent thirty first constitutional amendment (Irish Government: Houses of the Oireachtas, 2012), which was adopted, to increase childrens' rights. The need for advocacy is also underlined by a number of reports detailing the mistreatment of children in Irish institutions for many decades with the compliance of Irish society (Murphy, 2009, S. Ryan 2009). The Ryan and Murphy reports underline, in particular, the serious deficiencies in adult-centered approaches to child welfare (Murphy, 2009; S. Ryan, 2009).

Furthermore, the current emphasis in Irish educational settings is to focus on child behaviour which is often perceived as misconduct, resulting in interventions which are either behavioural or medical in nature (National Behaviour Support Service, 2012). Both psychological and behavioural interventions imply that there is something wrong with the child, and that this problem must be resolved. The humanistic heart of this proposal is that sometimes the child (when misbehaving) is responding normally to environmental deficits, such as familial conflict, or inadequate parenting skills (Campanelle, 1971; Hourigan, 2011; McCafferty, 2011). Rather than further burdening children with problem-solving strategies, we may simply need to provide a bounded space wherein children can express and resolve their emotional conflicts in a safe manner. The non-directive nature of the proposed intervention of Child-Parent Relationship Training is informed, in part, by the need to allow children to find their own voices, rather than to impose yet more adult-centred solutions on the problem of child social disadvantage (Creswell, 2009; Ginsberg, 2002).

1.3 Pragmatism

The pragmatic worldview which 'arises out of actions, situations and consequences,' is concerned with practical solutions to problems. Since this study seeks to apply theoretical understanding to provide a practical method of reducing stress in disadvantaged adults and children alike, a pragmatic perspective was adopted (Creswell, 2009). The need for an effective humanistic intervention for children has increased steadily in recent years. The census lists the total number of children in Ireland between the ages of 5 years and 9 years at 303,600, of whom 179,761 live with a lone parent (Central Statistics Office, 2009, 2011d). It is known that children are more likely to experience poverty and educational disadvantage if raised in a lone parent family (Combat Poverty Agency, 2006; Department of Children and Youth Affaires, 2012). The increasing trend toward lone parenthood and marital breakdown (203,964 people being either divorced or separated as of 2011) necessarily means that an increasing amount of children are suffering the trauma of separation from one parent (Central Statistics Office, 2011b).

Furthermore, the number of immigrant people living in Ireland in 2006 whose ability to speak English was self-reported as 'not well' or 'not at all' was 92,561 (Central Statistics Office, 2011c). Immigrants are more likely than natives to be marginalised in Ireland due to cultural differences, language barriers and over-representation in low-paying jobs (Duncan, 2012). Children for whom English is an additional language often have difficulties at school primarily because of an inadequate grasp of the English language. The challenge of these additional strains on children and upon the educational system needs to be met on many levels. The Child-Parent Relationship Training model of filial play may be one such resource (Landreth & Bratton, 2006).

1.4 Research Objectives

In order to test the hypothesis that enhanced parent/child relationships might increase child welfare a model of filial play was taught to parents in disadvantaged areas. The first aim of this research was to explore whether Irish primary age schoolchildren from disadvantaged areas would benefit from Child Parent Relationship Therapy (CPRT). CPRT consists of adults engaging in play with their own children, in a particular style, with toys and art materials which are selected to maximize symbolic play (Landreth & Bratton, 2006). Symbolic play, in turn, is known to effectively ameliorate many developmental problems (Landreth, 2002).

Secondly, the CPRT model was analysed in order to ascertain if the model was optimal for the benefit of children from disadvantaged areas in Ireland. The truism that humanistic therapeutic play models are based on universal principles and can thus be applied without modification across social groups was examined in the context of social class (Blaine, 2011; G. Proctor, Cooper, M., Sanders, P. & Malcolm, B., 2006). Where preliminary inquiries suggested that CPRT was not optimally constructed for use with Irish children from disadvantaged areas, modifications were made to the programme, which was retested until the best fit was found.

1.4.1 Aims and Objectives

The aim of this study was to identify an efficacious method of increasing the levels of well-being of children and empowering parents in disadvantaged areas in Ireland.

1.4.1.1 First Objective

The objective through which the aim was addressed was to test an existing filial play model, Child-Parent Relationship Training (CPRT) to see if that model will achieve the research aim.

1.4.1.2 Second Objective:

In the event that CPRT was not effective as is, the objective was to modify the programme and re-test the amended training in a recursive manner until a viable programme was identified.

1.4.2 Research questions:

Based on a preliminary literature review of social class and cultural diversity, the following questions were identified as possible obstacles to successful outcomes:

Research Question 1: Will participants hold an authoritarian parenting style as desirable, rather than authoritative, and if so will authoritarian parenting conflict with non-directive filial play?

Research Question 2: Will the educational deficits of disadvantaged people render the language of person-centred psychology inaccessible?

Research Question 3: Will social class differences between the middle class properties of CPRT and working class values impede positive outcomes?

Research Question 4: Will parents possess sufficient personal resources to engage with their children on the level of empathic understanding?

Research Question 5: Should modifications to CPRT be deemed necessary, what adjustments need to be made to render the training more accessible to disadvantaged parents and their children?

1.5 Thesis Structure

Chapter Two explores the broad theoretical bases for introducing a filial play intervention to families from disadvantaged areas (Maslow 2009, Rogers 1957, Seligman, Steen and Peterson, 2003). The fundamental humanistic premise that all people can flourish given the appropriate supports is described, followed by the 'positive psychology' expression of that premise. Person-centred psychotherapy from which non-directive filial play is derived is summarized, including the therapeutic emphasis on relationship, trust, acceptance and the power of empathic understanding. Dimensions of the family unit are outlined, in particular the importance of parenting styles, given the child-centred character of filial play. Next, the significance of play itself is portrayed, including the symbolic nature of some play and the use of play as therapy. Finally the modality of filial play that is utilised in this study, i.e., Child-Parent Relationship Training (CPRT) is described (Landreth & Bratton, 2006).

Chapter Three consists of a literature review of the social environment within which families live, and by which families are inevitably influenced. The premise is that people construct, in part, their social reality and that families being a social unit, cannot be properly understood in isolation of their ecology. The principal contextual models reviewed are those of constructivism, social class and Bronfenbrenner's ecological model of human development (Bronfenbrenner, 1979). Given that disadvantage is to a large extent a socio-political problem, it is necessary to situate social exclusion in a political framework. Having set the political stage, the ecological model explicates the dynamics of social interaction and influence, which is valuable in understanding the existing social mores, priorities and strengths of disadvantaged communities.

Chapter Four describes the method and the theoretical rationale for the mixed method sequential research design utilised in the study. Hermeneutics forms a basis for taking into account the social context of disadvantage and phenomenology is described as the lens through which the parents' subjective experience of filial play training is explored. The method of incorporating hermeneutics and phenomenology into a systemic mode of investigation is that of 'grounded theory.' Four objective questionnaires and one quasi-objective rating scale constituted the quantitative measures which were used and analysed with the Statistical Package for the Social Sciences (SPSS). Qualitative data was drawn from interviews, field notes, journals, and case studies, which was coded and analysed using thematic analysis. Selection of participants including a summary of demographics, procedures, and ethical considerations are also described.

Chapter Five presents the results, both quantitative and qualitative on a group by group basis across the four participant training groups. Within each group, statistical results are portrayed followed by the qualitative findings reported by way of the concepts which emerged from the data.

Chapter Six continues to illustrate findings, in this case by reporting on two case studies. A minor case study was prompted by the presence of an exceptional parent who attended Group Three, while a more extensive major case study was conducted to explore in greater depth an exemplar of disadvantaged parenthood using the phenomenological emphasis above mentioned.

Chapter Seven discusses the findings and relates the results to the literature reviewed and the aims and research questions posed. The modifications made to CPRT in order to best accommodate families from disadvantaged areas are described.

Chapter Eight considers the implications of the findings for the CPRT filial play intervention with families from disadvantaged areas in Ireland and presents recommendations to maximize efficacy of future projects which intend to bring filial play to families from disadvantaged areas.

1.6 Conclusion

It is hoped that this modified child-centred family intervention will prove to be useful to the families from disadvantaged areas in a practical hands-on manner. The purpose of selecting filial play as the modality of beneficial change was that filial play would potentially provide an empowering experience to parents as well as enable increased well-being in their children. By increasing parenting skills and reducing the families' dependence upon state and professional health care resources, families may become more advantaged in the social and affective domains.

CHAPTER TWO

Person-Centred Psychology,

The Family & Filial Play

4.7 Introduction

The premise of introducing a filial play intervention to families from disadvantaged areas is the belief that the individual has an inherent tendency to self-actualise given favourable environmental conditions (Maslow, 2009; Rogers, 1957). The goal of self-actualisation is for some the pursuit of happiness (Dali Lama & Cutler, 1998), and for others a full engagement with life as it is (Van Deurzen, 2009). In either case, according to Maslow's hierarchy of needs, basic needs must be satisfied before one can focus on the higher-order goal of self-actualisation (Maslow, 2009). It appears that families from disadvantaged areas, by definition, do not enjoy to the same extent the ecological benefits of middle income families (Deptartment of Environment Community and Local Government, 2007).

While the state, in part, has attempted to redress social exclusion on a structural level, and community programs have also been active, this thesis poses the possibility that the social fabric may also need to be mended at the level of the family or microsystem, on an affective plane (Bronfenbrenner, 1979). It is proposed that the problems of social exclusion which affect the family may be ameliorated by the practice of filial play. Before discussing filial play, however, it is necessary to provide a theoretical rationale for the claim that individuals will flourish given the appropriate conditions (Gaffney, 2011). In the first section of this chapter, a review of humanistic and positive psychology provides the basis for the modern belief in the desirability of personal autonomy and self-fulfilment (Seligman, 2002).

The second section of this chapter will address the family, which is the crucible for the socialisation of children and that reflects the society of which it is a part (H. R. Schaffer, 1996). While the difficulties of some families from disadvantaged areas has been

highlighted, the preferred solution to the emotional impact of disadvantage on parents has been economic in nature (Fitzgerald, 2007; Irish Times, 2012). Society tends to be ambivalent regarding the role of affect in public life, and prefers to relegate emotionality to the private sphere (Lynch, Baker, Cantillon, & Walsh, 2009). Indeed, the affective domain is usually regarded 'as a by-product of economic, political and cultural action' and it is not seen as a concern for public discourse or policy (Lynch, Baker, Cantillon, et al., 2009: p.13). The importance of empathy in family relations will be discussed in more detail below. Within the family system, of particular interest are the social, emotional and behavioural difficulties (SEBD), which affect children and these problems are discussed in relation to social disadvantage.

Thirdly, filial play is a modality of person-centred therapy that is both accessible to children and appropriate for delivery by parents. The modality of filial play used in this study, Child-Parent Relationship Training (CPRT), is described (Landreth & Bratton, 2006). The rationale for utilising CPRT, which focuses on strengthening filial relationships, with an emphasis on empathic understanding, is presented.

4.8 Humanistic Psychology

Humanistic psychology emerged in the USA as a contrast to reductionist behavioural and psychoanalytical approaches to psychological issues (Hergenhahn, 1997; Rogers, 1957). This third force in psychology was led by Maslow, Rogers, and Ellis amongst others and emphasised the value of the individual as a unique person who should not be judged by objective standards, but rather known through his or her internal frame of reference (Rogers, 1961). The view that people were essentially irrational and destructive was replaced by the premise that individuals are, in fact, basically rational, socialised, forward-moving, and realistic (C. H. Patterson, 1977). It is hypothesised that

such an affirming approach to disadvantage and its effects on families will be more productive for individuals and by extension communities, than the currently favoured professional interventionist approach which fosters dependence and which is particularly vulnerable to recessional cutbacks (Prilleltensky, 2010). Such a shift might be viewed as a change of perspective from focusing on the problems of disadvantage, to fostering the inherent strengths of the person (Bratton, Ray, Rhine, & Jones, 2005).

4.8.1 Positive Psychology

Indeed, a current trend in psychology is a change in emphasis from sickness to wellness (Park & Peterson, 2003; Seligman, 2002; Seligman, Steen, & Peterson, 2003). Concerning health in general, the World Health Organization works towards a model of health which is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (World Health Organisation, 1946). Regarding mental health in particular, 'positive psychology is an umbrella term for the study of positive emotions, positive character traits, and enabling institutions' (Seligman et al., 2003: p.1). Positive psychology is rooted in the work of Abraham Maslow, who militated against the prevailing behavioural and psychodynamic models by studying exceptionally happy and successful individuals (2009). Maslow posited the existence of a natural tendency to meet one's needs in an ascending order from basic physical needs to self-actualization, i.e., a state of harmony and understanding (see Figure 2.1). Self-actualised individuals display characteristics of contentment, are attuned to reality, are oriented to problem solving, and enjoy their own company (L. Johnson, McLeod, & Fall, 1997).

4.8.2 Positive Psychology and the Child

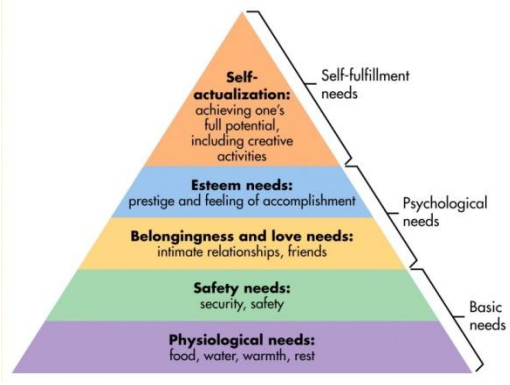
Positive psychology is especially relevant to children with social, emotional and behavioural difficulties (SEBD), which may be defined as lasting and significant problems that fall short of constituting formal psychiatric or pathological disorders (Fovet, 2011). Child-centred filial play is highly nurturing in that the adult interacts in an empathic supportive non-directive manner. Evidence that such an empathic intervention might be effective with children with SEBD can be inferred from the success of nurture groups established in schools in order to compensate for childhood insecurity. Nurture group are typically established in primary schools, have 10-12 children and two staff; a teacher and a teaching assistant (P. Cooper & Tiknaz, 2007).

Results of nurture groups appear positive with one study finding that typically 10 of 12 children in a given group return to mainstream classes after one year and that those children need no further remedial assistance (Iszatt & Wasileqska, 1997). A national UK study also found overall improvement in social, emotional and behavioural functioning, gains which were also mostly achieved in the first year of nurture group intervention (P. Cooper & Whitebread, 2007). Longer-term outcomes for school leavers with SEBD suggest that those children who have constructive and supportive relationships with adults made a successful transition to adult life. One such study found that the adult/child relational quality was the key to success rather than the professional or vocation qualifications of the adult (O'Riordan, 2011). Given that, compared to regular schooling, the additional component of a school-based nurture group is that of a caring supportive environment, it is likely that the dynamic element of nurture groups is analogous to the empathic tone of filial play.

4.9 Person-Centered Psychotherapy

Person or client-centred psychotherapy is a particular type of positive humanistic psychology in which the relationship between therapist and client is the primary channel of therapeutic change (Rogers, 1957). Clients are assumed to be rational, socialised, forward-moving and realistic (C. H. Patterson, 1977). As such, people are presumed to have an actualising tendency, i.e., an inherent tendency towards full development in all aspects of life, given the right conditions (Rogers, 1961). Person-centred therapies including Child-Parent Relationship Training (CPRT) attempt to create those ideal conditions within a safe bounded space, in order to facilitate the healing of distress. The primary therapeutic condition of person-centred healing is the development of an authentic relationship between therapist and client, and person centred therapy views the client-therapist relationship itself as a vehicle of personal growth (P. Cooper, Smith, & Upton, 1994; MacDonald, 2006).

Figure 2.1 Maslow's hierarchy of needs



(M. Atkinson, 2013)

4.9.1 Relationship

Within the field of humanistic psychology, person-centered psychotherapy placed a particular emphasis upon the importance of empathic understanding by the therapist of the client (Rogers, 1961). To be seen empathically as a unique individual may be the

most effective component of many interventions, and while behaviour is but one aspect of the multifaceted person, many school-based intervention programmes are perhaps over-pedagogical in style and behavioural or prescriptive in orientation (Webster-Stratton, 1992; Rainbows Ireland, 2009; Visser, 2002). While behaviour management is necessary and helpful in many ways, as an approach to Social Emotional & Behavioural Difficulties (SEBD), the focus on behaviour can create a dynamic where the child is not fully met as a person (P. Cooper et al., 1994; Greenhalgh, 1994). A possible consequence of emphasising behavioural change as a measure of outcome is that, while behaviour can improve, children may simply have conformed to adult wishes, but their emotional disturbance can be become hidden rather than resolved.

Given Roger's assertion that relationship is central to the learning experience, it follows that deficient relational interaction between parent and child will have a negative impact on social engagement (Rogers & Freiberg, 1994). An intervention which improves a child with SEBD ability to relate more effectively may well have a beneficial effect on both family and school experience (Greenhalgh, 1994). The particular advantage of non-directive CPRT as an intervention is that the method itself pivots on the relationship between parent and child. Consequently, rather than the child learning *about* relating effectively, and then applying that learning to the environment, the child learns through relating in vivo. The affective learning is, therefore, experiential rather than didactic. The importance of the experiential mode of psychic resolution lies in the fact that instruction may inhibit autonomy and foster compliance rather than cultivate intrinsically-motivated personal responsibility. Also, children with difficulties may already be in conflict with adults and they may perceive any didactic intervention as constituting further restrictions on their liberty.

Typical difficulties that are experienced by children and which may be alleviated or resolved by filial play are emotional, social or behavioural in nature. Emotional difficulties include anxiety and irrational fears, social difficulties include excessive shyness and bullying and behavioural difficulties include disobedience and acting-out. While child difficulties may have various origins, research shows that most children will benefit from filial play (Cooper, Smith and Upton, 1994; Emerson and Einfeld, 2010; Herring et al. 2006; R. E. Watts and Broaddus, 2002).

4.2 Authentic Relationship

An authentic relationship is a way of relating which consists of three broad characteristics; a) a belief in the other person as a trustworthy guide to satisfying behaviour, b) the adoption of an existential mode of living and c) a willingness to be open to new experience (C. H. Patterson, 1977). Within the nurturing confines of an authentic relationship, the necessary components for therapeutic change in person-centered therapy are (a) trust, (b) existential living, (c) openness to new experience, (d) empathy, and (e) acceptance; all of which are discussed further below. Given that young children live primarily within the microsystem and develop naturally given the right environmental conditions, their tendency towards authentic living is likely to evolve as mediated by the family (Piaget, 1962). Consequently, the broader life experiences of parents may be relevant concerning the authentic living of children, because parental beliefs about life are likely to be passed-on to their children (Bronfenbrenner, 1979). Bronfenbrenner's ecological model will be described in Chapter 3.

4.9.1..1Trust

The first characteristic of authentic relationship refers to Roger's premise that if people can live life without distortion or selectivity, that they will naturally arrive at a satisfying life which is in harmony with the needs of others (1961). Trust, in this context, refers primarily to the client learning to trust himself, an outcome which is facilitated by the therapist's unconditional positive regard. Roger's describes the basic trustworthiness of human nature as follows:

> 'When we are able to free the individual from defensiveness, so that he is open to the wide range of his own needs, as well as the wide range of environmental and social demands, his reactions may be trusted to be positive, forward-moving, constructive…his total behavior, in these and other areas, as he moves toward being open to all experience, will be more balanced and realistic, behavior which is appropriate to the survival and enhancement of a highly social animal' (Rogers, 1961: p.194).

Dysfunction, conversely, often leads people to misinterpret current events in the light of past experience (distortion), or to avoid true choice in favour of the more familiar and therefore the perceived less-threatening option (selectivity).[1] However, if the individual can trust her own psychological processes, and remain attuned to her own needs and desires in any given situation, she will most likely discover the course of action which will satisfy both immediate and long-term needs (Rogers, 1961). Feedback from the environment, including social demands, will modify any tendency towards selfish or destructive behaviour. The end result is a fully functioning person who is self-regulating and can live a full and productive life.

4.9.1..2Existential Living

The second characteristic of authentic living is to live one's life in an existential manner. Existential living refers to the philosophy that one's direct experience of the

[1] Familiar situations, even when abusive, can seem less threatening than the necessity to accommodate novel experience (Corey, 1991).

world in the present moment is the primary reality, and thus should be embraced as far as possible without fear, bias or interpretation (M. Cooper, 2003; Van Deurzen, 2002). Each stimulus or event is viewed with fresh eyes and taken at face value. A richness of life can be achieved in this manner, which stands in contrast with a jaded 'been there, done that' perspective, or a quest for perpetual happiness (Van Deurzen, 2009). The reason people might restrict their own openness to experience is that some past experience or current environmental difficulties create a tendency to evaluate novel stimuli in terms of potential threat or harm. The person's natural defences against such threats cause new experiences to be avoided or distorted in order to fit a template established by past experiences (Knell, 2009). The defence of selectivity creates a bias for the familiar (and thus less threatening) experience over the novel. Selectivity may account in part for the tendency (see Chapter 3) for people living in disadvantaged areas to use additional material resources to reinforce existing lifestyles rather than explore new experiences.

4.9.1..3Openness to New Experience

Thirdly, one needs an attitude of openness to experience and in particular a readiness to engage in novel stimuli in order to live fully (Hendricks, 2000). The fully functioning person is open to experience, i.e., she is curious and tends to explore and investigate new stimuli or events. Such an approach to life is ubiquitous in children to a greater or lesser extent. Children with difficulties are likely to be more restricted in their openness to experience in one of two ways. The consciously fearful child is likely to be passive and avoidant of any new experience which may be viewed as threatening. The over-active child, while having the appearance of an explorer, may not process or assimilate the learning in each experience, and consequently will enjoy superficial

contact with novel experience without greatly developing his understanding of the environment or of his own intrapsychic awareness (Greenhalgh, 1994).

4.9.2 Empathy

Within the context of an authentic relationship, the core feature of Child-Parent Relationship Training is the use of parental empathy as a means of facilitating therapeutic change in the child (Bratton & Landreth, 1995; Harris & Landreth, 1997; Landreth, 2002). Empathy, as a concept, is prone to much ambivalence and is often defined as the vicarious experience of another's feelings, perceptions and thoughts (Winnicott, 1971). In the vernacular, that definition is sometimes described as 'feeling another's pain, or walking in their 'moccasins;' however, such a definition implies that a therapist must have had previous personal experience of the client's circumstances, which cannot always be the case. A more helpful conception of empathy has emerged from the field of neuropsychology, which allows for a more precise definition (Macoby, 1980). There appear to be three major neuroanatomical processes involved in the experience of empathy, (a) an emotional simulation process which mirrors the emotion expressed by the other person, (b) a conceptual perspective taking process, and (c) an emotion-regulation process used to sooth one's own distress at the other's suffering (Kurdek & Fine, 1994).

In the first instance, the mirroring of the other's emotional pain need not be based on identification with the cause of suffering, as is sometimes thought (Carroll, 2002). It seems likely that the mutuality of empathic feeling is based on the emotions themselves and not on the precipitating causal event, per se. The second process reflects Rogers' tenet that the therapist must embrace the client's internal frame of reference (Rogers,

1957). The importance of the third process of self-soothing is that only by effectively managing one's own emotional response, can support be offered to the client (C. E. Schaffer & Drewes, 2009). A degree of separation must be maintained between the empathiser and the empathised.

In the context of filial play we can define empathy, therefore, as a process wherein the parent experiences emotion which mirrors the child's expressed emotion, attempts to understand the child's perspective and actively validates the child's experience. Validation is effected by verbalising and/or using body language. As a consequence of experiencing the parent's empathy, the child feels noticed and cared-for, and this in turn strengthens the filial relationship.

> 'But let someone really listen, let someone acknowledge my inner pain and give me a chance to talk more about what's troubling me and I begin to feel less upset, less confused, more able to cope with my feelings and my problem' (Koesten, 2004: p.8).

In this way, an apparently individualistic modality of therapy changes the family dynamic for the better, and holds the promise of improving community cohesion.

4.2 Empathic Relationship

Through consistent and repeated expression of empathy by parents, a closer bond between parent and child will form and the filial relationship may be considered to be an empathic relationship. Consequently, one's focus in the context of ameliorating Social, Emotional and Behavioural Difficulties (SEBD) is that of a non-judgmental empathic parental relationship. From the humanistic perspective, an empathic relationship is one in which both parties are authentic or real in their social engagement. Parents, in working authentically, need to be acceptant towards their own feelings and congruent in their behaviour (Rogers, 1961; Ryan & Courtney, 2009). The second

crucial ingredient of an empathic relationship is conscious and focused attention, by means of which the child can sense that the parent cares (Visser, 2002: p.77). In person-centred interventions 'an empathic authentic facilitator is the touchstone of emotional healing' (Sweeney & Homeyer, 1999: p.46). Being genuinely cared-for in a nurturing environment is paramount (Greenhalgh, 1994). The benefit of a person-centred approach to distress is that 'the child becomes less defensive, is more open to new experience, can tolerate ambiguity and can resist attempting to distort new occurrences to fit a pattern of previous experience,' (Rogers, 1961: p.115).

4.9.3 Acceptance

Acceptance of a person can be defined as 'a warm regard for a person as someone of value no matter what his condition, his behaviour, or his feelings' (Rogers, 1961, p. 34). The purpose of acceptance in filial play is to foster well-being and self-regard in the child, which can be lacking if, parents 'are unable to fulfil their potential for emotional nurturing' (Landreth, 2002, p. 365). Acceptance is also congruent with the humanistic premise of the 'essential confidence and trust in the capacity of the human organism (Rogers & Freiberg, 1994: p.156). Thus, parents demonstrate their acceptance of the child through play.

4.10 The Family

Given that filial play therapy is very much a family-based intervention, some discussion of the importance of the family is warranted. The Irish constitution places the family firmly at the centre of the Irish social structure, much like Bronfenbrenner's positioning of the microsystem at the heart of his ecological model of human development (Bronfenbrenner, 1979; Bunreacht na hÉireann, 1937). Consequently, the family is considered to be, in most cases, the most effective setting for child rearing. However,

because of increased awareness of child abuse and neglect in some homes (Department of Children and Youth Affairs, 2011), state powers to protect children have increased (Department of Children and Youth Affairs, 2001). An example of increased state intervention was the recent 31st amendment to the Irish constitution, which aimed to increase the state's ability to protect the rights of children (Irish Government: Houses of the Oireachtas, 2012). The 31st amendment, however, only applies in exceptional cases and can only be effected through the court system. The Children Act, 2001 provides for a child to receive special care or protection in the event that the child's needs are not being met within the family (Irish Statute Book, 2013). The Children Act, 2001 functions by establishing by establishing a family welfare conference to decide on appropriate action. Parents or legal guardians may attend, which indicates a willingness by the state to integrate family wishes with legal actions concerning children's rights.

Nonetheless, in the light of reports of gross failure of institutions to protect children in their care (Murphy, 2009; S. Ryan, 2009), there is a tension in Irish society as to whether or not family or state should predominate in child welfare. A significant no vote (42%) to the 31st children's amendment to the constitution (which was carried) may have reflected fears that the prerogative of the family might be undermined by a constitutional change (Referendum Returning Officer, 2012). Interestingly, working class areas voted no in significantly greater numbers than their middle-class counterparts, which may have been caused by a mistrust of the power of social workers according to Minister of Social Protection, Joan Burton T. D. (Radio Telefís Éireann, 2012).

The question arises from the above point as to whether working-class people's fear of government oppression is valid. Is disadvantage a societal artefact or does institutional

oppression and discrimination exist? Certainly, some suggestions of systematic discrimination exists against travellers (NCCRI, 2013) and non-Irish nationals are more likely to report discrimination than Irish nationals (Russell, Quinn, King O'Riain and McGinnity 2008). Furthermore, can individual interventions such as CPRT prevail against systematic social exclusion? The Rogerian (1964) view is that by adopting a client-centred approach and gaining an understanding of individuals on their own terms of reference, progress is possible. Indeed the school principal involve in Group Four stated a belief that the people of his area could only be helped on a case by case basis.

The right of parents to raise their children in accordance with their own views is enshrined in Bunreacht na hÉireann (Bunreacht na hÉireann, 1937). However, the state also has statutory duties to protect the child in terms of life, health and education (Children Act 2001 No. 24). There is, however, no clear boundary as to the appropriate extent of state intervention in child welfare, and in some areas of life intervention may be over-extended to the point of disempowering capable adults. Community disempowerment is currently addressed in the Mid-West of Ireland by the asset-based community development movement, which 'draws upon existing community strengths to build stronger, more sustainable communities for the future,' (Asset-Based Community Development Institute, 2009). The premise of this approach to community is that, in some respects, parents have become excessively dependent upon state support, and have lost confidence in their own problem-solving capabilities (Kretzmann & Green, 1998). Asset-based community organisations provide training programmes for local people with the aim of fostering self-reliance. In a similar vein, the researcher wishes to empower parents by teaching skills and experientially demonstrating to parents that much can be achieved concerning the nurture of their own children by means of child/parent affective intimacy.

4.10.1 The Family System

However, in order for families from disadvantaged areas to participate fully in society, children must be raised in a manner which fosters high self-esteem and confidence (Lindenfield, 1994). While the family is the most efficient means of socialising human beings, not all families are equally supported in that regard (H. R. Schaffer, 1996).

4.2 Dimensions of Family Interaction

Four factors are considered especially important for parents in rearing confident children, i.e., (a) warmth versus hostility, (b) responsiveness, (c) methods of control, and (d) communications patterns (Boyd & Bee, 2012). Warmth is characterised by parents who exhibit caring for the child via displays of empathy, who show enthusiasm for the child's interests, and who are sensitive to the child's needs (Macoby, 1980). Responsiveness refers to the attunement of the parent to the child's needs and a willingness to act sensitively to resolve any issues. Methods of control or discipline include the extent to which rules are consistently enforced and the degree to which any punishment used is the minimum effective deterrent required in a given situation. Research shows that children whose parents keep an eye on them, who know where their children are at all times and who see to it that homework is done, show greater psychosocial competence (Kurdek & Fine, 1994). Furthermore, open communication within families is correlated with better social skills in adulthood (Koesten, 2004)

4.2 Parenting Styles

The factors of nurturance, control, maturity demands and communication were combined by Baumrind (1973) who proposed that three broad parenting styles existed, a model which was later extended to four styles by Martin and Macoby (1983). The four parenting styles were labelled, (a) the permissive style which is characterised by high

levels of nurturance, and low levels of control, maturity demands, and communication, (b) authoritarian style, characterised by high levels of control and maturity demands and low levels of nurturance and communication, (c) authoritative style which emphasises high levels of control, nurturance, maturity demands and communication, and (d) and the fourth additional style, the neglecting style, had low levels of all four dimensions (Boyd & Bee, 2012).

Permissive parenting, which is indulgent in nature rather than neglecting, tends to produce children who are somewhat less independent and less likely to take responsibility. Children reared by authoritarian parents can be either subdued or aggressive as a result of having low levels of autonomy within the family. However, for some children living in extremely disadvantaged circumstances whereby their environs engender high levels of violent crime, authoritarian parenting can be seen as the most effective way to keep children out of trouble, and as such may be in some respects adaptive to the environment (Lareau, 2003). Authoritarian parenting is indeed more common among working class families (Woolfolk, Hughes, & Walkup, 2013).

There is however, some alternate evidence concerning social class and parenting styles, which suggests that a high level of control and nurturance are not incompatible. In some disadvantaged areas, parents can exert a high degree of control in order to keep their children safe, whereby children do nonetheless feel loved and cared for (Seaman, Turner, Hill, Stafford, & Walker, 2006). It appears that a sub-type of the authoritative parenting style may exist which features a high level of control, and this variant may yield as favourable an outcome as the democratic authoritative approach (Baumrind, Lazerele, & Owens, 2010).

Authoritative parenting, more common in the middle class, is associated with high achievement in school and high self-confidence in children (Steinberg, Mounts, Lamborn, & Dornbusch, 1991). Given that authoritative parents exercise a high degree of control over their children as do authoritarian parents, it seems that that emotional warmth and open communication are the key ingredients which may separate these two styles of parenting (Argyle, 1994). Neglecting parenting, as one would expect, has quite negative implications for child well-being, and is often the result of parents who are overwhelmed and are incapable of nurturing children properly.

4.10.1..1 Parenting and Well-being of the Child

Evidence for the effects of parental indifference or rejection can be seen in higher aggression levels in the children of some parents (Olweus, 1980). Patterson has found a reciprocal effect of aggression whereby when the child acts in an aggressive manner, the parent responds in a hostile manner, such as shouting, which in turns creates more aggression in the child (as cited in H. R. Schaffer, 1996). More recent research has identified that 'child conduct problems at kindergarten entry reliably predicted parent hostile attributions and ineffective /irritable discipline (Snyder, Cramer, Afrank, & Patterson, 2005: p.38). While coercion theory has focused on child-parent dyads, there is a growing awareness that context or neighbourhood effects need to be considered when addressing aggression in families (Granic & Patterson, 2006). See Chapter 3.

Accordingly, parenting styles can be seen to have a direct bearing on child well-being and the child's opportunity to self-actualise can be restricted by a hostile family environment. The introduction of filial play to families who have developed a pattern of aggression may be a particularly appropriate method of inculcating a nurturing

dynamic between child and parent.

4.11 Play

Humanistic psychology gave rise to a variety of play-based interventions for children, which use play as the medium of therapeutic change rather than verbal language (O'Connor & Braverman, 2009; Russ & Niec, 2011). Person-centred psychology with its emphasis on self-actualisation germinated non-diagnostic, non-directive child-centred play therapy, which is the basis of filial play therapy (Axline, 1969; Baggerly, Ray, & Bratton, 2010; B. Guerney, 1964; VanFleet, Sywulak, & Sniscak, 2010). The following section will examine the theoretical basis of using play to resolve emotional and developmental issues in children.

4.11.1 The Nature of Play

Play may be defined as a creative activity which facilitates and promotes growth and development (Winnicott, 1971). Piaget identified five different types of play which emerge in a hierarchical developmental sequence, (a) functional play, (b) physical activity play, (c) constructive play, (d) symbolic play and (e) formal play (Piaget, 1962). Initially play is functional and involves much repetition and observation of cause and effect; an example of which is a baby dropping a spoon from a high-chair as often as an adult will retrieve the object (Monte, 1995). Psychologically, the child learns that 'I can have an effect on the world,' an experience known as 'agency' which is an essential component of the self (Sutton-Smith, 1995). Physical activity play follows and describes the manner in which children attempt to learn new skills, practice extant skills, and integrate their learning to date. The third type of play is constructive play whereby blocks and bricks of various shapes are used in play to construct objects in a

piecemeal fashion. Symbolic play was Piaget's fourth type of play and will be described separately in the next section given its centrality to play therapy. And finally, formal games are adopted by children wherein rules and structure are particularly important (Doherty & Hughes, 2009).

Play, therefore, is the medium through which many important developmental processes, physical, emotional, mental, and social, are achieved (VanFleet et al., 2010). In Erikson's words, 'play, then, is a function of the ego, an attempt to synchronise the bodily and the social processes with the self' (Erikson, 1995: p.190). Play can also be a time to relax from the task of learning new material and engaging 'in the mere pleasure of mastering tasks, acquiring thereby a feeling of virtuosity and power' (Piaget, 1962: p.89).

4.11.2 Symbolic Play

Symbolic play has long been recognised as being central to the normal development of the child (Piaget, 1962). Symbols are signs that resemble, to some degree, the object represented by that symbol. For example, a child's use of a banana as a symbolic phone, a barber' pole which represents his former function as a surgeon, or the crucifix as a symbol of redemption. (Signs also represent objects but have no resemblance to the represented object, an example being the word 'phone'). While children's imagination will allow them to use almost anything as a symbol, toys are the most obvious examples of symbols for children. Toys, in this context, include any object or material with which a child plays such as ordinary household implements (cooking pots) or naturally occurring substances such as mud (NCCA, 2009). On a practical level, toys are necessary to allow children to learn about the adult world, simply because most adult

objects are either too large or too complex for use by children. A particular form of symbolic play, i.e. make-believe play, allows children to practice and assimilate the many social roles that they encounter in their lives, such as the characters encountered on a visit to a hospital.

Piaget drew a useful distinction between primary and secondary symbols. Primary symbols are those, such as the above mentioned banana, where the child is fully conscious of the symbolism (Piaget, 1962: p.171). However, secondary symbolism exists where the child is engrossed in the overt game itself without any conscious awareness of the represented correlate in his or her own life. An example is given by Axline wherein a child who has been seriously rejected by his father plays with a toy soldier whom he kills and buries in the sand-box (1964). The child, Dibs, is addressing his emotional conflict remotely and unconsciously because for him to face his rejection openly would be psychologically threatening, to a degree which he could not tolerate. Piaget cautions that all symbols may be to some extent contain both primary and secondary meaning, a point which is quite relevant to play therapy, and in particular the issue of how or when to interpret children's play as significant in therapeutic terms (Piaget, 1962: p.172).

Some research challenges Piaget's emphasis on the importance of make believe play. A survey of 16 countries found that in only five countries (including Ireland) do mothers say that their children often engage in pretend play (Singer, Singer, D'Agostino, & Delong, 2009). Another study considered which of three prominent positions might be correct regarding the importance of pretend play, i.e., (a) pretend play is an important method of consolidating cognitive gains (Piaget, 1962), (b) pretend play is crucial for learning to distinguish an object from its referent (Vygotsky, 1978), and (c) pretend play

is a by-product of cognitive development and is not important in its own right (Lillard et al., 2013). The work of Lillard et al. was inconclusive is drawing any definitive conclusions, except to make the useful point that make believe play may not be as central to child development as has been thought (2013).

4.11.3 Play Therapy

While Piaget focuses on the spontaneous use of play by children to promote development, the deliberate facilitation of play with a view to addressing developmental delays and relational problems has its expression in the play therapy literature (Landreth, 2002; O'Connor and Braverman, 2009). Play therapy was pioneered in Vienna by the psychoanalyst Hugg-Hellmuth in the 1920's (Young-Bruehl, 1988). Child-centred play therapy, however, originated in the USA, and was based on the work of Virginia Axline who, as a student of Carl Rogers, was foremost in systematically applying Rogerian person-centred principles to child psychotherapy (1969; 1961).

The premises underlying the use of symbolic play in therapy are that; (a) play is the most natural and spontaneous form of expression among children, (b) children willingly use play as a tool toward developmental maturation, (c) that in the case of social, emotional, & behavioural difficulties, play can be used as a reparative technique by children in an unconscious manner (Carroll, 2002). Play therapy facilitates cognitive restructuring by allowing children, via symbolic activity, to attend to intra/interpersonal issues at a perceived distance (C. E. Schaffer and Drewes, 2009). In this way, awareness may be directed towards the problem in a manner which does not increase anxiety (Landreth, 2002). The use of play as therapy is, consequently, a respectful and non-invasive means of intervening to overcome developmental delays or resolve

emotional disturbance (Josefi & Ryan, 2004). A variety of play therapy modalities exist, e.g., Gestalt, Adlerian, and Cognitive Behavioural therapy. Filial play is based on child-centred play therapy, an off-shoot of person-centred psychotherapy (O'Connor & Braverman, 2009).

4.2 Child-Centred Play Therapy

Non-directive or child-centred play therapy follows the person-centre principles outlined in section 2.4 above. That is, 'nondirective play therapy makes no effort to control or change the child and is based on the theory the child's behaviour is at all times generated by the drive for complete self-realization' (Landreth, 2002). The methodology of child-centred play therapy is to encourage self-awareness and self-direction on the child's part, by providing a safe environment within which the child can be comfortable in taking control. To that end, the adult pays close attention to the child's play, avoids asking questions, but indicates interest through descriptive statements or by echoing the child's own verbalisations. The adult does usually play with the child, but only on the child's invitation and to the child's instructions. The adult takes control of the play only if necessary to ensure personal safely and prevent wilful destruction of property. The intent of non-direction is this context is to understand the child's behaviour from the child's internal frame of reference (Landreth, 2002), and to avoid subverting the therapeutic aims by directing the child.

4.2 Filial Play Therapy

Filial play evolved from Axline's work and was further developed by Louise and Bernard Guerney (1964). The Guerneys broke with the prevailing view that parents were often the cause of children's' difficulties in favour of seeing parents as potentially the foremost therapeutic agents in their children's lives (Landreth & Bratton, 2006).

Guerney felt that parents may be alienated by professional child interventions, and that in fact parents might be more effective in employing play than therapists, given the stronger emotional bond between parent and child, and the opportunity parents had to use therapeutic play in the more naturalistic setting of home (1964). The Guernian filial model is also Rogerian in nature and emphasises a child-centred approach where empathy, in conjunction with increased relational skills, are the media of change (Guerney, 2002). It was found that as a consequence of engaging in filial play therapy, parents felt empowered, and had reduced feeling of guilt and helplessness (Stover & Guerney, 1967). The Guernian model has continued to be prominent in the field of filial play, even as other models have been developed (Macoby & Martin, 1983).

Other filial play models have arisen although they are mostly variations on the child-centred theme. Examples include child-parent psychotherapy which differs from non-directive filial play in that the therapist is present for play sessions and interprets aloud the parent-child dynamics with a view to helping them understand each other better (Steinberg et al., 1991). The Ryan model of play therapy includes the use of congruence, in that parents are encouraged to express their feelings as they arise in play sessions in response to the child's play (Ryan & Courtney, 2009). The use of congruence is designed to increase authenticity, but also to teach the child that relationships are bi-directional (Ryan & Courtney, 2009). An example of a congruent exchange in play therapy concerned Claire, a child who has just made a large sausage shape out of play dough:

> Claire: It's nice.
> Therapist: You want me to like it, but I don't like it.
> Claire: (becoming insistent): You *want* it.
> Therapist: You're telling me that I want it, but I don't want it. It's not nice for me.
>
> (Wilson & Ryan, 2005, p. 257)

4.2 Child-Parent Relationship Training (CPRT)

Child-Parent Relationship Training is an evidence based ten-week, twenty-hour group training programme for parents whose children are experiencing emotional, social behavioural or developmental difficulties (Landreth & Bratton, 2006). CPRT was considered to be most suitable in this study for delivery to parents from disadvantaged areas for three reasons. Firstly, CPRT accords with the humanistic and client-centered aim of helping parent and child work towards self-actualisation through strengthening filial relationships. Secondly, CPRT has been formalised for delivery to groups of parents, a facility which is attractive to community organisations with limited budgets. Thirdly, a considerable body of evidence exists which demonstrates the efficacy of CPRT with a wide range of diverse groups (Chau, 1997; Glover & Landreth, 2000; Harris & Landreth, 1997; Jang, 2000; Kidron & Landreth, 2010).

The principal feature of CPRT play sessions is the focus on the filial relationship wherein no attempt is made to teach skills, or modify behaviour. Play is the 'primary medium for communicating the child's feeling, needs, wants, wishes, fantasies, experiences and thoughts' (Landreth & Bratton, 2006: p.16). Children express themselves symbolically through the play, and while parents are taught to be aware of possible meanings or themes emerging from the play, parents are not required to understand or interpret the play. While such understanding may be helpful to the parent, the therapeutic effects of CPRT do not necessitate active interpretation. The child leads the play at all times, and the parent attends to the child's play or participates if invited by the child. The parent does not suggest a game or encourage the child to play in any particular way. The parent displays acceptance of the child at all times and does not correct the child even where the child makes an obvious factual error such as misnaming a toy.

Parental training is delivered in a group format to eight to twelve parents (with no children present), and the group combines informational training with a process element, whereby parents are encouraged to share their doubts, fears and hopes with one another. Parents may have emotional wounds from their own childhoods, and distress may be triggered by engaging with their children in an empathic manner (Landreth & Bratton, 2006). Consequently, it is important that parents process any such feelings in order for them to be able to remain fully present and attentive to their children during filial play sessions. Training sessions are also future focussed and positive whereby no analysis of past issues is done and feedback emphasises the progress that parents make from week to week. Training is also experientially based rather than lecture based and parents begin filial play sessions in week three of training.

The format of training sessions is to begin with each parent checking-in and relating to the group their experiences over the previous seven days. Any concerns or problems are discussed as are pleasant surprises. Group members are encouraged to support one another by sharing similar experiences or emotional responses to group contributions, but advice giving is discouraged because parents with esteem issues can interpret advice as criticism, and withdraw either emotionally or physically.

4.12 Conclusion

The intervention of filial play for children from disadvantaged areas who are displaying signs of social, emotional, or behavioural difficulties, or developmental delays is based on apparently universal humanistic principles. However, significant parenting differences within family systems have been discussed which may have implications for the efficacy of non-directive Child-Parent Relationship Training (CPRT). The focus of CPRT is that of nurturing growth and healing by fostering emotional well-being in the

child, using a child-led technique that is supported by sensitive awareness and generous expression of empathy by the parent. However, as seen above, those qualities are most strongly associated with (a more commonly middle class) authoritative parenting style. Research suggests that the parents from disadvantaged neighbourhoods are more likely to exhibit authoritarian parenting and might therefore be uncomfortable with CPRT. It is worth noting, however, that the broad distinctions in social class and parenting style do allow for considerable variation within any given social class. One objective of this study will be to ascertain if indeed, class differences or parenting styles will confound the efficacy of CPRT in disadvantaged Irish communities.

CHAPTER THREE

The Social Context

3.1 Introduction

In Chapter Two, the theoretical humanistic basis for the proposed intervention of the Child-Parent Relationship Training (CPRT) filial play programme was outlined in terms of the family (Landreth & Bratton, 2006). However, families do not exist in a vacuum and it is necessary to consider environmental influences on the effectiveness of CPRT when delivered to Irish parents from disadvantaged areas (Hopps & Liu, 2006). If it had transpired that CPRT was efficacious as published, it might well be concluded that the social context of learning was, in this case, irrelevant. However, given that there is ample evidence that learning is impacted by social conditions, the social environment within which parents make sense of their lives is addressed below (Argyle, 1994; Blaine, 2011; Combat Poverty Agency, 2003; Ghate & Neal, 2002; Irish Government, 2009). Because the beliefs and values of parents from disadvantaged areas may impact upon their uptake of CPRT, this chapter will review the theoretical literature relevant to social influences on the family, beginning broadly with a description of constructivism, ecology, and finally the possible implications of social class upon the efficacy of filial play intervention.

3.2 Constructivism

In the first instance, parents' understanding of, and attitudes towards filial play are likely to be influenced by their general perceptions of the role of play in society, which in turn may colour their views of the potential therapeutic value of play. Consequently, it may be instructive to consider how one comes to form such views. It is considered to be a truism that the individual must make sense of the world in order to function effectively (Erikson, 1980; Kegan, 1982). A prominent theory concerning the mechanics of such meaning-making is constructivism. Constructivism refers to the theory that a person's understanding of the world is to a greater or lesser degree

contingent upon one's interpretation of events and experience (Hildenbrand, 2007: p.556). The theory of constructivism depicts how 'people come to describe, explain, or otherwise account for the world (including themselves) in which they live' (Gergen, 1985). A number of divergent views exist as to the extent of a person's subjectivity in making sense of the environment (Woolfolk et al., 2013), however two types of constructivism are pertinent to the current study, that is, cognitive constructivism and social constructivism.

Cognitive constructivism views learning as being an individualistic process, whereby the relatively cognitively independent child explores the environment, experiments, and learns how the world works through personal experience. Piaget's theory of cognitive development is an exemplar of this individualistic way of making sense of the world (1971). While Piaget does not exclude the social aspect of learning he does propose the existence of an innate universal drive towards meaning making which functions somewhat independently of the social context (1971). Therefore, the 'cognitive perspective's basic concepts and explanatory schemata are about processes and structures that are assumed to function at the level of individual agents' (Greeno, 1997: p.7). If the cognitive view of constructivism described the learning process in its entirety, the social context of learning would presumable have little bearing on learning outcomes, however, that is unlikely to be the case.

Others, such as Bandura, put greater emphasis on the social aspect of meaning making, and pointed out that the conditioning of children by significant adults in matters as fundamental as gender identity is ubiquitous (Smith, Cowey, & Blades, 2003). The theory of social constructivism, therefore, places the considerations of ecology more specifically in the social sphere wherein the family resides. While a number of social

constructivist theories exist, two principal ideas are shared by most theories, i.e., (a) 'learners are active in constructing their own knowledge, and (b) social interactions are important to knowledge construction' (Woolfolk et al., 2013: p.402). Social constructivism, therefore, places emphasis on collaborative learning, posits the view that learning most effectively takes place in group settings, and that meaning is individually constructed and internalised as a consequence of social interaction (Paris, Byrnes, & Paris, 2001).

There is much overlap between cognitive and social constructivism and in reality all people most likely learn both individually and collaboratively. Bourdieu leaned towards a synthesis of the objective and subjective in suggesting that the 'immediate lived experience of agents' takes place within 'objective structures' (Bourdieu & Wacquant, 1992: p.11). However, the constructivist theory which perhaps best marries both social and individual learning is that of Vygotsky, who emphasizes the importance of individual learning with the aid of peers within a cultural context (Palincsar, Magnumson, Marano, Ford, & Brown, 1998; Prawat, 1996).

A further refinement of social constructivism is the construct of situated learning, which 'emphasises the idea that much of what is learned is specific to the situation in which it is learned' (Anderson, Reder, & Simon, 1996: p.5). Situated learning refers to the influence of community upon learning, and claims that learning is mediated by communities of practice in the context of a process of community reproduction (Lave & Wenger, 1991). Situated learning may have a particular relevance to training parents from disadvantaged areas in filial play techniques, which are unfamiliar and may to some extent conflict with extant parenting styles. Rather than assume that Child-Parent Relationship Training (CPRT) can be applied universally regardless of the background

of a given parent, both 'communal practices and the individual students' diverse way of participating in them' may need to be considered (Cobb & Bowers, 1999: p.10). Any attempt to empower families from disadvantaged areas may need to be mindful of the existing beliefs and attitudes of parents towards parenting, in order to avoid transgressing working-class values and potentially alienating participants.

However, the theory of situated learning and to a lesser extent Vygotski's work may be limited by an emphasis upon a master/apprentice type relationship, which implies a unidirectional influence (Vygotsky, 1978). In fact, influences upon learning are broader than just those of the immediate community, and the dynamics of adult education are complex (Freire, 1970; Jarvis, 2004; Rogers & Freiberg, 1994). Among those environmental influences on the family, social class is of particular interest given that filial play was introduced to families from disadvantaged areas.

3.3 Social Class and Family Relationships

It has been claimed that psychotherapy is a largely middle-class pursuit which provides succour, in the main, to relatively affluent people who are well resourced (Argyle, 1994; Balmforth, 2006; A. Kearney, 1996). Child-Parent Relationship Training (CPRT) may fit that pattern as it was developed in the USA in a university setting, and both university faculty and higher education students tend to be predominantly middle-class. Irish census data for 2011 indicate that of the 20 year-old children of higher and lower professionals, 92% were full-time students, while 11% of the children of semi-skilled and unskilled were so occupied (Central Statistics Office, 2011a; Darmody, Smyth, O'Connell, Williams, & Ryan, 2011) Indeed, a classic case study of play therapy recounts the treatment of a child know as Dibs, who was the son of parents who were well educated and affluent; Dibs' father was described as an extremely intelligent

scientist (Axline, 1964). However, the principle of humanistic psychology, upon which non-directive filial play rests, makes the assumption that the person-centered method of empathic understanding is a universally applicable modality (Rogers, 1961). The basis of that assumption is that 'people are free to choose their own type of existence' (Hergenhahn, 1997: p.510) and move towards self-actualisation, regardless of background, assuming that the environment is supportive (Maslow, 2009).

Replication of efficacy studies of Landreth's filial play intervention mostly originate in the United States of America (USA) where diversity focuses primarily on race (Chau, 1997; Glover & Landreth, 2000; Landreth, 2010; Yuen, 2002). While such populations may also be from areas of social disadvantage, the effects of race and social class are not usually differentiated. The question arises as to the possible existence of social class sub-cultural differences in relational and communications styles among the more culturally homogeneous Irish disadvantaged population, which may lead to differential efficacy of CPRT in disadvantaged areas (Ballinger & Wright, 2007).

A theoretical basis for the hypothesis that social class might have both direct and distant influences on the family, which in turn may impact on the efficacy of CPRT in disadvantaged areas, is Bronfenbrenner's ecological theory of human development (1979).

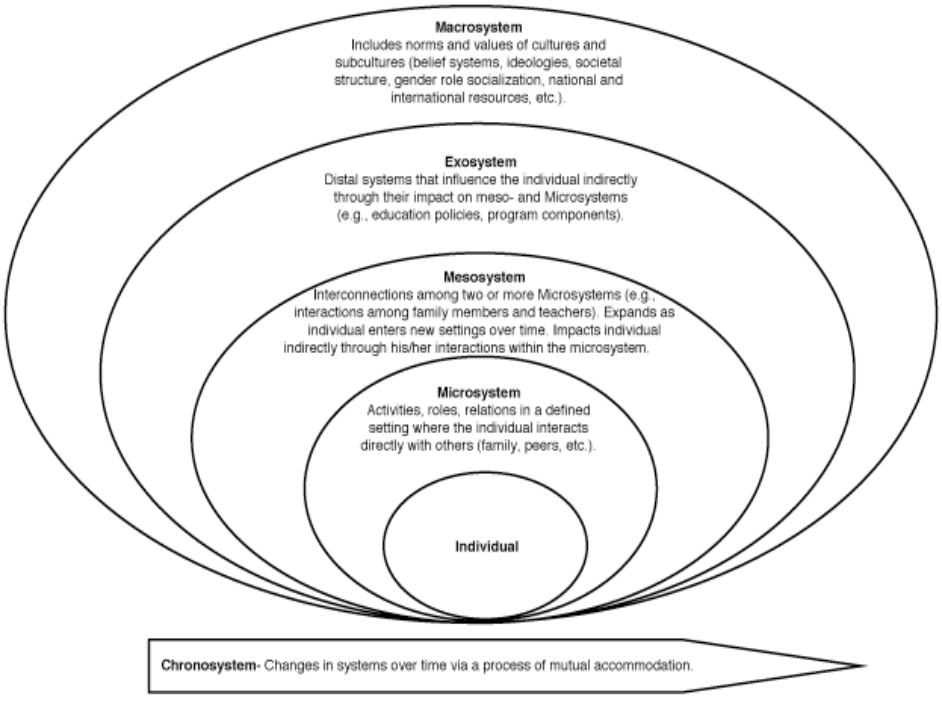
3.3.1 Bronfenbrenner's Ecological Model

Bronfenbrenner developed an ecological model of child development upon realising that the traditional chronological ordering of development gave little regard to the effects of environmental forces. He was particularly influenced by Kurt Lewin who had noticed that, as he moved towards the front in World War I, the changing landscape caused a

transformation of his experience of the surroundings (as cited in Bronfenbrenner, 1979). The person could, he concluded, only understand himself and be understood in the context of his ecological surroundings. Bronfenbrenner took Lewin to mean that it was impossible to understand behaviour 'solely from the objective properties of an environment without reference to its meaning for the people in the setting' (Bronfenbrenner, 1979: p.24).

Accordingly, Bronfenbrenner proposed conceiving of the ecological environment as a set of nested structures much like a set of Russian dolls. However, the ecological developmental systems proposed are dynamic in nature and considerable weight is accorded to the interactions between systems. The smallest innermost 'doll,' or microsystem, in Bronfenbrenner's model is the equivalent of the most immediate and direct influences upon the child, such as, home, school and the immediate family (see Figure 3.1).

Figure 3.1 Bronfenbrenner's Ecological Model



(Institute of Community Integration, 2011)

The next sphere of influence in the child's life is the mesosystem which comprises 'the interrelations among two or more settings in which the developing person actively participates,' for example parent/teacher contact (Bronfenbrenner, 1979: p.25). Enclosing both the microsystem and the mesosystem is the exosystem which described influences that do not affect the child directly but which indirectly have an impact. The exosystem includes factors that shape parents and teachers such as, social circles and school boards. Finally, the macrosystem, which included governance, church other national and international bodies, influences child development and the macrosystem system may be noteworthy in the context of social disadvantage, hence a formal definition:

> 'The macrosystem refers to consistencies, in the form and content of lower-order systems (micro-, meso-, and exo-) that exist, or could exist, at the level of the sub-culture or the culture as a whole, along with any belief systems or ideology underlying such consistencies' (Bronfenbrenner, 1979: p.26).

Examples of sub-cultural macrosystem factors which may impact on the efficacy of Child –Parent Relationship Training (CPRT) with parents from disadvantaged areas are societal attitudes towards education, employment, social welfare and also parenting styles. When one takes an ecological view of any intervention, it becomes necessary to take into consideration possible obstacles to successful outcomes, which may not be obviously present in the training room, but influential nonetheless. For example, whether or not play is seen as an important developmental tool or is regarded as just being fun or entertainment may involve beliefs that operate on a cultural rather than individual level. Such potential macrosystem issues are explored further in the following section on social class.

Of course, although individualism is a strong influence in Irish society, it remains true that the social aspect of human ecology is crucial to typical emotional development

(Cozolino, 2006: p. 10). Bronfenbrenner's model may emphasise the geographical social terrain, but it also appears to be the case that the brain is constructed with social interaction as a primary function (Le Doux, 1998). Research suggested that rather being a tabula rasa, that 'the mind is an emergent, self-organizing process that shapes how energy and information move across time (Siegel, 2012: p. 16). Empathy, so central to Child-Parent Relationship Training, is also a facet (or not) of the child's ecology. Many serious violent social problems are related to issues of empathy (Szalavitz and Perry, 2010).

3.3.2 Social Class as Defined by Material Affluence

It is necessary, therefore, to firstly examine the construct of social class and to identify class differences which might give rise to a reluctance of working class people to engage with Child-Parent Relationship Training (CPRT). Class distinctions are difficult to define because no one measure is a good indicator of social class (Woolfolk et al., 2013). The prevailing emphasis on materiality as a measure of class differences is said to have been influenced by Karl Marx, who placed economic wealth above the importance of relationship (Bourdieu, 1984). In Ireland, income is often taken as a guideline to class differences and disadvantage is referenced to the poverty level (Combat Poverty Agency, 2006). However, the value of Ireland's poverty rate as a definition of disadvantage is complicated by the existence of several categories of poverty including (a) consistent poverty, (b) at risk of poverty and (c) deprived (wherein there are various levels of deprivation). The 'at risk of poverty,' also known as 'relative poverty,' income threshold is 60% of the median net Irish income, which amounted to €207.57 per week in 2010 and 15.8% of people were considered to fall beneath this income level (European Anti-Poverty Network Ireland, 2012). A further 13.8% were

said to be deprived (at two items of deprivation) and 4.2% lived in consistent poverty (Central Statistics Office, 2009).

3.3.3 Social Class Defined as Socio-Economic Status

Research does not uniformly support the view that material deficiency is the sole cause of social difficulties prevalent in disadvantaged areas (Watts, 1994). A broader definition of social class takes into account the indices of income, education, and occupation (Liu et al., 2004). A more sophisticated and commonly used measure of social class is Socio-Economic Status (SES), which considers income, power, background and prestige (Woolfolk et al., 2013: p.187). SES takes into account peoples' social background and their degree of control over resources, which together influence the individual's power to determine his or her success in life. While previously mentioned measures of class describe quite accurately a person's position in life, those indices do not address the individual's prospects of social mobility.

Moreover, even SES does not take into account the working class person's degree of satisfaction with life or the extent to which that person might be quite happy in his current habitus. Throughout all the measures of social class discussed so far is an implied wish of people to move up the social ladder: indeed the terms 'move up' and 'ladder' indicate a bias of understanding. It seems to be taken as a given that people always wish to move from working to middle class; from downstairs to upstairs, so to speak.

Might that assumption be in error? Perhaps each level of social strata has an inherent value and the implied good/bad dichotomy of middle and working class is an oversimplification of social life. There may a middle-class assumption that striving

towards increased income and education and attempting to improves one's occupational status is a universal good, hence this view of class differences. Known as the 'upward mobility bias' this belief that 'more is better' may lead to an assumption that those with less, are somehow inferior (O'Connor, 2001). Consequently, it may be presumed by the middle class that if only the working class could emulate the affluent, that social problems associated with disadvantage would be eliminated (Mudrack, 1997). One may wonder, therefore, if middle-class psychotherapies do not also contain what might be called a bias of deficiency. That is, an assumption that social class problems are quantitative rather than qualitative and a corresponding therapeutic lack of sensitivity to sub-cultural class differences (Kearney, 1996).

3.3.4 Capital Accumulation Paradigm

A theory of social class which does take into account a dimension of subjective social value and which emphasises subjective experience is the Capital Accumulation Paradigm (CAP), which proposes that resources are used by people to maintain and promote extant values and behaviours, and to reinforce their class worldview (Liu, Soleck, Hopps, Dunstan, & Picket, 2004). That, of course, implies that most people may be reasonably content with their existing social status. If so, increased income or educational uptake would not necessarily result in a change in social class stratification. Unlike the demographic approach to social class categorisation of income, education and occupation, CAP proposed three alternative types of social class criteria, i.e., social capital, human capital and cultural capital, which may be more meaningful to understanding the relevance of social class to the field of filial play. The thrust of the CAP is that the emphasis is on peoples' perceptions, and CAP thus imbues the construct of class with a subjective element which is in contrast with the more familiar and objective financial, educational and vocational foci.

Firstly, social capital refers to a) a perception of, b) the access to, and c) the use of specific relationships to define and maintain an individual's social class' (Liu et al., 2004). Secondly, human capital (Cote & Levine, 1997) refers to 'the perceived value derived from education, occupations, interpersonal skills, and/or innate physical attributes that are valued in a community' (Liu et al., 2004). Thirdly, we may define cultural capital as the tastes and aesthetics that people assume and display and which are typical markers of social class (Bourdieu, 1984).

A common thread in the Capital Accumulation Paradigm (CAP) is that class is very much determined by the subjective perceptions of individuals and cannot be reduced solely to income, education and occupation. Indeed, the standard measure of poverty as outlined above is itself impoverished and lends itself to a simplistic deficiency view of social class, which may lead to interventions which focus too much on material deprivation and that give too little consideration to sub-cultural considerations.

An objective view of Ireland's recent economic boom and bust supports the CAP's lack of emphasis on material wealth as determining the class structure of society. It can be observed that the recent building boom which resulted in effective zero per cent unemployment and that greatly financially benefited building workers and tradesmen did not result in any noticeable change in social stratification (Higgins, 2008). Nor did the concurrent introduction of free college education make any significant difference to the middle class profile of the third level student body. Indeed, in Ireland, 'the child of a professional has seven times greater chance of attending third level education than the child of an unskilled manual worker' (McGarthy & Duffy, 1999). It seems, therefore, that working class people have enjoyed the financial benefits available in recent years without any substantial surge of movement from working class status to a middle class

profile. The Celtic tiger phenomenon may well be a case in point for the contention of Liu et al, (2004) that existing lifestyles are reinforced by additional resources, rather than abandoned for a perceived better life.

3.3.5 Social Class and Filial Play

Given that the social context of filial play was hypothesised to be relevant to Child-Parent Relationship Training (CPRT) the literature was reviewed for plausibly relevant class characteristics (Ghate & Neal, 2002; Lareau, 2003; Pilgrim, 1997). Four social class differences were identified which might have impacted negatively on the efficacy of CPRT with children of a disadvantaged background (Balmforth, 2006). Those differences are (a) social cohesion, (b) parenting style, (c) collectivism versus individualism, (d) communication styles.

3.3.5.1 Social Cohesion

Concerning social cohesion, working class communities tend to be close knit with friends and neighbours living near-by (Argyle, 1994). There may be a reluctance to trust psychotherapists who are unfamiliar, whereby middle-class people can favour working with an unknown professional. There may be a valid basis for such circumspection, given that the parents who participate in filial play training will need to successfully assimilate CPRT into their disadvantaged environments while the researcher will have returned to the comfort of his own neighbourhood (Twoomey, 2011).

A second consideration is that a group-based filial play intervention and filial play practice may be difficult to execute in private within a socially cohesive neighbourhood, wherein filial play is unknown. (The parents who participated in this study often had

several relatives living on the same street). Consequently, a family's participation in CPRT was likely to be known to a number of extended family members and neighbours. In that situation, the opinions of those observers may well have had an influence on participants above and beyond that of middle-class families who are less likely to have such immediate and intimate interaction with their friends and relatives. Working-class people who live in tightly knit areas may also have higher demands for social uniformity than their middle class equivalents. Consequently, the broader social attitudes towards filial play might have a disproportionate (and presumably negative) influence on participating parents. It may equally be argued, of course, that the presentation and structure of filial play is not tailored to working-class norms, and that a deficiency view of clients' commitment is a conceit on the part of therapists (Pilgrim, 1997).

3.3.5.2 Parenting Styles

Parenting styles were discussed in the previous chapter where it was seen that authoritarian parenting styles may be more common within the working class population (Lareau, 2003), but also that authoritarian parenting may be adaptive in disadvantaged areas. However, authoritarian parenting is said to involve a high degree of control (Baumrind et al., 2010), whereas most humanistic psychotherapies are democratic and non-directive, and this is particularly true of Child-Parent Relationship Training (Chantler, 2006; Landreth & Bratton, 2006; VanFleet et al., 2010). Lareau claimed that middle-class parents assigned a considerable amount of time and effort to encourage their children's cognitive development and knowledge base, a trend she labelled as 'concerted cultivation' (Lareau, 2003). One characteristic of concerted cultivation is that parents engage their children in conversation and enquire into their emotional lives. Child-Parent Relationship Training in its authoritative and emotionally

engaging style does seem to tally well with the concept of concerted cultivation, and less so with the more directive working class style of communication (Cheadle & Amato, 2011). The non-directive aspect of CPRT may seem odd to those parents more familiar with directive authoritarian parenting.

3.3.5.3 Interdependence versus Individualism

Some have suggested that a conflict may exist between the individualistic nature of humanistic psychotherapies and the greater good of communities (Houston, 1995; Polster & Polster, 1973). Sanders suggests that person-centered therapy 'concerns itself with the internal world and small-scale social relations at the level of the interpersonal,' at the expense of understanding 'large-scale social structures and the material circumstances in which people live' (2006, p. 95). However, while individual psychotherapy has mirrored an increased level of individualisation in society, that trend may not have affected all social classes equally (Craib, 2002; Sanders, 2006). Those with grater social cohesion and stronger extended family ties may be less open to an individualistic perspective on life (O'Connor, 2005). Consequently, individualistic filial play therapy may be less suited to disadvantaged clients due to their greater emphasis on collective survival and mutual assistance (G. Proctor, 2002; Sue, 1998). Accordingly, conflicts of interest between the subjective self and objective self are more likely (Boyd & Bee, 2012). That is, less value may be assigned by parents to intrapsychic processes such as feelings of empathy and more importance may be attached to observable behaviour.

Furthermore, if parents value congruence with others in their community (referent groups) above the promised value of CPRT, and should the training conflict or appear to conflict with local social mores (Liu, 2002), a discordance between CPRT and existing

collectivist values may arise. The public self may have precedence over the private self, should a conflict surface. Indeed, some evidence suggests that individual psychotherapy is not availed of proportionately by working class people, although there is as of yet little research done specifically to ascertain social class effects on the outcomes of CPRT (Ballinger & Wright, 2007).

3.3.5.4 Communication Styles

The field of psychology is highly dependent on advanced language skills, and it incorporates a considerable emphasis upon verbal communication and the verbal expression of feelings (Hough, 2006; A. Kearney, 1996). Two potential communication problems arise with parents from disadvantaged areas in this respect, i.e., (a) language comprehension, and (b) social mores concerning appropriate use of language. Language acquisition is considered to depend significantly upon social interaction, in particular upon parent-child communication (Shiel, Cregan, McGough, & Archer, 2012). Moreover, parents who do not finish secondary education are at a greater risk of having children with communication difficulties (Cross, 2011). Indeed, one in three children in disadvantaged areas experience significant difficulties with literacy (Department of Education and Science, 2006), and social class remains the principle determinant of educational outcomes (Harvey, 2008). Consequently, some of the language used in Child-Parent Relationship Training may be unfamiliar and alienating to parents.

A second consideration vis a vis language is that the customary usage of language varies between classes, and that less verbosity is not necessarily maladaptive (Lareau, 2003). In disadvantaged communities non-verbal communication of feelings may be encouraged, to some extent, in tandem with a greater weight being put on facial

expression and body language (O'Connor, 2005). While such norms may be seen as a matter of communication style preference, it has been suggested that 'the level of integration of any given group into the wider society is likely to be inversely related to the extent to which it maintains a distinctive vernacular' (Milroy & Milroy, 1992: p.4).

Nonetheless, successful uptake of Child Parent Relationship Training, given its use of psychotherapeutic language, may mirror difficulties that some children from disadvantaged areas have at school, where the language used differs from home use (Edwards, 1997). It has been found that children of disadvantaged backgrounds are more context dependent in their use of language and are less inclined to use stand-alone communication (Wolfram, Adger, & Christian, 1999). One study, which compared the language abilities of children in three disadvantaged schools and one middle-class school found 'compelling evidence' that children from disadvantaged areas (a) used language that was vague, (b) had a narrower range of vocabulary, (c) used more personal references, (d) were more hesitant, and (e) responses were usually shorter and less well developed (Cregan, 2008, p. 178). As found in previous studies, the childrens' style of language put them at a disadvantage in all three disadvantaged schools studied: no urban/rural difference was reported (MacRuairc, 1997).

The children involved in the current filial play study did not need language of any particular kind in order to play due to the non-directive method used in CPRT. However, their parents might have also relied more on context for language comprehension as children, and if that tendency persisted into adulthood, the lack of social context for filial play might have resulted in some resistance to the use of non-directive language. In that case, the unfamiliarity of psychotherapeutic language might have created difficulties in communication for these parents.

3.4 Conclusion

The social context within which Child-Parent Relationship Training (CPRT) was introduced has been considered with a view to ascertaining the relevance of social class to the efficacy of training Irish parents from disadvantaged areas in filial play (Bratton, Landreth, Kellam, & Blackard, 2006). Four possible areas of concern were identified, i.e. a) social cohesion, (b) parenting styles, (c) collectivism versus individualism, (d) communication styles. This study will analyse CPRT outcomes in relation to those areas of concern with a view to ascertaining if indeed CPRT needs to be altered when presented to Irish parents from disadvantaged areas.

CHAPTER FOUR

Method

4. Introduction

The broad aim of this study was to seek a means to enhance the subjective well-being of children with social, emotional, and behavioural difficulties (SEBD) living in disadvantaged areas of Ireland. The first objective through which the aim was to be addressed was to test an existing filial play model, Child-Parent Relationship Training (CPRT) to see if that model would achieve the research aim (Bratton et al., 2006). It was hypothesised that social class and parental characteristics might confound the efficacy of CPRT. Accordingly, a second objective was, in the event that CPRT was not effective as is, to modify the programme and re-test the amended training in a recursive and sequential manner until a viable programme was constructed.

Quantitative and qualitative methods were used to achieve these goals. The rationale for using mixed methods was that existing objective measures were frequently used in the literature to measure the efficacy of CPRT, and no useful purpose would be served by developing an alternative method of measuring effectiveness. However, the second objective required an investigation into the subjective experiences of participants, and qualitative methods are best suited to research where the constructs sought are unknown at the outset of the study. Qualitative data facilitated the discovery of new and unanticipated information arising from the study, and additional objective measures were added as a response to issues that arose qualitatively. In that manner, methods were truly mixed and not simply used in tandem.

4.1 Research Questions

Five research questions arose from a preliminary literature review of filial play in the context of social class and cultural diversity, which addressed possible obstacles to successful outcomes:

- Research Question 1: Will participants hold an authoritarian parenting style as desirable, rather than authoritative?
- Research Question 2: Will the non-directive nature of CPRT conflict with parent's beliefs regarding appropriate parenting?
- Research Question 3: Will parents possess sufficient personal resources to engage with their children on the level of empathic understanding?
- Research Question 4: Will the language of person centred psychology be accessible to parents?
- Research Question 5: Will social class differences between participants and the underlying middle-class values of person-centred therapeutic constructs impede positive outcomes?

4.2 Research Design

The study was designed to assess the efficacy of Child-Parent Relationship Training (CPRT) with Irish families from disadvantaged areas, to determine what causes some parents to withdraw from training, and to test modifications to the protocol with a view to maximising participant retention. With these objectives in mind, it was necessary to design a study which would measure the outcomes for parents who completed the training. It was desirable, for purposes of comparison with studies of CPRT done with other populations to use the quantitative measures recommended by the authors of CPRT. However, in order to ascertain, the beliefs, values or personal developmental factors which might pre-dispose some parents to leave the programme prematurely, qualitative methods were indicated. While it was possible that such parents might verbalise their difficulties with CPRT, it was anticipated that direct communication would not always be forthcoming if parents left training without notice. Given that impediments to training with the targeted population was of particular interest to the

study, it was deemed prudent to also gather qualitative data. Accordingly, a mixed methods design was chosen in order to accommodate the need to assess the validity of the intervention and to 'evaluate the acceptability, integrity, and social validity of the amended intervention (Natasi et al., 2007: p.179).

4.2.1 Mixed Methods

The design referred to as mixed methods is generally held to refer to a study which combines qualitative and quantitative methods, although strictly speaking a combination of two methods from within the same paradigm may be called a mixed method design (Morse, 2010). In most cases, however, a mixed methods research design is an approach that combines both quantitative and qualitative methods, albeit that there are variations in how methods are mixed (Morse, 2010; Tashokorri & Creswell, 2007). Mixed methods are now used in about 16% of applied studies based on a survey of journal articles which represent a large percentage increase between 2000 and 2008 (Alise, 2010). The rationale for using mixed methods is that while quantitative measures will effectively measure differences between groups of people such measures are limited in their ability to assess 'variations in the meaning structure and boundaries of the constructs embedded in the survey questions' (Bergman, 2010: p.171). In this study there are behavioural indices of the effectiveness of the therapy that can be measured through self-report. The qualitative aspects of this study served to probe for such individual and subjective differences in the parents' understanding and experience of the filial play process.

Although the rationale for mixing qualitative and quantitative methods has become increasing pragmatic (Bryman, 2007), there is a philosophical theoretical basis for using

mixed methods. Fries (2009) suggests that Bourdieu's theory of reflexive sociology provides such a rationale. Bourdieu views the relationship between objective social structures and subjective individual behaviours as being recursive in nature, which implies that the separation between objective social intervention and the subjective outcomes lack the independence required of research methods relying solely on the tenets of the scientific method (Fries, 2009). In other words the 'dialogical relationship between structure and agency are central to the sociological enterprise,' (Fries, 2009: p.328). In practical terms, the researcher not only learns about the lives of the participants, but is also influenced by the interaction with participants of differing sub-cultural backgrounds. In being so influenced, the researcher's understanding of, and relationship to the participants evolves. Thus, participants and researcher influence each other, and according to Bourdieu, that process is an important part of the intervention; a process which would be overlooked in a purely quantitative study (Bourdieu & Wacquant, 1992).

It follows that the dynamics of an intervention conducted in a given social environment may have characteristics peculiar to that milieu. As such, any family-based psychological interventions which are validated with one population will possibly contain structural confounds which may skew the results when that intervention is applied elsewhere. Given that Child Parent Relationship Training (CPRT) was developed in Texas, USA, the above proviso was taken into consideration in choosing research methods (Landreth & Bratton, 2006). Accordingly, in this study qualitative and quantitative data were gathered simultaneously and used to evaluate the efficacy of CPRT on an on-going basis in a recursive manner; a method which can by denoted as QUAL/QUAN (Natasi et al., 2007).

The rationale for utilizing mixed methods was twofold, i.e., for pragmatic reasons as outlined above, but also for ontological reasons. An ontological interpretation of the twin objectives of the study is that the quantitative measures evaluate the noema, or that which is experienced, i.e., the CPRT programme, while the qualitative strand enquires into the noesis, or the way in which the object is experienced (Moustakas, 1994). Having quantitatively evaluated the efficacy of CPRT, the researcher attempted to gain insight into the participants' qualitative experiences of training in the manner of transcendental reduction. The Husserlerian concept of transcendental reduction can be described as a process whereby 'one's belief in factual existence is bracketed (or suspended) and one's attention is directed, is fixed on the sphere of consciousness, and in which we study what is immanent in it' (B. Smith & Smith, 1995: p.79). The parent's personal experience of CPRT is, therefore, considered to be an important source of data, no less so than the objective outcomes. Therefore, through an analysis of the noesis, it is intended to gain insight into the aspects of CPRT which are accessible to the participants, but hidden to the researcher. In that manner, an understanding of those facets of CPRT, which may have been off-putting to parents in the population under consideration but not explicitly elicited, were identified.

A difficultly with the use of mixed methods is the risk of failing to adequately synthesise the qualitative and quantitative date and merely presenting that data side by side (Wolf, 2010). This study endeavoured to draw on both quantitative and qualitative data to inform adaptations to the training programme on a group by group basis (Lieber & Weisner, 2010). For example, following analysis of Group 1 and Group 2 data, qualitative findings suggested that low self-worth impeded the parents' engagement with training. Consequently, two additional objective measures were added to the assessment protocol for Groups 3 and 4. One of these questionnaires measured self-

esteem and the other shame-proneness (see Appendix E).

4.2.2 Quantitative Strand

Four groups of parents were trained in Child Parent Relationship Training. The first group was trained in accordance with the published manual (Bratton et al., 2006), which recommends that two quantitative measures be used, the Porter Parental Acceptance Scale (PPAS) and the Filial Problem Checklist (FPC). The PPAS and FPC were administered both pre and post intervention with a view to measuring any changes in reported parental acceptance of the child and any change in child behavioural problems respectively. For Groups 3 and 4, the Rosenberg Self-Esteem Scale (RSES) the Compass of Shame Scale (CoSS) were added to the protocol on foot of initial data analysis from Groups 1 and 2 data. Feedback from Groups 1 and 2 also occasioned the removal of adult role play from training, and the inclusion of optional individual training sessions to help allay the lack of self-confidence observed and reported in the first two groups. The RSES AND CoSS were correlated with group attendance and with completion of training, with a view to testing the hypotheses that low self-esteem or shame-proneness might have been the cause of reported anxieties concerning filial play training. It was not expected that levels of self-esteem or shame would change during training because the intervention was not designed to produce those effects.

The independent variable was a training programme in filial play (CPRT) and the dependent variables were empathy and child behavioural problems. There was no control group for Group 1 because convenience sampling did not yield sufficient numbers of participants to form two groups. However, because the efficacy of Child Parent Relationship Training (CPRT) has been established in many other settings, it was not necessary to demonstrate that CPRT was effective per se (Bratton et al., 2005).

Rather, the objective was to determine if CPRT worked with Irish parents from disadvantaged areas, and for that purpose it was merely necessary to implement the published CPRT intervention. Had the outcomes been successful with Group 1, the lack of a control group would have presented a problem concerning the validity of findings. However, as was hypothesised, CPRT was not a success with Group 1, and consequently Group 1 itself became the base-line control group for Groups 2, 3, and 4 which were all contained modifications of the published protocol. Data was analysed using the Statistical Package for the Social Sciences (SPSS), 20th edition.

4.2.3 Qualitative Strand

The qualitative strand of inquiry was constructed upon the assumption that parents would complete training or not, based on their phenomenological experience of the filial play experience. It was further hypothesised that factors relating to disadvantage might influence that felt experience and create confounds to a successful training outcome. Accordingly, both phenomenology and hermeneutics were the paradigmatic considerations guiding the qualitative analysis. Together, hermeneutics and phenomenology constitute a 'critical theory' research perspective which is concerned with empowering people to 'transcend the constraints placed on them' by, in this case, social class (Creswell, 2009: p.62; Fay, 1987).

4.2.3.1 Rationale for a Hermeneutical Investigation

It was anticipated that the intervention used in this study, Child-Parent Relationship Training (CPRT), would require some modifications due to cultural and historical social class differences between American participants and Irish families from disadvantaged areas (Argyle, 1994; Ballinger & Wright, 2007; Balmforth, 2006; Landreth & Bratton,

2006; O'Connor, 2005).

Society's perception of childhood has varied considerably over time, as has the construct of play (Erikson, 1995, Piaget, 1962). Therefore, social perceptions of childhood may be to some extent based on social class differences and priorities, which gave rise to the following consideration (Tubbs, 2007). Does CPRT contain sub-cultural middle class characteristics which may not be accessible or palatable to families from disadvantaged areas?

Lareau has found social class differences concerning play in her study of American families (Lareau, 2003). Working class children tended to have a lot of free-play time and few organised activities; indeed these children often resented organised activities as an interruption to their play. Lareau coined the term 'the accomplishment of natural growth' to describe working class parenting strategies (Lareau, 2003: p.66). The underlying assumption of 'natural growth' is that if children's basic needs are provided for, they will prosper without an abundance of structured time; a reliance on maturation rather than didactic shaping of the child.

Middle-class parents, on the other hand, engage in 'concerted cultivation' which involves multiple extra-curricular activities, e.g., sports and music lessons (Lareau, 2003: p.38). Children spend many evenings away from home pursing their various interests. One reason why middle class children have such a degree of structured activity is that their parents have more resources with which to provide such undertakings. However, the term 'concerted cultivation' also points to a belief that extensive childhood experience and socialising is beneficial in itself. The hermeneutic texts, therefore, which guide parenting styles in this regard, may differ between social classes (Keller, 2005; Lareau & Conley, 2010).

It seemed prudent, therefore, to take the social context of this filial play research into consideration when evaluating the intervention outcomes. Accordingly, an ecological perspective was applied to the social, cultural and historical context of childhood, play, family dynamics and community relations as they impacted on the participants. Hourigan, referring specifically to Limerick, states that 'in response to their cultural stigmatisation, residents of disadvantaged estates have retreated into extended family identities to re-imagine their position in society' (Hourigan, 2011: p.251).

4.2.3.1.1 Hermeneutics

It seems, therefore, that families from disadvantaged areas may have a distinctive collective outlook on life which must be considered when introducing a family intervention from a different sub-culture (Woolfolk et al., 2013). Hence, a hermeneutic lens was used to examine the bases for such social class differences. Hermeneutics evolved as a research method, which aimed to discover underlying meaning within the more obvious denotation of textual documents (Simms, 2003). 'Hermeneutics explores how we read, understand, and handle texts, especially those written in another time or in a context of life different from our own' (Thiselton, 2009: p.1). While the term, 'text,' in hermeneutic analysis, was initially taken literally to mean a book or document from a past era, such as the bible, the use of hermeneutic study gradually broadened to include the social sciences (Thiselton, 2009). The enlargement of the hermeneutic brief, was substantially due to the work of Schleiermacher, Dilthey, Gadamer and in particular Ricoeur, who believed that hermeneutics was the 'art of deciphering indirect meanings,' and also that any discourse, being symbolic, could be interpreted hermeneutically (Ricoeur, 1977: p.274; Thiselton, 2009). Discourse is defined as communication between people whether it is in verbal or written form. Interpretation of verbal

discourse as if it were historical text, is in the context of hermeneutics, 'an attempt to make clear, to make sense of an object of study' (Taylor, 1971: p.3). The assumption of hermeneutical enquiry is that only through interpretation, which takes culture and history into account, can a depth be found in texts that is not otherwise evident. However, 'interpretation' may not be as objective an exercise as one may think, and the researcher may also need to keep his own subjectivity in mind while evaluating the culture of others.

4.2.3.1.2 Hermeneutics and the Role of the Researcher

In that respect, Gadamer (1975) and others developed hermeneutics by recognizing that in the attempt to seek a deeper understanding of the material, the researcher must take into account the inevitable influences of his own cultural subjectivity. The influences of one's own background on how one perceives others is particularly relevant given that the researcher is the product of a middle class background, while the study participants were disadvantaged. Such pre-conceived beliefs were referred to as 'preliminary understandings' by Schleiermacher and those beliefs might constitute 'a provisional and preliminary understanding of what the text is about' (as cited in Thiselton, 2009: p.155). Gadamer (1975) further develops the role of hermeneutics in research by positioning the researcher firmly within the research process. He repudiates the objectivity of the Enlightenment and insists that prejudice is always present in any attempt at understanding, and that prejudice does not carry an inherently negative value. 'Actually, "prejudice" means a judgement that is rendered before all the elements that determine a situation have been finally examined' (Gadamer, 1975: p.273). Taking this view, prejudice becomes a lens through which the researcher makes sense of the world; it is neither negative nor positive. By taking ownership of the effects of one's own

subjectivity, the premise of objectivist science is lost and becomes impossible within the social sciences. Based on Gadamer's hermeneutics, it seems that in order to research qualitatively, one must participate in the study. One can only 'access reality…by becoming a participant in it and experiencing its formative presence' (Thiselton, 2009: p.214).

Ricoeur believed that both the original use of hermeneutics to 'explain,' and Gadamer's focus on 'understanding' were necessary to fully explore the lived experience of humanity (Ricoeur, 1991). We need the 'willingness to suspect, and the willingness to listen,' that is, a critical stance is required in order to reach understanding (Ricoeur, 1970: p.27). The reason that critique is necessary, according to Ricoeur, is that all human judgement is fallible regarding the desires (sometimes unconscious) of the observer (Thiselton, 2009). Also, however, without some distance between observer and object, one's capacity to understand is likely to be confounded by subjectivity. Ricoeur referred to such objective distance as 'distanciation' and addressed the apparent opposition between 'alienating distanciation and participatory belonging' (Ricoeur, 1991: p.72). It was his view, that there is no opposition between distanciation and belonging, and that understanding is only feasible when aided by the objective faculty. Hence, the necessity for objective measures in this study which could otherwise have been constructed in an entirely qualitative manner.

4.2.3.2 Phenomenology

The person-centred philosophy which underlies Child-Parent Relationship Training (CPRT is non-judgmental and open-minded in orientation and demands a method of eliciting information from participants which does not restrict in any way participant

choice (Guggenbuhl-Craig, 1971; G. Proctor, 2002). Phenomenology is, therefore, indicated because in research it:

> 'attempts to eliminate everything that represents a prejudgement, setting aside presuppositions, and reaching a transcendental state of freshness and openness, a readiness to see in an unfettered way, not threatened by the customs, beliefs, and prejudices of normal science, by the habits of the natural world or by knowledge based on unreflected everyday experience' (Moustakas, 1994: p.41).

While a conscious attempt to bracket one's preconceptions may be helpful, there are limitations of the extent to which one can stand aside from a subjective existence. Cognitive growth involves becoming aware of one's individuality and mental differentiation from others, a process known as decentration (Berk, 2013). However, the process of differentiation is never complete, given that the person, no matter how evolved, is always embedded in a historical era and a social context (Kegan, 1982). Thus, cognitive development involves a succession of emergences and the researcher can never assume that the technique of 'bracketing' is complete. The possibility of misinterpretation of qualitative data, while reduced through bracketing, remains present as a possibility.

Given that the second objective of this study was to ascertain and apply the views and experience of participants of each training group in order to modify the intervention of CPRT for subsequent cohorts, it was necessary to be sensitive and open to any subjective participant experience which might cast light on aspects of CPRT that were not conducive to successful outcomes among the research population.
While many quantitative measures were available with which to assess participant experience, questionnaires necessarily restrict the range of experiences which are explored, and constrain the breadth of response (Hesse-Biber, 2010). The unsatisfactory

aspect of quantitative methods in measuring social experience rests in part on the questionable duality inherent in such objective research. Can a middle class researcher objectively study working class social norms when both the researcher and subject constitute the social structure, which maintains class differences (Bourdieu and Wacquant, 1992)? If is it true that 'society affects individual behaviour, which in turn, in its totality, reproduces society,' then it is impossible for the researcher to step outside of the research experience entirely (Fries, 2009: p.328). Accordingly, the ontological basis for using reflexive methods takes the view that the researcher in asking questions automatically influences the participants and the participants likewise influence the researcher (McLeod, 2001). 'The chief danger of the objectivist point of view is that…it tends to slip from model to reality – to reify the structures it constructs by treating them as autonomous entities endowed with the ability to act in the manner of historical agents' (Bourdieu & Wacquant, 1992: p.8). In contrast, phenomenological enquiry takes the mutual influence of researcher and subject to be fluid and to continuously evolve throughout the cycle of research, in such a way as to enrich the findings, without the pre-suppositions of the researcher distorting the phenomena studied.

Therefore, the rationale for using a phenomenological lens in this study is that quantitative methods alone are (a) unlikely to capture the highly individualistic character of any given family's phenomenological experience, (b) cannot adequately track the fluidity of existential experience, and (c) cannot account for the human ability to simultaneously hold several, sometimes contradictory interpretations of a given situation or event. Phenomenology, 'is a means for understanding the meaning individuals or groups ascribe to social or human problems…and focuses on emerging questions…wherein data is analysed inductively, building from particulars to general

themes,' (Creswell, 2009: p.4).

4.2.3.3 Grounded Theory

The particular qualitative method utilised in this study is grounded theory, which is an operationalized method of analysing qualitative data (McLeod, 2001). Grounded theory was developed by Glaser and Straus (1967) or discovered, as they put it, but the theory has since evolved. Strauss moved towards an emphasis on hermeneutics where the data was coded around axes using a prescribed method on the basis that the abstraction of data may over-simplify the conclusions reached (Strauss, 1993). In the field of grounded theory research, the predominance of quantitative methods led to concerns of validity occasioned by 'decontextualization and abstraction' (Kearney, 2007: p.140; Tashokorri & Teddlie, 2010).

However, Glaser leaned towards an emphasis on phenomenology whereby the context was bracketed, or put to one side, and meaning was allowed to emerge from the data irrespective of how it might fit the hermeneutic context (McLeod, 2001). Glaser's perspective on what he calls Formal Grounded Theory is that as a method 'it is purely and simply the conceptual extension of the general implications of a core category (2007: p.111). The current study firstly took a Glaserian approach to data analysis, in order to maximize the possibility of uncovering hitherto unrecognised obstacles to the effective delivery of Child-Parent Relationship Theory (CPRT) to Irish populations from disadvantaged areas. Secondly, the emerging concepts were interpreted hermeneutically in order to situate the findings in the socially disadvantaged cultural context (Bergman, 2010). The qualitative data was accordingly experienced phenomenologically without any quantitative ordering techniques applied, with a view to understanding the participants' felt experience. A second tier of analysis then

considered the data from a hermeneutical perspective. For example, a reluctance by parents to engage in any exercise that could invite negative evaluation was noted. Feedback from parents suggested that shame-proneness might colour their experience of such activities (phenomenology). Reflection on that phenomenon by the researcher led to a curiosity that social class issues might have underlain the parent's experience (hermeneutics).

Grounded theory involves deconstructing and coding textual data with a view to uncovering meaning which might otherwise be overlooked. This method is especially suited to the research objective of ascertaining unpalatable aspects of CPRT, given that grounded theory is specifically designed to allow hitherto unknown knowledge to emerge from the data. Grounded theory also facilitates the amalgamation of phenomenology and hermeneutics which 'locates the phenomena of human experiences within the world of social interaction' (Grbich, 2007: p.71). This method is, therefore, highly subjective in nature, and allows that the participant may constantly 'create and re-create social meaning, which makes 'many possible interpretations of a given phenomenon both possible and inevitable' (Kegan, 1982: p.114).

The blend of phenomenology and hermeneutics embedded within grounded theory aims to address both aspects of human experience, i.e., one's own unique meaning-making process, and the manner in which each individual's experience of life is greatly influenced by the ecological environment (Bronfenbrenner, 1979).
The grounded theory method used followed a series of steps as recommended by McLeod (2001: p.72).

Table 4.1 - Grounded Theory

Procedural Steps of Grounded Theory	
Step 1	Identify a research question that is broad, open-ended and action
Step 2	oriented.
	Source a group of people or settings that exemplify different facets of
Step 3	the research topic.
Step 4	Do not do the literature review in advance, so as to maintain an open
Step 5	mind[2].
Step 6	Analyse data as it becomes available. Participant samples are theoretically based and not randomly selected
Step 7	Data collection ends when the theory is saturated (no new insights are forthcoming).
Step 8	The researcher creates texts from the data, and engages in a process of open coding
Step 9	Categories of meaning are formed which focus on activities and processes rather than static entities.
Step 10	Categories are clustered into main categories through a process of axial coding.
	A core category emerges which captures the meaning of the phenomenon as a whole.

4.3 Procedures

The procedure for delivery of Child Parent Relationship Training (CPRT) to Group 1 followed closely the authors' protocols, but was progressively amended for each subsequent group, to take into account data analysis from preceding groups. Consequently, the procedure was not identical for each group. The substantial core of CPRT, i.e., the non-directive person-centred approach towards increasing parental

[2] Glasser has clarified that when making this suggestion initially, it was assumed that researchers would be knowledgeable in their field, and the injunction was against additional in-depth literature reviewing. It wasn't intended that students should begin grounded theory research in complete ignorance of their topics (as cited in Urquhart, 2007).

empathy, remained unchanged. The commonality of programme delivery is described below and alterations to the protocol are explained in Section 4.5.

4.3.9 Settings

All participants were sourced within geographical areas designated by the Irish government as localities where disadvantage existed at relatively high levels and which consequently were subject to additional funding initiatives by the state (Watson et al., 2011). Urban areas under review fell within the Revitalising Areas through Planning, Investment and Development (RAPID) category, while the rural areas were served by funding from the Local and Community Development Programme (Department of the Environment; Deptartment of Environment Community and Local Government, 2007). Both urban and rural disadvantaged people share many social inequalities such as poverty, a predominance of single-parent families, low educational achievement and joblessness. Some differences between rural and urban disadvantage are that rural dwellers are more likely to live in one-off housing or small housing estates, and may therefore have greater difficulty accessing services. The rural environment is likely to be more naturally pleasant, but natural beauty and quietude can come at the price of social isolation (Walsh 2010). Broadly speaking, rural and urban disadvantage provide a similar lived experience for families from disadvantaged areas, with the proviso that poverty is somewhat greater in rural areas than urban, but those living in rural can underreport their degree of social disadvantage (European Commission, 2008).

4.3.2 Recruitment of Participants

Given the stigma attached to disadvantage, it was decided to recruit participants by contacting organisations which were located in disadvantaged areas, and which were in

receipt of government funding to address the impact of social marginalisation. In this manner, parents could be recruited without their being required to self-identify as being disadvantaged, which may have invoked stigma and caused potential recruits to decline the opportunity. Group 1 was recruited in an urban Family Resource Centre which had had previous contact with Mary Immaculate College. Group 2 was sourced serendipitously when a Rural Development Centre contacted the researcher and requested him to facilitate a filial play group. The third group was based in a Primary School in an urban setting while the fourth group was run at the request of the above mentioned Rural Development organisation, but at a different location. All four groups were provided in different areas within the same county in the West of Ireland. Parents, in each case, were selected by the setting staff who used their knowledge of clients and their own judgement as to who might best benefit from Child-Parent Relationship Training.

Posters and flyers were made available as provided by the Bratton and Landreth (Bratton et al., 2006) handbook (see Appendix A). Staff at each facility drew the attention of parents to the upcoming Child Parent Relationship Training (CPRT) group and they encouraged some parents to join. While any parent attending the settings could have participated, this sample was purposive and non-random in nature. An initial introductory group presentation was given, which outlined the CPRT programme, and the research objectives were also explained to interested individuals. In keeping with the principle of inclusion, parents had the option of undergoing training without participating in the research component. The recommended group-size for CPRT training is 6-8 adults, which will result in a corresponding number of child participants, given that each parent work with only one of their children (Landreth, 2002).

Each subject was interviewed separately in the week following the introduction. Parents engaged in an open-ended interview with the researcher and were given the opportunity to ask any questions. Participants also completed the Porter Parental Acceptance Scale (PPAS) and the Filial Problem Checklist (FPC) (Horner, 1974; Porter, 1954). A consent form was signed and participants were told that they could withdraw from the training at any time (Appendix B). A pretest-postest within subjects design was used whereby the PPAS and FPC were administered before the first training session and again after the last session. The post-intervention interview focussed on eliciting all possible information about the parents' experience of training. Parents were explicitly asked to identify any aspect of training which they did not like.

4.3.3 Child-Parent Relationship Training (CPRT) Programme

The theoretical basis and rationale for using CPRT as a family intervention has been discussed in Chapter 2. The following section will outline the training protocol as prescribed by Bratton and Landreth, including changes made in the programme over the course of the study which will be discussed in Chapter 7. In all four CPRT training groups, the core principle of child-centred non-directive filial play remained substantially unchanged, while aspects of practice and delivery were adapted to suit the preferences of parents.

4.3.3.1 Weekly Training Sessions

Parents attended two-hourly training sessions once a week for 10-weeks, in groups of approximately ten parents. The group dynamic was characterised by 'two key components: a didactic component and a group process component in the context of a safe, reassuring, supportive, nonthreatening environment' (Landreth & Bratton, 2006:

p.47), and thus constituted a psycho-educational group (Cory & Cory, 2002). Great care was taken by the researcher to be encouraging and supportive of each parent, and gentle direction was given with empathy. No criticism of parents' performance was permitted and group members were encouraged to identify with other parents' contributions based on their own experience. Advice giving was discouraged. The purpose of a nurturing style of interaction within the group was to model the empathic understanding being asked of parents towards their children to allay the heightened anxiety which is common in new group members (Agazarian & Peters, 1981: p.171).

Each session consisted of a check-in with each parent, which focused on current parenting issues and their experience of the previous week's filial play session. Topics arising were discussed in the group, with parents sharing their experience and concerns with each other. Homework assignments were reviewed and followed by a presentation of that weeks educational material. A short tea break was followed by a viewing of professional play therapy videos illustrating the current week's lesson. From Week 4 onwards, edited clips from group members' own filial play sessions were also shown and positive feedback was given to the parent by group members and the facilitator. Detailed parent notes were distributed on a weekly basis (see Appendix C).

4.3.3.2 Video Recording

In the Landreth filial play model, parental video recording of filial play sessions is a part of CPRT (Bratton et al., 2006). Videos are made at home by the parent, and then excerpts are shown at the subsequent group training session for didactic purposes. However, video recording was made optional in this study because Group 1 setting staff expressed the view that very few participants would be willing to join the training group if video was required. It was also considered by staff that asking parents to video play

sessions at home, as suggested by Landreth, might be impractical for some parents (Landreth & Bratton, 2006). Consequently, video-taped play sessions were conducted in a training room and in those cases where participants consented to video filial play sessions, these sessions were held on a separate day to the group sessions. In Group 1, the parent and child were alone in the play room while the researcher viewed the session electronically from the adjoining room. The intent of this procedure was to approximate the circumstances of a play session conducted at the family's home, where the researcher would not have been present. However, Group 1 parents reported high levels of anxiety at conducting play sessions under these conditions, and subsequent groups had the researcher present, giving guidance and encouragement.

Participants were assured in advance that the emphasis would be on strengths and that video clips shown to the group would be accompanied by exclusively positive commentary. The purpose of this didactic method was to encourage parents while allaying presumed fears of criticism. Where possible a second play session was conducted on video at the end of training and these videos were compared for indications of an increase of filial play skills on the parents' part.

4.3.3.3 Personal Development Component

As a result of feedback and observations of Groups 1 and 2, it became clear that many parents needed support as they engaged with filial play (see Chapter 6). Therefore, a personal developmental component was added to the protocol for Groups 3 and 4. The additional material was admixed to the filial play material of Weeks 1 through 6, and the goal was to increase parental resilience to stress and increase participant motivation. Basic information was presented on Maslow's hierarchy of needs, how to identify

unconscious resistance to change, self-esteem, self-discipline, and motivation theory (Appendix D).

The personal development material was presented in an educational format, given that the participants had not contracted to engage in group counselling. Even had such permissions been extant, deep process work might have been too intense for these parents. It was intended that, as and if resistance to training arose, parents might address their difficulties within the context of the material earlier presented. For example, if a parent found herself finding reasons not to perform home-based filial play sessions, she might realise that anxiety related defence mechanisms may be involved. Increased knowledge of resistance might have increased self-awareness and thus maximized the possibility of a parent overcoming resistance. Examples of this type were given to the group as part of personal development component of training, such as, the caution that people often justify avoidance by citing pressure of time (M Atkinson, 2013).

4.3.4 Child-Parent Relationship Training Groups

The research was conducted in a sequential manner with four discrete groups in four separate settings in the Limerick city and county. Parents who were existing clients of community organisations were invited to avail of Child-Parent Relationship Training (CPRT) through open invitation by posters and leaflets distributed in common areas of their centres. In this manner, all interested parents, within the targeted population, had the opportunity to apply.

Two of the four groups which were trained in Child-Parent Relationship Training were located in rural areas (Groups 2 and 4) and two in urban locations. Three groups met within Family Resource Centres, and one training group was based in a primary school.

4.3.5 Group Training Programme

All four groups were trained in Child-Parent Relationship Training (CPRT) over a period of 10 -12 weeks. Each weekly session was two hours long and consisted of a presentation of filial play, hard-copy hand-outs, and a viewing of video-taped filial play sessions. Each session also included a group dialogue wherein parents shared their parenting difficulties and their on-going experience of filial play with the group. The first three weekly-training sessions were largely educational in nature, with the objective of teaching parents child-centred principles and filial play techniques. Parents were required to conduct a 30 minute play session at home, once a week, in the weeks following training session number three. Parents could volunteer to have two of their filial play sessions video-recorded by the researcher at the training venue, and receive individual feedback from the researcher. Group viewing of these videos remained at the discretion of the individual parent. Otherwise, Group 1 training was delivered in accordance with the published manual, while the subsequent groups each received additional modifications of the published format (Bratton et al., 2006). Group 1 outcomes formed a baseline against which to measure the efficacy of the subsequent modified versions of the training programme. Those modifications are described below on a group by group basis in addition to participant demographics.

4.3.6 Group 1 Participants

Seven participants were recruited for Group 1 by approaching a Family Resource Center (FRC) in a designated socially disadvantaged area in Limerick city. The average age of participants in Group 1 was 30 years, with a mean 11 years of formal education. Five parents were unemployed, and the mean annual income was reported at €10,800, although two parents did not report income. Four of the participants were lone parents. The crèche manager was assigned as a contact person and certain clients were individually encouraged to partake in filial training. It was the view of FRC management that only the most functional of their clients would be psychologically equipped to commit to the training group. Due to the presence of feuding criminal gangs in the area, it was also necessary to ensure that mutually antagonistic people were not brought together in a group. Accordingly, selection of parents was managed in a quasi-random manner by the FRC staff.

4.3.7 Group 1 Setting

Group 1 was recruited in an urban state-funded family resource centre which was designated as an area with a high degree of social deprivation. The centre provided community resources including a crèche, after school clubs and a parenting programme (Webster-Stratton, 1992). Within this centre there was a demand for further training for parents in conjunction with an interest from some staff to experience filial play facilitation. Group 1 training was conducted in the after-school room at the resource centre which was a familiar venue in the heart of the neighbourhood it served. Parents who agreed to conduct a filial play session on video did so at the premises of a nearby charitable organisation which provides services to children and that had purpose built play therapy rooms available.

4.3.8 Group 2 Participants

Group 2 participants were recruited through a publically funded rural development agency. An agency worker approached the researcher and expressed an interest in training some parents in Child Parent Relationship Training (CPRT). As with Group 1, the agency staff selected and invited parents who they believed could benefit from empathy based parenting skills. Eight parents, all female, volunteered to undergo training. The mean age of parents was 32 years, the average educational level achieved was eleven years of formal education, seven were unemployed and all were lone parents. The mean annual income was reported at €17,500, although two parents did not report income.

4.3.8.1 Group 2 Setting

Group 2 was recruited through a rural family resource centre and the training was conducted in the community centre of a small town. In this case, the training room was also used for video-taped filial play sessions. The participants were located over a wide geographical area and not concentrated in a single urban development.

4.3.8.2 Group 2 Modifications

The Group 2 protocol was substantially the same as used with Group 1, except for the following changes:

- Filial role play for parents was removed following feedback from Group 1 parents that they were highly anxious during role-play.
- Video-taped play sessions were coached by the facilitator. That is, in contrast Group 1, the facilitator stayed in the room with parent and child, made supportive comments and offered play suggestions as required.

- Parent notes were simplified by rewriting some material in plainer language, adding more clipart, and deleting some material.

4.3.9 Group 3 Participants

In this urban neighbourhood, ten parents of the local primary school junior infant class volunteered for filial play training, nine of whom were female and six of whom were also lone mothers. The mean age of parents was 27 years, the average number of years of formal education achieved was ten and the mean income was €16,000. Nine parents were unemployed, while the tenth parent was self-employed.

The tenth parent, G3A, was quite unusual and his profile is not included in the above demographics, because his circumstances would skew the means reported. Parent G3A was an immigrant with a privileged professional upbringing, who had selected a disadvantaged school for his adopted son specifically for the specialised resources available there. His son, whose birth mother was reportedly an active cocaine addict, had been adopted from South America. This child of focus reportedly suffered some developmental delays, although the extent of developmental delays was difficult to ascertain because of language barriers. Therefore, in this instance while the child was considerably disadvantaged in some respects, his family was quite advantaged. Chapter 6 includes a case study of Parent G3A.

4.3.9.1 Group 3 Setting

Group 3 was set in an urban school in a designated disadvantaged area and both training sessions and video play sessions were conducted in the parents' room of the school. People were mired in a culture of poverty which dated to the 1950's when the development was built to rehouse people who formally lived in Limerick city centre

tenements (Hourigan, 2011). At the time the study was conducted the local crime situation had been pacified but there were lingering effects, and dangers of a resumption of gang warfare remained (Counnihan, 2012; Owens, 2013). Of ten parents who attended pre-intervention interviews, only five presented on week one to begin the training. Of the other five parents, four finished the training and the fifth person attended six sessions.

4.3.9.2 Group 3 Modifications

Modifications were also made following feedback from Group 2, which focused on parental support, and which appeared to be essential to a successful outcome:

- The programme was expanded to include some introductory educational material on self-esteem, motivation and self-awareness.
- Training was increased from 10 weeks to 12 weeks to accommodate the additional material.
- Two additional objective measures were added to the protocol in order to empirically verify the qualitative feedback that suggested parental self-concept was interacting negatively with training demands. The measures introduced were the Rosenberg Self-Esteem Scale and the Compass of Shame Scale (see below for details) (Elison, 2006a; M. Rosenberg, 1979).

4.3.10 Group 4 Participants

Group 4 consisted of eleven parents, nine females and two males recruited at a rural family resource centre targeting disadvantage. There was one married couple in the group and two travellers (indigenous nomadic people). Four members of the group

were engaged in current personal development work. The mean age of parents was 37 years, the average educational level achieved was eleven years of formal education, five were unemployed and one was a lone parent. The mean annual income was reported at €17,500.

4.3.10.1 Group 4 Setting

Group 4 was facilitated in a Co. Limerick rural town and the sessions were conducted in a community centre. The training room was also suitable for video play sessions which were conducted in that space. Of the eleven parents who signed-up for Group 4, one did not attend at all, a second parent attended for two sessions and left, and the couple left after two sessions, leaving seven female (mean age 32 years) parents who completed the training.

4.3.10.2 Group 4 Modifications

Modifications following Group 3 were made with training duration in mind. Two additional training sessions had been added for Group 3 to open up space for the personal development material. However, feedback suggested that parents found a twelve week course too long:

- The number of sessions was reduced to 10 and the material condensed to fit 10 training sessions.
- Personal journals were distributed with a view to obtaining more detailed nuances of the parents' experience of training.
- A volunteer was recruited from the group for a case study also with the intention of deepening the researcher's understanding of a parent's life experiences and how that experience might impact on training outcomes. The case study

consisted of six one-hour interviews conducted concurrently with CPRT training.

4.4 Objective Measures

Five measures were used in the study, three of which were recommended by Bratton and Landreth for evaluating the efficacy of Child Parent Relationship Training, and two which were added for theory testing purposes based on interim data analysis, for groups three and four (see Appendix E). The recommended scales were the Porter Parental Acceptance Scale (PPAS) (Porter, 1954), the Filial Problem Checklist (FPC; Horner, 1997), and the Measurement of Empathy in Adult-Child Interaction (MEACI) (L Stover, Guerney, & O'Connell, 1971).

4.4.1 Porter Parental Acceptance Scale

Quantitative measures used were the Porter Parental Acceptance Scale (PPAS) (Porter, 1954) and the Filial Problem Checklist (FPC) (Horner, 1997). The PPAS is a 40 item measure which asks how the parent responds emotionally to the child in various parent/child interactive scenarios. Scoring is on a five point Likert-type scale, which yields a total score indicating the degree of parental acceptance and also four subscales which measure different aspects of that acceptance. Higher scores indicated greater parental acceptance of the child. The subscale dimensions are (a) parent's respect for the child's feelings and need to express same, (b) a valuing by the parent of the child's uniqueness as a person, (c) a recognition of the child's need to separate and develop a sense of autonomy, and (d) unconditional love for the child. The PPAS was empirically derived around criteria measuring parental emotionality and behavior in response to diverse child behaviours. Two sample questions are 'how affectionate towards your

child do you feel when; a) your child is obedient, and b) when your child shows off in public' (Bratton, et al., 2006). Validity was initially established through the inter-rater concordance of five professional judges, wherein at least three raters were independently in agreement on the meaning of proposed items. A split-half reliability correlation is reported by Porter (1954) of .766. Further research among low socio-economic status parents produced a split-half reliability of .666 (Hawkes, Burchinal, Gardner, & Porter, 1956). Internal consistency of PPAS items was also analysed and results showed that items consistently discriminated between high and low scorers on the scale (Burchinal, Hawkes, & Gardner, 1957). A more recent study reported a Cronbach's alpha for the PPAS of .85 for a pre-test and .78 for post-test (Topham, et al., 2011). Despite its development in the 1950's, the PPAS remains relevant to research and continues to be used in studies of parental acceptance (Bratton, et al., 2006; Guerney & Gavigan, 1981; Howells, 1980; Kellam, 2004; Poon, 1998).

4.4.2 Filial Problem Checklist

The FPC is a 108 item Likert–type questionnaire that lists concrete childhood problems and yields a total global score whereby lower scores indicate less child behavior problems (Bratton et al., 2006). There are no subscales. The FPC has been used widely in play therapy research, however, norm based reports of reliability and validity are not available (Baggerly, Ray, & Bratton, 2010: p.326). Nonetheless, the FPC was retained in order to adhere to the CPRT protocol and best facilitate comparison with CPRT studies conducted with other populations.

4.4.3 Measurement of Empathy in Adult-Child Interaction

Electronically recorded video filial play sessions were rated by the Measurement of Empathy in Adult-Child Interaction (MEACI) measure (L Stover et al., 1971). Recordings are viewed in five minutes segments and incidents of three dimensions of empathic interaction are retrospectively scored. These dimensions are (a) communication of acceptance, (b) allowing self-direction, and (c) involvement. Scores are recorded on a sheet developed by Bratton, which yield a total empathy score (1993). Scores on each dimension for a given five minute period range from one to five, where a score of one represents a high level of engagement and a score of five demonstrates that little or no empathy was shown. It was envisaged that parents would conduct a play session on video after Week 3 of training, when basic skills would have been learned. A second session was to be recorded in Weeks 9 or 10 wherein, if CPRT was successful, an increase in empathy was expected.

Reliability for each dimension of empathy tested by the MEACI was established by having six pairs of coders independently rate seven to ten mother-child play sessions of 20-30 minutes duration. Pearson product-moment correlations between coders varied from $r = 0.86$ to $r = 0.99$, and all correlations were significant to a level of $p < .01$. Construct validity was established with the aid of 51 mothers and children whereby highly significant positive changes in levels of empathy were found with a significance level ranging from $p < 0.025$ to $p < 0.0005$ (L Stover et al., 1971).

4.4.4 Compass of Shame Scale

The Compass of Shame Scale (CoSS) version five, was constructed by Elison in an attempt to operationalize the construct of shame-coping styles as proposed by Nathanson (Elison, 2006a; Nathanson, 1992). The definition of shame used for the

CoSS is that of Nathanson, i.e., 'shame is the negative effect felt in response to any impediment to the on-going experience of interest or joy' (1992: p.84). The CoSS measures four maladaptive responses to experiences of shame' which cluster around four poles'; a) attack self, b) withdrawal, c) attack other, and d) avoidance. Version five of the CoSS, used in this study also measures adaptive shame responses. Individuals may demonstrate profiles which have two poles activated simultaneously, such as 'attack self' and 'attack other', which suggests anger. A combination of 'attack other' and 'avoidance' suggest minimization of the induced shame. Acknowledgement of the shamed experience implies acceptance and is suggested by high scores on the 'attack self' and 'withdrawal' poles.

Items on the CoSS consist of statements describing potentially shaming situations and asking how the subject might respond. Examples of CoSS items are:

A. When an activity makes me feel like my strength or skill is inferior:
    1. I don't let it bother me
    2. I get mad at myself for not being good enough
    3. I withdraw from the activity
    4. I get irritated with other people
B. When I feel others think poorly of me:
    1. I feel like being by myself
    2. I want to point out their faults
    3. I deny there is any reason for me to feel bad
    4. I am aggravated by my mistakes

The word shame is not used in order to mitigate against defensive face-saving responses. Items are scored, from 0 to 4 on a five point Likert scale with higher scores indicating higher levels of shame. Some items are reversed scored. Reliability studies indicate that the four sub-scales have an acceptable to high internal consistency producing a Cronbach's alphas as follows; (a) withdrawal, .89; (b) attack other, .85, (c) attack self, .91; and, (d) avoidance, .74 (Elison, 2006b).

4.4.5 Rosenberg Self-Esteem Scale

The RSES was added to the protocol following evaluation of Group 2 data, which indicated that low self-esteem might be an inhibiting factor in participant engagement. No particular domain of self-esteem was indicated and consequently a global self-esteem scale was deemed appropriate. Rosenberg defined self-esteem as an individual's set of thoughts and feelings about his or her own worth and importance (1965). The Rosenberg scale is a ten item self-administered questionnaire which assesses one's level of global self–esteem (M. Rosenberg, 1979). Sample items are a) I feel that I am a person of worth, at least on an equal plane with others, and b) I wish I could have more respect for myself. Items are face valid and scored with a four point Likert scale ranging from 0 to 3, where 0 = strongly disagree, and 3 = strongly agree. Five of the items are reverse scored (M. Rosenberg, 1965).

The RSES has been widely used since its conception and the scale is considered valid by those viewing self-esteem as being best conceptualised as a global personal characteristic, which encompasses both positive and negative self-evaluations (Owens, 1993). Construct validity has been satisfactorily tested by correlating the RSES with measures of self-construct such as the five-factor model of personality (Purkey, 1970). For Bhy (2006), Cronbach's alpha for the 10-items ranged from 0.81 to 0.88, while

Robins, Hendin & Trzesniewski, found alpha levels ranging from 0.88 to 0.90. The RSES has also been found effective when translated into other languages and appears to be valid cross-culturally (Martin-Albo, Nunez, Navarro, & Grijalvo, 2007; Pullman & Allik, 2000).

4.5 Qualitative Data Collection

Qualitative data was collected by interview, journal, field note and case study. As the study progressed the emphasis on qualitative sources increased in order to gain deeper understanding of the hermeneutic influences on parent behaviour.

4.5.1 Sources of Qualitative Text

In order to utilise grounded theory, it was necessary to produce texts and accordingly the participants' experience were recorded and transcribed. Five sources of text were congregated for coding, i.e., parent interviews, parent journals, setting staff interviews, researcher field notes, and two case histories.

4.5.1.1 Parent Interviews

Initially, it was anticipated that open-ended interviews with parents, both pre and post intervention would provide ample feedback on the participants' experience of CPRT. However, contrary to theory (King & Horrocks, 2010) whereby open-ended questions should maximize the freedom of participants to discuss any issues, it was found that broad questions sometimes seemed to leave the participants struggling to formulate or verbalise their ideas. Some parents gave very brief closed ended responses, for example:

> **Interviewer:** How did you find the introductory presentation?
> **Parent:** It was great.

Interviewer: What did you like about it in particular?
Parent: Everything. I liked everything.

This problem may have been related to the research questions concerning language and social class and will be discussed further in Chapter 7 (Balmforth, 2006; King & Horrocks, 2010: p.57; G. Proctor, 2002). Consequently, semi-structured interviews were used for Groups 3 and 4, which appeared to suit parents better and which yielded larger amounts of data (see Appendix F). In addition, in order to increase data quality Group 3 parents were interviewed a third time, mid-way through the training, however, parents seemed to have little to add during interview three, so the additional interviews did not significantly increase the yield of data. Opening interview questions were broad and opened ended, e.g., 'Is (CPRT) different from what you expected? In what ways?' and, 'What aspects of CPRT did you dislike?' The broad questions were followed by specific queries seeking detailed information.

4.5.1.2 Parent Journals

In order to further improve on the depth of data from parents, Group 4 parents were asked to keep a personal journal during the period of training and submit those journals to the researcher. Journaling was optional and five parents volunteered and were provided with journals which had guidelines affixed to the inside front cover (see Appendix H). Journaling guidelines were aimed at helping parents who felt unsure of what to write, a common problem which can raise anxiety levels (Braime, 2012).

4.5.1.3 Staff Interviews

Contact with setting staff was on-going during periods of training and information gleaned from informal conversations was recorded in the field notes. Formal interviews

were conducted when feasible and these texts was coded and interpreted in the same manner as the participant interviews.

4.5.1.4 Field Notes

Field notes were taken using a Dictaphone immediately following filial play training sessions and interviews. These notes contained impressions and speculations as to progress made and possible interpretations of dialogue. The tone or mood of an encounter was recorded in this manner; an aspect of data gathering which might otherwise be easily lost over time. Thus, field notes aided the researcher in taking a holistic view of each engagement with participants, and supported the premise that 'culture is an integrated whole and that individuals can only be understood in the context of that whole' (A. Johnson & Johnson, 1990: p.167).

4.5.1.5 Case Study

Having facilitated three Child-Parent Relationship Training (CPRT) groups, an understanding of parental subjective experience had emerged, but any links between participant experience of CPRT and their disadvantaged background were not clear. In order to deepen understanding of the hermeneutic aspect of the project, it was decided to investigate the experience of one individual in depth. The appropriate way to achieve this aim was to undertake a case study. A case study is a research method 'which concentrates on one thing, looking at it in detail, and not seeking to generalise from it' (Thomas, 2011: p.3). Case studies can be instructive in a research project where there is a need to gain greater understanding of the life experience of an individual (Stake, 1995).

The principle case study consisted of six one-hour interviews with Group 4 participant, Karen[3], which took place during the CPRT training period. In keeping with the hermeneutic goal of developing an understanding of a disadvantaged context on parent-child relations, the focus was on Karen's past experiences. Interviews were recorded electronically, transcribed and coded in the same manner as the parent interviews (see 4.9.1 below). A second minor case study of Geraldo[4], an atypical father is also presented. Geraldo was an immigrant who himself had an affluent upbringing (and current lifestyle), and who adopted a South American child who he placed in a disadvantaged school for access to the additional resources and skills available there.

4.6 Qualitative Data Analysis

In grounded theory research, data collection and data analysis should be a simultaneous process (Creswell, 2009). In this manner, new information concerning the emotional issues of the participants may emerge and be used to guide the researcher's focus in a recursive manner. Concurrent analysis is considered necessary in order to capture the essence of an interpersonal encounter, which is by nature, fleeting. The qualitative method used was grounded theory which involved collecting data and coding that data in such a way that the phenomena were allowed to form categories of meaning thus minimising the biases of the researcher (McLeod, 2001). The intent was to arrive at meaning which is as close as possible to the essence of the phenomena.

4.6.1 Coding Method

Coding is a method of extracting summative, salient and/or evocative words or phrases from a text (Saldana, 2009). Numerous views of coding qualitative data exist from

[3] Pseudonym
[4] ibid

those who claim that data should not be coded at all, but interpreted in a purely phenomenological way (Dey, 1993), to others who adopt a more prescriptive approach (Charmaz, 2006; Strauss & Corbin, 1990). In the current study, the intent of qualitative inquiry was to ascertain the participants' felt experience of CPRT training, and that objective directed the choice of coding used. Accordingly, coding focused on emotive statements and allusions to the parents' belief system. It is considered good practice to code data several times so that information missed in one coding procedure may be identified in further analysis, and accordingly the data was coded four times (Urquhart, 2007) Samples of coding are shown in Table 4.2. 'Coding is a heuristic (from the Greek, meaning to "to discover") – an exploratory problem-solving technique without specific formulas to follow' (Saldana, 2009: p.8). 'A code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data' (Saldana, 2009: p.5).

Coding was enacted in two cycles. First cycle coding consisted of deconstructing the text in order to identify salient material, coding those words and phrases and having done so, reconstructing the codes into themes. There were several steps in the first cycle coding process. In the first instance, initial coding took place which involved reading the text and selecting words and phrases verbatim which seemed to capture the essence of the point being made by the participant. Secondly 'process coding' was used to focus upon the emotional content of the text. A third review of the text involved 'values coding' which consisted of identifying references to attitudes, beliefs and values. 'Values coding is appropriate for virtually all qualitative studies, but particularly for those that explore cultural values and intrapersonal and interpersonal participant experiences and actions in case studies' (Saldana, 2009: p.90). Fourthly, for

any given piece of text, the first three codes, i.e., initial, process and values codes, were synthesised into a 'theme,' which encapsulated the meanings thus far extrapolated (Saldana, 2009).

The second cycle of coding consisted of assimilating the themes by clustering themes into broader categories of meaning (see Table 4.3). One full coded interview may be found in Appendix I. The categories are formed by looking for patterns or common threads of meaning among groups of themes. Finally, where possible the categories are themselves collapsed into over-arching concepts (McLeod, 2001). The result of this analysis was to give the researcher a deeper and more nuanced understanding of the participants' experience of training and of the ecological context of their family lives (Bronfenbrenner, 1979)

Table 4.2 First Cycle Coding Sample

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 Case Study G4			A = Attitude B = Belief V = Value	
I suppose when I started doing this I saw it as a way of helping parents help their child. So the child was the focus you know, even though it was a parent child relationship so there's other people involved. But I was seeing the parents as a way of getting to the child in a positive way and I started to realise that the parents need as much… As much of it as the child does.				
Yes, if not more... Yeah because if they're not settled in themselves how can they help the child?	PARENTS NEED AS MUCH AS THE CHILD DOES	AWARENESS OF NEED FOR SELF CARE	B = OTHER PARENTS NEED HELP	OTHERS NEED HELP
Yeah. They're only doing, what I find is what I'm doing with My second child is I'm blocking out what's wrong with me and I am focusing on the filial play for that half an hour and then the half an hour's over and everything's back to normal and we'll go back to shouting at each other or giving out and I kind of go "Why do that half an hour?" Do you know, when you're leaving that safe place and then the child is giving out to you again.	I'M BLOCKING OUT WHAT'S WRONG WITH ME FOCUSING ON FILIAL PLAY WE GO BACK TO SHOUTING AT EACH OTHER WHEN YOU LEAVE THAT SAFE PLACE	BRACKETING FEELING UNSAFE	B = SPLITTING IS NECESSARY V = THE WORLD IS A DANGEROUS PLACE	SPLITTING DANGER

Table 4.3 Second Cycle Coding Sample

Themes	Categories	Concepts
Vulnerability Denial of vulnerability	Vulnerability	OTHER ORIENTATED Others have priority Rejection by others
Controlled by other Other orientated Second place Others need help Other Focused Social justice Assertion	Others have priority	Earning acceptance through work INTRAPSYCHIC EFFECTS Vulnerability Consequences of adoption for self-concept Consequences of avoidance
Intuition Need to know Curiosity Willing to learn Intimacy	Intellectual curiosity	 PROBLEM-SOLVING SURVIVAL Intellectual curiosity
Adoption Shame Low self-esteem Self-blame Self-doubt Inadequacy Unworthy of trust Unlovable	Consequences of adoption for self-concept ,	
Relationship Intimacy is dangerous Disappointed Rejection Being deceived Sadness Anxiety Feeling	Rejection by others	
Obsessive compulsive disorder Avoidance Self-denial Carrying a burden Splitting Depression Happiness is in the future	Consequence of avoidance	
Unsupported Loyalty to family Feels responsible Feeling under pressure Danger Self-sufficiency Freedom through work	Earning acceptance through work	

4.7 Ethics

The research was designed within the framework of the Psychological Society of Ireland's (PSI) 'Recommended Procedure for Ethical Decision Making (Psychological Society of Ireland, 1999: p.19). The guiding principle throughout the study was to ensure that no harm of any kind befell the parents or children who engaged in Child-Parent Relationship Training (CPRT).

4.7.1 Recruitment of Participants

In the first instance, approval for the study was obtained from Mary Immaculate Research Ethics Committee (MIREC), and the management of the participating settings. The setting administration contacted parents and invited them to a presentation by the researcher, which explained CPRT and the research project. All participants received a full briefing on the purposes and limitations of the research project in non-technical language, which was as meaningful and as jargon free as possible. Briefing included clear permission for participants to discontinue their part in the study at any time. Parents were asked to reflect on this information and interested parties were asked to contact the setting administrator by phone if any further information was required concerning the project.

During the individual interviews, parents were invited to sign a general consent form and a second specific consent for electronic and manual recording of data, if they were agreeable to video recording of play sessions (Appendices X and Y). These permissions included the right of participants to discontinue via non-verbal indications, which was particularly pertinent to child participation. Non–verbal indications included a marked reluctance to engage in therapeutic play, or on-going passive compliance. In the event that children expressed a disinclination to participate, they would have their

wishes respected even in the face of school or parental pressure to include them in the study.

4.7.2 Informed Consent & Freedom of Consent

Parents and those in loco parentis were informed of the nature and purpose of Child Parent Relationship Training (CPRT) by means of an interactive presentation and a written hand-out explaining the history of filial play, its therapeutic uses and the benefits they may experience through the use of CPRT. The limitations of CPRT were also explicated as were potential frustrations and disappointments which may have arisen during the course of training and during the conduct of play sessions. A professional video clip of Landreth engaged in play therapy was shown to the participants, because that video gave a very clear non-verbal indication of what adults would actually be doing during training (Landreth, 2012). Adults were also cautioned that in some cases CPRT might not achieve noticeable results, but that in any event, CPRT could do no harm to adult or child.

Adults were informed that they would engage in a therapeutic process, which would evolve over time. As they gained experience and understanding of the process they might wish to re-evaluate their participation and withdraw from the project. It was recognised that because understanding of the CPRT process might change with experience that the basis of informed consent could also evolve. As understanding changed so might one's desire to continue and accordingly, consent could be withdrawn at any time. In that event, participants would be debriefed by the researcher before withdrawing from study.

The concept of informed consent is problematic with children given the limited prior knowledge that children have in relation to research and psychology. Consequently, the person explaining the study is also in effect educating the children about research and education (David et al., 2001). Children are accustomed to assuming that information imparted by adults is true, and as such have a limited faculty to critically evaluate a research briefing. While it is possible to use child assent forms from age 7 years and older, the majority of children in this study were under that age (Lambert and Glacken, 2011). Accordingly, children participating in the study had the project explained to them in age-appropriate language by the researcher and non-verbal indications of a reluctance to participate were considered to constitute a refusal of consent. Consents were signed by the parent or legal guardian.

4.7.3 Avoidance of Harm

Parties potentially affected by the research were (a) direct beneficiaries, both children and adults (b) indirect beneficiaries (other family members of participants), (c) referrer (staff at the FRC), (d) supervisor (Professor Claire Lyons) and (e) the researcher. It was not envisaged that harm of any kind would ensue for any of these parties. However, as a precaution, adults had recourse to support from the researcher at the settings. All support meetings would take place at the setting at a time when an assigned staff member was available for consultation. Setting staff had the option of consulting with me by phone, e-mail or in person. Parents were also informed that, on request, individual counselling would be provided for them at no charge. In addition to the academic supervisor, the researcher was also supervised by an accredited clinical supervisor with an expertise in both play therapy and adult psychotherapy.

Adults were told and reminded at intervals that their training was not a professional training and that they will not be qualified to engage in any kind of therapeutic work. It was emphasised that CPRT did not constitute counselling or psychotherapy and was not intended to replace any current interventions they or their children may be undergoing. In the event that current interventions were in place, the researcher would, with the participant's consent, consult with other providers to ensure that participants are not over-loaded or working at cross purposes. Interested parties who were in that situation and declined to consent to consultation might have been declined a place in the training group.

4.7.4 Privacy & Confidentiality

Protocols ensured that information gathered or inferred from the study was not to be used to label or diagnose any participants. There was no necessity to use deception for this study and therefore no deception was be used. Parents and staff were given the option of being fully debriefed on the findings of the study, but not children for whom the research aspect of CPRT would have been too abstract.

All raw data and analysis was stored in a locked steel filing cabinet in the researcher's office to whom only the researcher and his supervisor, Professor Claire Lyons held keys. All recordings and raw data were destroyed as soon as it no longer served any necessary purpose. In any scholarly writing or publications, the identity of participants, the settings and the particular geographical locations involved were hidden by the use of generalities and pseudonyms. However, the city and county were named due to the use of 'Limerick' in the titles and body of pertinent research referenced in this study, hence the impossibility of extending anonymity any further.

4.8 Summary

This chapter provided a detailed description of the procedures used in the study and also a justification for the choice of methods. Philosophically, a hermeneutic lens addressed ecological and historical influences upon families, while the use of phenomenology facilitated an exploration of the participants' felt experience of undergoing CPRT training. Thus, a rationale was presented for the use of mixed methods. Quantitative measures best measured outcomes, i.e., 'what happened,' while qualitative methods attempted to explain the outcomes, or 'why it happened as it did.' Five objective measures were described as were five methods of collecting qualitative data. The coding method was justified and explained, and samples of coded text were presented. Finally, the ethical context and considerations were outlined.

CHAPTER FIVE

Group Findings

5 Introduction

The research was conducted with four discrete filial play training groups which were facilitated in a sequential fashion. As each group progressed, the researcher explored through observation, objectives measures and inquiry, the participants' experience of training. In particular, those aspects of the Child-Parent Relationship Training (CPRT) programme with which the parents had difficulties were probed. At each step in the research process, the results were analysed with a view to optimizing the efficacy of CPRT and modification was effected. The modifications and the rationale for altering the training protocol are discussed in Chapter Seven. Results are presented, accordingly, on a group by group basis in chronological order.

The collection of quantitative data proved problematic, because many parents did not finish training and those who opted out, with one exception, declined to complete post-intervention measures or attend post-intervention interviews. Consequently, sample sizes which were small to begin with, due to the experiential nature of training, lacked statistical power. The nature of psycho-educational group training necessitates a group size of seven to twelve members, because parents need the group to be large enough wherein they do not feel exposed, but also small enough so that they can participate and not feel lost.

Nonetheless, trends can be seen in the quantitative data in some instances even when statistical significance was not reached. Accordingly, it was deemed appropriate to use an alpha of 0.1 in order to compensate for low power. In addition, given that a clear hypothesis underlies Child-Parent Relationship Training, i.e., that parental empathy will increase and child problems will decrease as a result of training, one-tailed tests were used.

The structure of qualitative data presentation becomes more complex as the results unfold group by group, because the volume and quality of qualitative data increased as the study progressed. Although this research uses mixed methods, the poor yield of quantitative data necessitated an increasingly greater reliance on qualitative information. It had proved difficult initially to *obtain* detailed or nuanced qualitative feedback from many participants, perhaps due to their own educational level and ability to articulate their thoughts, or anxiety around the unfamiliar concept of non-directive play therapy. There appeared to be a reluctance to use unfamiliar words, such as, empathy, and the use of pronouns was common, for example, 'filial play' was often referred to as 'it,' as in 'it was good.'

Data collection difficulties were more pronounced with city based parents (Groups One and Three) than with rural disadvantaged participants. Group 4 participants were particularly engaged and one of these parents volunteered to partake in a case study in addition to the standard group measures. Group 4 parents were also asked to keep personal journals for research purposes and five of eight parents volunteered to do so.

All group members attended a pre-intervention interview and completed pre-intervention objective measures. Some agreed to conduct a filial play session on camera and these videos were analysed with a view to measuring the parents' level of empathy towards their children. Some parents participated in two video filial play sessions, one in week three of training and the other in week nine; in an attempt to measure any change in level of empathy as the training progressed.

5.1 Quantitative Data Analysis

Quantitative data was analysed using paired sample t-tests when data were normal and the Wilcoxsin signed-ranks test when non-parametric data were detected. In both cases, the tests were chosen to explore any significant differences in means, which would indicate a either a meaningful increase in parental acceptance of the child (PPAS), or a significant change in the reported number of child problems (FPC). Pearson correlations were calculated to test for significant relationships between self-esteem and the PPAS and FPC scores of parents who left training prematurely; and between shame-proneness and the PPAS and FPC scores of parents who left training prematurely. The MEACI scores were calculated and where feasible paired sample t-tests were run to identify any significant changes in empathy shown by the parent in video play sessions from Time 1 to Time 2.

Furthermore, Cohen's d was utilised to measure effect sizes given that mean differences on measures were often large even where statistical significance was not reached. Cohen's d was calculated by subtracting the posttest mean from the pretest mean, dividing by the standard deviations, and factoring out correlational effects (Morris & DeShon, 2002). A Cohen's d statistic of 0.20 to .0.50 is considered to be small, 0.50 to 0.80 medium, and 0.80 and higher is a large effect.

5.2 Group 1 - Quantitative Findings

The measures used with Group 1 were those recommended by the authors of CPRT (Bratton et al., 2006), that is, the Porter Parental Acceptance Checklist (Porter, 1954), the Filial Play Checklist (Horner, 1974), and the Measurement of Empathy in Adult-Child Interaction (MEACI) (Bratton, 1993).

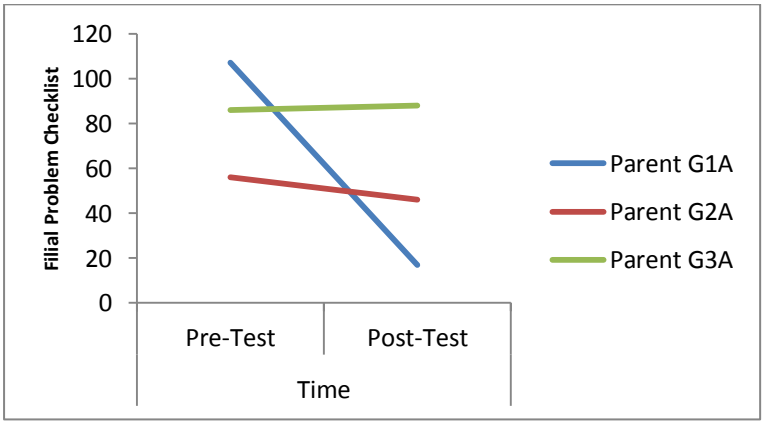
The Shapiro-Wilk test is appropriate for measuring the normality of small sample sizes (Table 5.1). If the significance level of the Shapiro-Wilk is greater than 0.05, then the data are normally distributed. In this case the distribution of both tests is normal (see Table 5.1). Given a normal distribution, the paired sample t-test was the appropriate statistic with which to measure for statistically significant differences in means.

Table 5.1 Tests of Normality- Group 1

	Shapiro-Wilk		
	Statistic	df	Sig.
FPC Pretest	.983	3	.754
PPAS Pretest	.842	3	.220
FPC Posttest	.989	3	.799
PPAS Posttest	.893	3	.363

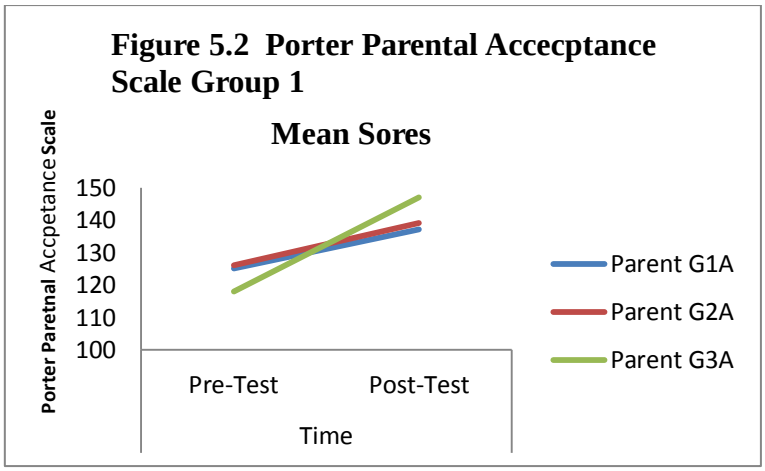
The Filial Problem Checklist (M = 32, SD = 48.87) pairwise result was non-significant, t(2) = 1.13; p < .190 (one-tailed), d = .65, suggesting the number of child behavioural problems did not significantly decrease as a result of filial play training (Table 5.2) . However, Cohen's d = .65 suggests a medium effect size indicates that there was a meaningful decrease in mean FPC scores from $\overline{X}$ = 82 to $\overline{X}$ = 50 (Figure 5.1).

Figure 5.1 Filial Problem Checklist – Group 1



The Porter Parental Acceptance Scale (M = -18.00, SD = 9.54) global score was significant, t(2) = -3.27; p < .040 (one-tailed), d = -1.889 which indicates an increase in parental empathy. PPAS subscale findings were as follows; subscale (a) respect for child's feelings, t(2) = -3.35; p < .040 (one-tailed), d= -2.419, subscale (b) valuing the child's uniqueness, t(2) = -13.86; p < .002 (one-tailed), d = -8.00 subscale (c) recognizing need for autonomy, t(2) = -2.65; p < .059 (one-tailed), d = -1.78 and subscale four (d) unconditional love for the child, t(2) = 1.57; p < .128 (one-tailed), d = .945. Subscales (a), (b), and (c) were statistically significant at p < .05, while subscale (d) was not (Figure 5.2).

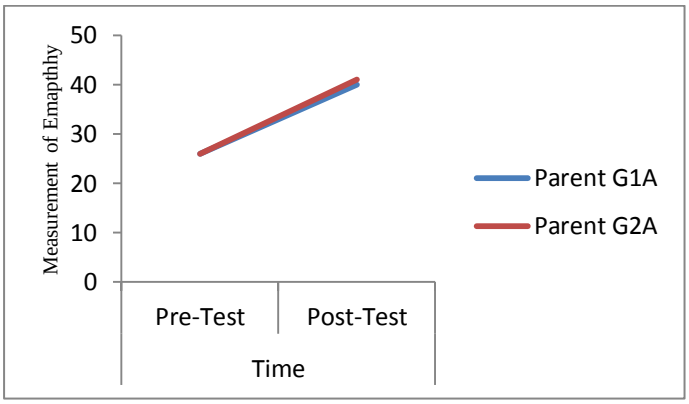
Figure 5.2 Porter Parental Acceptance Scale – Group 1



Two parents in Group One made themselves available for Measurement of Empathy in Adult-Child Interaction (MEACI), pre-intervention and post-intervention video filial play sessions (Figure 5.3). A raw mean score is reported for the MEACI because of the small 'n.' Parent G1A scored 27 on the pre-test and 40 on the post-test which represented a significant increase in empathy shown to her child. Although very anxious, G1A attended training sessions regularly and reportedly practiced filial play sessions diligently, missing only one training session due to a child's illness. Parent

G1B scored 26 on pretest and 41 on posttest in spite of having very poor attendance and compliance with home-based play sessions. This anomaly is discussed in Chapter 7.

Figure 5.3 Measurement of Empathy in Adult-Child Interactions – Group 1



5.3 Group 1- Qualitative Findings

Initial readings of the interview and field-note transcripts suggested that two concrete concerns occupied training Group 1. Firstly, parents had strong beliefs that parent-child interaction should be didactic in emphasis and that effective parenting was primarily measured by levels of obedience in their children. Secondly, five parents declined to engage in role-play, which suggested a lack of self-confidence that manifested as a sense of inferiority concerning their parenting and their ability to improve on parenting skills. Parents appeared to avoid personal disclosure, group exercises and opportunities for feedback from the group.

Table 5.2 Paired Samples t tests: Group 1

		Paired Differences					t	df	Sig. (1-tailed)
		Mean	Std. Deviation	Std. Error Mean	90% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	FPC Pretest – FPC Posttest	32.00	48.87	28.21	-50.38	114.38	1.13	2.00	.190
Pair 2	PPAS Pretest- PPAS Posttest	-18.00	9.54	5.51	-34.08	-1.92	-3.27	2.00	.040*
Pair 3	PPAS Subscale A Pre – PPAS Subscale A Post	-10.67	5.51	3.18	-19.95	-1.38	-3.35	2.00	.040*
Pair 4	PPAS Subscale B Pre – PPAS Subscale B Post	-8.00	1.00	.58	-9.69	-6.31	-13.86	2.00	.002*
Pair 5	PPAS Subscale C Pre – PPAS Subscale C Post	-7.00	4.58	2.65	-14.73	.73	-2.65	2.00	.059*
Pair 6	PPAS Subscale D Pre – PPAS Subscale D Post	3.67	4.04	2.33	-3.15	10.48	1.57	2.00	.128

* $p < .10$

Nine themes were identified by the process of data coding and are reported below (Table 5.3). Three themes emerged from the pre-intervention interviews (a) a focus on child behavioural problems, (b) self-criticism, and (c) availability of social support. Post-intervention themes were six in number; (a) focus on relationship, (b) self-validation, (c) a preference for an informal presentation style, (d) liked participant parent/child videos, (e) disliked adult role play, and (f) negative self-perception. The above themes were collapsed into the following categories of meaning; (a) attitudes to parenting, and (b) self-concept.

Table 5.3 Thematic Analysis of Group 1 Qualitative Data

Themes	Categories	Concepts*
Pre-Intervention		
Focus on child behavioural problems	Attitudes to parenting	Attitudes to parenting
Self-criticism	Self-concept	Self-concept
Availability of social support		
Post-Intervention		
Self-validation		
Preference for informal presentation style		
Liked participant parent/child videos		
Disliked adult role play		
Negative self-perception		

*In this instance the categories could not be further condensed

5.3.1 Concept A - Attitudes to parenting.

It was evident that prior to training, parents saw child obedience as the measure of their filial relationship, and some statements implied a sense of emotional distance between parent and child. All participants made initial statements such as "I think she's a bit clingy," and "I want to find better ways to get my kids to behave." Relationships appeared not to be seen as having importance in their own right, but rather as a means toward improving child behaviour:

> I am interested in finding out better ways to help my kids behave…(I'm also interested) in the whole relationship kind of thing. Because I do notice at home, em, you know, when I have them at home and I'm so busy doing the chores, that I don't have time to sit down and play with them, like I want to (Parent G1A Pre-Intervention Interview).

However, post-interventional statements were more relational in nature, e.g...

> So I was really interested in doing the course, and I found it had helped. I seem to be getting on with my Child of Focus a lot better, because I'm listening to him, which before I didn't: I dismissed him. And now I can take the time to communicate with him, if you like (Parent G1A Post Intervention interview).

Parents who completed training (n= 3) had found the concept of parenting through relationship rather than discipline a little strange at first, but gradually realized the value of empathy:

> I liked that it (filial play) wasn't about behaviour, you know, it was our relationship, you know. And that's what I need, because he's not a bold child, but we're a bit distant. And it's definitely bringing us together (Parent G1A Post Intervention interview).

> It was different. I thought that (the emphasis on relationship) was very strange at the start. It just takes getting used to…doing it (filial play) with the child, you know? I never heard of it before, but after doing it, I liked it (Parent G1B Post-Intervention Interview).

Conversely, some of those who withdrew (n = 5), did so in part because of objections to the child-led characteristics of filial play. Statements such as "You have to teach them," How will they learn?' and "he'll run riot if I don't stop him," were common at first. Social-class literature suggests that working class people are more inclined to parent authoritarianly and to submit to extended family influences concerning child-rearing (Argyle, 1994; Lyons, 2010). Lareau found that working class parents rely more on spontaneous rather than guided development of children, for which authoritative democracy is less important than a stable structured environment (Cheadle & Amato, 2011; Lareau, 2003). A post-intervention interview with the setting staff coordinator

indicated that two of the participants who withdrew from training declined to accept the child-centered philosophy. In one of those cases the parent's mother's disapproval was reportedly the deciding factor. The prevailing belief was that discipline and correction were parental duties, and that non-directive play would undermine the parent's authority, which would ultimately be harmful to the child.

5.3.2 Concept B - Self-Concept.

Prior to training, parents perceived themselves as having a two-fold problem; that the child's behaviour was problematic and that the reason for that difficulty was a lack of skill on the parent's part. The solution was assumed to be skill-based, that is, if the parents knew the correct parenting techniques, then the children would behave and all would be well. Behaviourism has much to offer parents in guiding child-rearing, and many parenting self-help books (Biddulph & Biddulph, 1998; Lindenfield, 1994) and television programmes advocate operant conditioning as an effective method of shaping behaviour. However, other characteristics of Group 1 parents suggest that behavioural methods may also be attractive to parents, because the role of relational intimacy is reduced. Parents with emotional developmental issues of their own may find behaviourism less threatening to their egos than empathic understanding. Accordingly, issues with self-concept were intimated in the qualitative data.

Poor self-concept was suggested by parents who seemed to harbour considerable self-doubt and a lack of confidence in their parenting ability. The causes of low self-confidence were difficult to ascertain, although weak familial relationships were hinted at in two cases:

> (Re: child's paternal grandfather)…he's brilliant. Two mornings (a week) they end up going with him to walk up to the park and things like that, and he's really very great with them. Having a relationship with their grandparents, even *one that I wouldn't have had as such*….(Parent G1A Pre-Intervention Interview).

> I'm very independent….*at home I'm kind of a loner*. I do my own thing; stay to myself. I'm friendly, but I do my own thing. I just get on with it. (Parent G1B Pre-Intervention Interview).

While issues of self-concept may have been caused by emotional distance within families in the above cases, most participants had a significant number of extended family members in their vicinity. Self-doubt and a lack of self-efficacy around parenting were more common within the group, and may have had other broader causes:

> There was one thing I was thinking. If it's one-to-one (play) with myself and my Child of Focus, if he gets distracted with other things, or are we together the whole time, or will he run off and is that ok? (Parent G1A Pre-Intervention Interview).

Issues of self-concept were especially implied in the degree to which parents were reluctant to discuss their filial relationships within the group. Parents were at ease reporting problematic child behaviour, perhaps because a child-focussed (as opposed to child-centred) approach bestowed psychological distance and thus perceived safety to those with feelings of parental deficiency.

There certainly was a reticence to be open within the group because participants appeared to fear disapproval from other group members. Such reticence probably had a restraining effect on the quality of group discussion in the first three weeks of training when the group numbers remained above seven:

> The one thing in the beginning, because it was such a big crowd (8 parents), kinda it was a little bit off-putting, but as the weeks went on, and we got a smaller group (3 parents), it was extremely relaxed and it was great… (Parent G1A Post-Intervention Interview).

Another example of the importance of maintaining public self-esteem was a homework exercise in week two of the programme, where parents had been asked to notice one new physical characteristic of their child, such as a freckle (Cohen, Wolf, Panter, & Insko, 2011). A week later, no parent had reportedly noticed anything new in their child, and the group's view was that as parents they knew their children too well to find anything novel. However, more candid feedback on this exercise followed in week nine. It transpired that parents felt that admitting to finding a freckle previously unnoticed and acknowledging same would have been a source of shame in front of other group members. There was a cultural expectation that parents should know their children to the point that the exercise was superfluous. This expectation of negative judgment did not reportedly extent to the facilitators.

A further suggestion of self-concept problems was the reluctance of parents to engage in role-play during training sessions. The role play exercise in week three involved one parent 'playing' while another practiced the filial play skills taught in weeks one and two of training. Five parents refused to role-play and two agreed to participate, but without enthusiasm. Indeed, all parents found the idea of adult role-play very threatening, describing it as "unnatural" and "strange" for two adults to play together even for didactic purposes. Based on the feedback of those who finished the training, parents found role-play in-group more stressful than adult/child play on video. One parent said "It just didn't feel right doing it," while another stated that, "It kind of took you back a bit." Even a video of the facilitators' role playing was seen as "strange." While parents spoke in terms of playing as being unfamiliar, which was no doubt true, there also seemed to be a fear of judgement by the other parents, which implies a vulnerable sense of self.

> The only thing I didn't like…was when I got down and me and S. were playing, you know as adult and child (role play). That made me embarrassed because I felt like, you know, I was doing it wrong (Parent G1C - Post Intervention Interview).

A feeling of inadequacy in parents was also common among those who engaged in video-taped play sessions. Four of eight parents ruled out conducting video-taped play-sessions. The reasons given in week three for this reticence was shyness, however, more fulsome feedback received in week ten centred on perceived negative evaluation. It seems that the greatest fear that participants had was that of performing any task in front of other group members. The other four parents conducted filial play sessions on video for replay at the following training session as per the Child Parent Relationship Training Manual (S. C. Bratton et al., 2006).

However, of the four parents who partook in electronically recorded play sessions, three of them were absent from the following training session, when video clips of their play sessions were shown to the group. Week ten feedback[5] indicated that the video replay in group was associated with an expectation of criticism and consequently the following training session was avoided. One parent, however, managed to overcome her fears and derive benefit from the video feedback:

> The whole video thing, I thought was brilliant, because of the fact I was doing it (filial play) with my Child of Focus. I thought, 'Oh no, he's not involving me,' and it wasn't until I saw the tape back that I realised that he was, and everything went well in it. That made me stronger for the next day, because I knew I could do it (Parent G1A Post-Intervention Interview).

Finally, another hint that undeveloped parental self-concept may have been an obstacle to training was a sense of distance in the language used to refer to their own children. For example, one parent said that 'he (3 years) doesn't involve me much,' and another

[5] Once the group number had dropped to three, anxiety about talking in a group appeared to diminish significantly.

mother said, ‘she seems like a good child, really,’ as if referring to someone not well known to her. In the above comments, although tentative, there is a suggestion of puzzlement or surprise in the parents remarks as if their children were other adults, dimly perceived, and not well understood.

> You can see; look he’s loving me (points to child who is present). There’s a new thing now. When he comes home from his father, he’s actually excited to come home to me, and sadly he was never excited, but now he’s actually excited to come home, you know, which is definitely new (Parent G1C - Post Intervention Interview).

5.3.3 Summary of Group 1

Group 1 findings suggested that parents found the experience of learning non-directive filial play difficult. Parents were wary of the non-directive style of play used in Child Parent Relationship Training (CPRT), because the prevailing cultural beliefs were that children should be instructed and their behaviour directed as the occasion arose. Two of three parents who completed CPRT training found working in a group challenging, apparently because of low self-esteem and an expectation of being embarrassed upon making a mistake (Corey and Corey, 2002). Parents also reported that busy family lives and situations arising (such as illness or a need for babysitters) in the extended family system, made it difficult to adhere to a home-based filial play schedule. Significant problems arising within the family seemed to be treated as crises, which caused attention to other commitments to be postponed.

5.4 Group 2 - Quantitative Results

The Shapiro-Wilk test indicated that the distribution of both test scores were normal

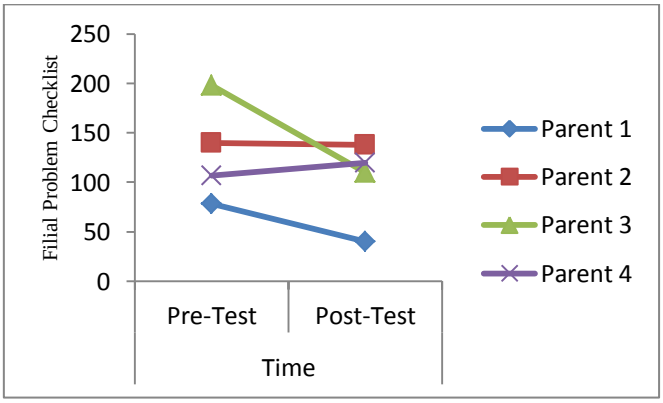
(Table 5.4) . Given a normal distribution, the paired sample t-test was the appropriate statistic with which to measure for statistically significant differences in means.

Table 5.4 Tests of Normality – Group 2

	Shapiro-Wilk		
	Statistic	df	Sig.
FPC_ Pretest	.973	4	.858
PPAS_Pretest	.834	4	.178
FPC_ Posttest	.862	4	.266
PPAS_Posttest	.945	4	.682

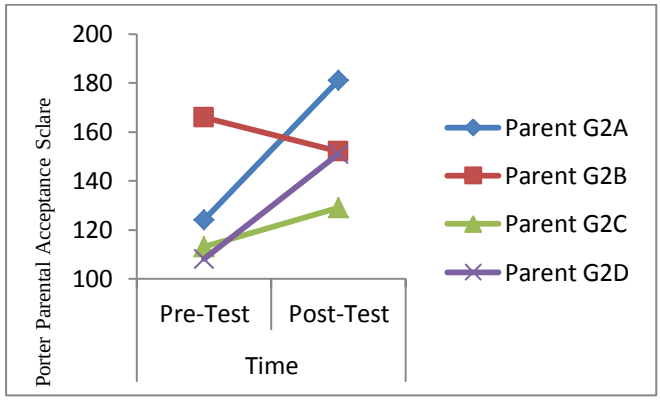
The Filial Problem Checklist pairwise result (M = 28.75, SD = 44.92) was non-significant, t(3) = 1.28; p < .145, (one-tailed), d = 0.63 suggesting the number of child behavioural problems did not significantly decrease as a result of filial play training, however, mean raw scores suggested a trend towards decreasing filial problems and a corresponding increase in parental acceptance of the child. The Filial Problem Checklist mean raw score pre-test was M = 131 and post-test M = 102, which represents a decrease of 21% (n = 4). Cohen's d shows a medium effect indicating some change in the hypothesised direction (Figure 5.4).

Figure 5.4 Filial Problem Checklist – Group 2



The total Porter Parental Acceptance Scale (M = -25.50, SD = 31.35) global score was significant, t(3) = -1.63; p < .101, (one-tailed), d = -0.82. PPAS subscale findings were as follows; subscale (a) respect for child's feelings, t(3) = -1.12; p < .173, (one-tailed), d = -0.57, d = -0.57 ,subscale (b) valuing the child's uniqueness, t(3) = -.62; p < .289, (one-tailed), d = -0.33, subscale (c) recognizing need for autonomy, t(3) = -1.73; p < .090, (one-tailed), d = -0.89, and subscale four (d) unconditional love for the child, t(2) = 1.68; p < .096, (one-tailed), d = -0.87. The global PPAS score and subscales (c) and (d), were statistically significant (Figure 5.5).

Figure 5.5 Porter Parental Acceptance Scale – Group 2



Measurement of Empathy in Adult-Child Interaction (MEACI), scores were not available for Group Two due to corrupted video data files for post-intervention sessions. Five parents had participated in pre-intervention video play sessions, one of whom left the group (G2D) because of feelings of shame (reported below). The five pre-invention MEACI videos had a mean score of M = 36.

Table 5.5 Paired Samples t Tests: Group 2

		Paired Differences					t	df	Sig. (1-tailed)
		Mean	Std. Deviation	Std. Error Mean	90% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	FPC Pretest – FPC Posttest	28.75	44.92	22.46	-24.11	81.61	1.28	3	.145
Pair 2	PPAS Pretest – PPAS Posttest	-25.50	31.35	15.68	-62.39	11.39	-1.63	3	.101*
Pair 3	PPAS Subscale A Pre – PPAS Subscale A Post	-5.75	10.31	5.15	-17.88	6.38	-1.12	3	.173
Pair 4	PPAS Subscale B Pre – PPAS Subscale B Post	-3.25	10.44	5.22	-15.53	9.03	-.62	3	.289
Pair 5	PPAS Subscale C Pre – PPAS Subscale C Post	-8.50	9.81	4.91	-20.05	3.05	-1.73	3	.090*
Pair 6	PPAS Subscale D Pre – PPAS Subscale D Post	-7.75	9.25	4.63	-18.64	3.14	-1.68	3	.096*

* $p < .10$

5.4.1 Group 2 - Qualitative Findings

A thematic analysis was effected on group transcripts using grounded theory. Six themes emerged from this qualitative data, which consisted of post- intervention interviews with five group members, notes taken after training sessions and notes taken after the (one month) follow-up group feedback session. These themes were (a) parental self-care, (b) changes in child behaviour, (c) well-being of child, (d) anger, (e), empathy, and (f) self-doubt.

The above six themes were collapsed into the following categories of meanings based on common threads of meaning; (a) child welfare, (b) parental support, (c) affect, and (d) self-concept (Table 5.6). For coherence, these categories were further collapsed into two main concepts: (a) child welfare, and (b) parental self-concept, and these categories are discussed in Section 5.2.2. Each theme is discussed in turn below followed by a summary which centres on the two concepts.

Table 5.6 Thematic analysis of Group 2 qualitative data

Themes	Categories	Concepts
Parental self-care	Parental support	Parental self-concept
Anger	Affect	
Empathy	Self-concept	
Self-doubt		
Changes in child behaviour	Child welfare	Child welfare
Well –being of child		

5.4.1.1 Theme A - Parental Self-Care

The strongest theme which emerged was self-care for parents. Parents regarded the group as a social support and some parents expressed a strong need for additional support. Three of five parents who completed training spoke of the group being

supportive and they emphasized the value of getting some time to themselves. For example:

> Oh, I loved it, and that interaction with the group, because when you meet parents like, when I meet parents at the school, it's a case of 'fine, how are you,' you don't, you really don't want them knowing your business either, but it's very good, the fact that it's confidential, because I was worried about that as well. I'd chat to you, but I'd like to keep my business.… (Post-Intervention Interview – Parent G2C).

> Oh, I did like it, I did, yeah. There was nothing like that for parents, before. It was always for kids. There was nothing (Post-Intervention Interview – Parent G2E).

It seemed that parents, to some extent, viewed the training group as a support group for parents and a social outlet, in addition to a setting for child-parent relationship training. In part, it seems that participation in Child Parent Relationship Training constituted positive care-seeking behaviour by parents.

Parent G2C said that:

> I'd love more sessions, because it's good to be in a group with people who know how you're feeling, you know, and they can sympathise or empathise with you. I found it very good (Post-Intervention Interview – Parent G2C)

However, the parent who left half way through the training reported that although:

> I like getting out of the house for a while and doing something for myself… I don't want too many people knowing my business. I know you need to trust everyone, but I don't trust everyone (Post-Intervention Interview – Parent G2D).

5.4.1.2 Theme B - Changes in Child Behaviour

Notwithstanding the emphasis on empathy and relationship in Child-Parent Relationship Training, parents continued to value concrete changes in child behaviour as the measure of CPRT success. Comments included:

> And a big jump for him, since he finished school, that he's actually going to the toilet by himself, and no wetting. There's no more wetting. I'm just really, really delighted about it, how my child of focus has come on. I can't believe the change in him (Post-Intervention Interview – Parent G2A).

Parent G2C said that her son's 'behaviour while I was doing it (filial play) was brilliant,' while parent G2B's daughter who had been afraid of sleeping following a fire safety talk at school was now finding it:

> Easier to go to sleep. No problem going asleep. No problem. Before she was very anxious about going to sleep. She was afraid that the house would go on fire. She doesn't mention that any more (Post-Intervention Interview – Parent G2B).

Parent G2E who was poorly compliant with the programme and appeared to daydream through much of the training sessions, felt that child behaviour had not improved much:

> They won't do exactly what I tell them to do or nothing…And he wanted to take the blocks and everything to bed with him last night as well. I had arguing with him over it. Grand if he takes it to bed until he falls asleep. When he finished, he brought them down and put them into the box again. I had trouble with him, trying to put him back into bed again. So as to keep him quiet while he's going to bed maybe. (Post-Intervention Interview – Parent G2E).

Parent G2D experienced the unusual situation whereby her son explicitly refused to behave well because he blamed his mother for the absence of his father.

> He says it was all my fault; 'I should ring his Daddy and bring him back,' and things like that. He says he's not going to be good until his Daddy comes back. If I bring his Daddy back, he'll be good, but until then, he'll be bold.

5.4.1.3 Theme C - Well-Being of Child

Parent G2A spoke of her child being 'calmer' and seemed to view the behavioural benefits of child calmness as the measure of success rather than focus on the subjective well-being of the child. However, while Parent G2A may have seen a reduction in anger as a behavioural improvement, calmness in a previously angry child, also suggests that the child was feeling subjectively better.

5.4.1.4 Theme D - Anger

Anger was mentioned repeatedly by Parent G2A who self-reported as being depressed at the outset of training. During the post-intervention interview, she emphasized that she was much calmer than before Child-Parent Relationship Training, and that as a consequence, her son was also much calmer. In this case, extant anger had diminished:

> I don't get angry anymore….I'm mellowing, I don't get angry…it's making life a lot more easy…when you're calm yourself.' (Post-Intervention Interview – Parent G2A).

Parent G2E, during her post intervention interview, seemed passively angry towards the facilitators. She said that the course was too short, that the sessions should also be longer and that feedback given to the facilitators should be in essay format as is done in 'college'. The participant in question had reported a Junior Lever education during the intake interview, so that college essays were unlikely to be her actual desire. The researcher sensed a criticism in these comments, which may have been an unconscious and indirect appeal for more support in her life.

> Twas a bit short. If it was just 3 hours or maybe more. The hour and a half was a bit short; you wouldn't learn much really out of it. If you had a couple of more hours extra, you would learn more, from it …
>
> … Like when you expect to do a course, you expect at least a couple of months. Doing a course like that, and doing your own feedback with them as well, like doing an essay or something like that, in it, like they do at college or anything like that (Post-Intervention Interview – Parent G2E).

Parent G2D also discussed anger at length. This parent had only attended half of the sessions but agreed to meet for feedback. It transpired that the filial play sessions had facilitated the expression of anger in her son, who resented that his father was absent from his home:

> He got his feelings out, which was good for him, obviously…angry, sounding very disappointed in me. It was all my fault (Post-Intervention Interview – Parent G2D).

The child blamed his mother for his father's absence and reportedly reminded her of this constantly.

> And he brought up the things that happened at home, the fighting and stuff, the physical ones. He brought up that as well. That's the part, I can't deal with. Because he only remembers me hitting back (Post-Intervention Interview – Parent G2D).

The child blamed her entirely for this situation, although reportedly his father was violent and was the subject of a restraining order. Her son's angry behaviour was apparently a consequence of negative role modelling:

> He's been hitting a lot, with his friends, a lot lately. Lashing out at them. He put an eight-year old crying, lately. He hit him with one of his toys out the back and he was bawling. He doesn't realise he's doing any wrong. I say, 'what are you doing.' And he doesn't realise he's doing anything wrong. He remembers and he thinks that's the way to do things, you see? His Dad did it that way (Post-Intervention Interview – Parent G2D).

This mother left the training group because she felt unable to continue due to her son's anger towards her. However, she continued with filial play sessions at home and made herself available for post intervention feedback. The apparent contradiction of continuing filial play at home, was not because of her son's anger, per se, but because Parent G2D was ashamed of being blamed for her ex-partner's absence, and this shame prevented her discussing the matter in-group. She felt angry at the unfairness of her needing support, but being unable to ask for help; she also felt trapped and powerless to change her circumstances. In particular, she felt that she was judged harshly by health professionals:

> Dr. X. in Limerick. She said something to me a couple of weeks ago. She said, basically, I was doing all this myself. I asked her if it was my fault. She said you'd have to look at it. She did say it was my fault. But she said before you go… go to a psychologist. Thanks! (sarcastically) You know what I mean? Here are people and they can judge me. They don't have a clue what I went through. They read it in books. They don't know because they haven't gone through it themselves. And she made me feel horrible. (Post-Intervention Interview – Parent G2D).

5.4.1.5 Theme E - Empathy

There was some indication of an increased understanding of the value of empathy among parents. While there was recognition that filial play was effective, the measure of success was usually that of positive behavioural change. Filial play was described by Parent G2B as being 'very powerful' and which led to 'a different way of thinking.' Statements which perhaps implied a nascent empathy included; 'he's looking into my eyes now (Parent G2A), and 'a lot came out about how he was feeling' (Parent G2C). Concerning seeing herself playing with her child on video, Parent C said,

> That was brilliant to see, because I wouldn't have realized how close we were either; that's good to know, that we had such a good connection. (Post-Intervention Interview – Parent G2C).

However, one parent had mixed feeling about her son expressing his emotions to her. Parent G2D reported she returns to her son's anger:

> I'm glad he's getting he's feelings out. And I don't want to sound selfish or anything else. I'm just not ready for the fighting part…I feel so guilty (Post-Intervention Interview – Parent G2D).

Parent G2D was torn between her desire to facilitate her son's anger, and the child's conviction that she was to blame for his father's absence:

> The child remembers that it wasn't my fault, but he keeps telling me it's my fault (Post-Intervention Interview – Parent G2D).

Nonetheless, Parent G2D continues to empathise with her son:

> The minute he talks about his Dad, tears come into his eyes. I feel like a bitch, to be honest with you…when I see tears coming into his eyes, that's when I get upset (Post-Intervention Interview – Parent G2D).

Some simple changes in parental behaviour can be quite effective in strengthening filial relationships and building empathy. Parents are taught in filial play to stoop down to the child's physical level in order to indicate that care and attention are being given to

the child. For some parents in filial play training, eye-level contact was a newly learned behaviour. Parent G2B alludes to eye-level attention giving when she reports;

> The fact that you'd actually bend down to her to talk. I find that now even in the bed, she'd call you in and if she was getting up, she'd want you to bend to her, to her level. She knows that I'm kind of listening (Post-Intervention Interview – Parent G2B).

Parent G2C reported that her son began to express feelings in filial play, which were not usually evident:

> Yeah, he had this fear, and it surprised us, like, a lot came out about how he was feeling (Post-Intervention Interview – Parent G2C).

The 'surprise' referred to in the above statement suggests a shift in the filial relationship that facilitated emotional openness on the child's part. That openness, in turn, implies that filial play had, as is intended, increased the empathic understanding of mother towards son.

> Brilliant, yeah. But since I stopped doing it, he's gone aggressive. You know, back to…not as bad as he was (Post-Intervention Interview – Parent G2C).

5.4.1.6 Theme F - Self-Doubt

Self-doubt was apparent with some parents. Many parents had a poor opinion of their own parenting skills. The staff co-ordinator of the Group 2 setting commented on one occasion, that for some parents Child Parent Relationship Training would be successful if only it succeeded in getting parents to play with their children on the floor. She explained that cultural beliefs in some families give rise to the view that children play amongst themselves and that adults do not participate.

Parents sometimes expressed self-doubt around the non-directive method used in CPRT, given that a didactic approach to child-rearing is prevalent in Irish society (INTO, 2006; Sherling, et al 2009; Walsh, 2004). Parent G2D refers below to the effect

that relinquishing control had on her son, which was to facilitate his expression of anger at his father's absence:

> I'm just not ready for the big, the fighting part. I can talk about it, grand. I don't know what to do… It was just me. I was too nervous, too scared and embarrassed. I wasn't ready. And I wanted to do it and I felt horrible, then, because I didn't do enough. (Post-Intervention Interview – Parent G2D).

Other aspects of the qualitative data which may point to self-doubt was the fact that graduating parents ceased performing filial play sessions after the training ended, even though they all reported positive effects. The post-intervention group feedback session revealed that parents used the 'teachers' (facilitators) approval as motivation to comply with training protocols, effectively using extrinsic factors to prompt them to fulfil training requirements.[6] Parents said that they found it difficult to continue with filial play sessions once contact with the facilitators ended. All five parents present at the follow-up meeting reported having ceased the play sessions, while simultaneously claiming that they and their children had derived benefit from filial play.

There was, furthermore, a fear of negative judgement expressed, which may be correlated with self-doubt. Both Parents G2D and G2C emphasised a fear of criticism by other group members and an initial lack of trust in the group. Parent G2C overcame this fear, while Parent G2D ceased attending in part from a reluctance to disclose her son's anger towards her, to the group. It seems that Parent G2D felt that group members might replicate the health professional's response and hold her accountable for her filial difficulties (see above). Such self-doubt however points to the possibility that shame may be a factor which mediates parental compliance with filial play training. Shame proneness as a possible pertinent construct is discussed in Chapter Seven.

[6] Parents declined to give permission to have this meeting electronically recorded.

5.4.2 Group 2 - Concepts

As per Table 5.6 above, the six themes just described, i.e., (a) parental self-care, (b) changes in child behaviour, (c) well-being of child, (d) anger, (e), empathy, and (f) self-doubt, were condensed conceptually into two broader concepts, i.e., a) child welfare, and b) parental self-concept.

5.4.2.1 Concept A - Child Welfare

The principal learning from Group 2 concerning child welfare is that parents, prior to training, viewed child welfare in terms of child behaviour. The belief appeared to be that if children are behaving in accordance with parental expectations, then it follows that the children are also subjectively well. The understanding that behaviour mirrors subjective well-being is of course reasonable and empirically sound. However, the behavioural approach to child rearing does leave open the possibility that children may comply with adult authority in order to avoid punishment or earn privileges, while hiding subjective unhappiness. In a sense, behaviourism takes the view that good behaviour leads to happiness.

The humanistic approach assumes the opposite directionality, i.e., that happiness leads to good behaviour. Hence, Child Parent Relationship Training (CPRT) focuses on increasing empathy by the parent for the child and assumes that child difficulties will be resolved as a consequence of a strengthened filial relationship.

The parents in Group 2 were all primarily concerned about their children with the possible exception of Parents G2E and G2F. Parent G2E, described above, was non-compliant with training and seemed to be self-absorbed, while Parent G2F, who left training prematurely, appeared to be overwhelmed by her problems. In these two cases,

it is likely that the parents had insufficient personal resources to manage their difficulties and also to attend emotionally to their children. All parents, however, tended to see control and discipline of their children as the solution to their filial difficulties.

Following CPRT, there were indications that parents appreciated the importance of their children's emotions as reported under the theme 'Empathy' above. Some parents appeared to appreciate a correlation between validating the emotionality of their children and the children's behaviour. However, it is not clear to the researcher that an explicit understanding of the influence of empathy was achieved. It seemed that parents accepted the efficacy of CPRT as having beneficial effects on child behaviour on a pragmatic level, rather than their reaching a higher level of filial understanding.

5.4.2.2 Concept B - Parental Self-Concept

It is noted that two of the themes concerned the parents primarily and not their children, i.e., self-care and self-doubt. Filial play, as a person-centred non-directive intervention is aimed at increasing parental acceptance of the child via an increase in empathy, thus increasing the well-being of the child. Accordingly, the researcher had looked upon filial play primarily as a method of addressing in an indirect way the relational issues which contribute to childhood unhappiness. When children are happy, child problems also decrease thus improving the parent's quality of life also; such was the assumed directionality of therapeutic benefit. To date, the researcher's assumption was that parental benefits arose in this indirect manner; however, the results of Group 2 indicated a need for greater direct parental support. Parents expressed a need for social support and direction in order to maintain motivation to engage in filial play. Given that self-care was the qualitative theme most frequently touched upon, a review of the training content seemed appropriate.

In retrospect, it may have been that in Group 1, some of those exiting from the training programme left, in part, due to insufficient attention to wellbeing of the parents. Given the exploratory nature of this study, the modifications of the Child Parent Relationship Training (CPRT) programme following completion of Group 1 training, were effected on a pragmatic basis. Given analysis of Group 2 findings, a broader theoretical rationale for those changes appears to emerge. That is, the compliance of parents with CPRT seems to be largely contingent upon their own level of stress in conjunction with their personal psychological resources. Those parents who had low self-confidence and self-worth may have found the responsibility of a weekly commitment to filial play sessions, too much to manage. Those parents in Group 2 who completed training were able to conduct play sessions with on-going facilitator contact, but were unable to sustain the play when training ended. The researcher's conclusion is that parental personal development issues needed to be addressed in future training with a view to increasing the resilience and autonomy of parents.

Concerning the theme of parental 'anger,' no overt anger was expressed to the facilitators. However, Parent G2E seemed to be restrained by passive anger. She was notable for a considerable amount of day-dreaming during sessions and so was not particularly attentive to the training. Perhaps her being part of a group held significant value for reasons other than filial play training, and that was why she resented the group ending. It was perhaps relevant that this parent was especially adult-centred in her interactions and references to her child. She had not availed of the optional coaching sessions and reported having conducted only four of the seven required play sessions, one of them during the evening whereat the child fell asleep. There was a sense that the role of empathy in parenting had not been grasped and that behavioural

control of her children was her desired goal. For example, in the post-intervention interview she said, 'they won't do exactly what I ask them to do or nothing.' This mother seemed to harbour a degree of resentment towards her children; there was a sense that she felt unfairly burdened by them. It is assumed that these behaviours were unconscious on her part and reflected a deep unhappiness with her circumstances. Consequently, it is likely that her criticism of the group structure was founded on a disappointment that a useful support was ending, rather than any actual dissatisfaction with the training. It is recalled that one of the Group 1 members who withdrew after three sessions, also gave a criticism of the programme as her reason and then declined to give any further feedback. There may be a pattern emerging among some parents who leave training prematurely, to find fault with the training as a rationalization of their cessation. However, it is also possible that the program as presented was lacking in some respects, and that the parent was dissatisfied, but did not articulate that dissatisfaction verbally.

While misdirected anger may explain why some parents withdrew from training, others remained in the group but displayed an ambivalent stance towards the programme. Self-doubt may be a reason that some parents were inconsistent in conducting play sessions, i.e., perhaps if one does not fully comply with training protocols, then any shortcoming in positive results can be apportioned to the CPRT application rather than any self- perceived deficit in the parent.

5.4.3 Summary of Group 2 Findings

Group 2 findings suggested that Child Parent Relationship Training (CPRT) was effective for all five parents who completed training, while in contact with the trainer. While quantitative results were mixed in significance, all parents reported beneficial

changes in child behaviour and subjective improvements in their own sense of well-being. However, parents stopped conducting filial play sessions when training ended and gains in child well-being and behaviour was lost. At the follow-up meeting (two months later), all five parents explicitly stated that they could not continue with filial play without external encouragement and emotional support, which suggested that a client-centred approach was appropriate, but also that insufficient support had been provided on this occasion (Ceballo and McLoyd, 2002; Geens, 2012).

The researcher had avoided addressing parents individually concerning attendance and attention in class, in order to respect and not embarrass the parents. However, Rogers' (1964) person-centered approach advocates being 'real' with clients in order to build authentic relationships. On reflection, perhaps it would have been more effective had the researcher been more open about these matters.

5.5 Group 3 – Quantitative Findings

Interim findings from Groups 1 and 2 indicated that parents seemed to be low on self-esteem, whereby in some cases parents were shy to engage in group exercises, and they sometimes refused to conduct a play session on camera. Accordingly, it seemed prudent to begin measuring self-esteem to ascertain if esteem might be a prohibiting factor in parental engagement with training. The Rosenberg Self-Esteem was introduced for this purpose (M. Rosenberg, 1990). Some suggestions were also apparent that shame-proneness might also be a confounding factor; parent G2D, in particular, had ceased attending the group because of her feeling that other's would judge her negatively for her perceived failings in parenting. The Compass of Shame Scale (CoSS) was added to the protocol to test if indeed shame might need to be

considered in training parents (Elison, 2006a). These two additional measures have been described in the Method chapter, and the constructs will be discussed in Chapter Seven.

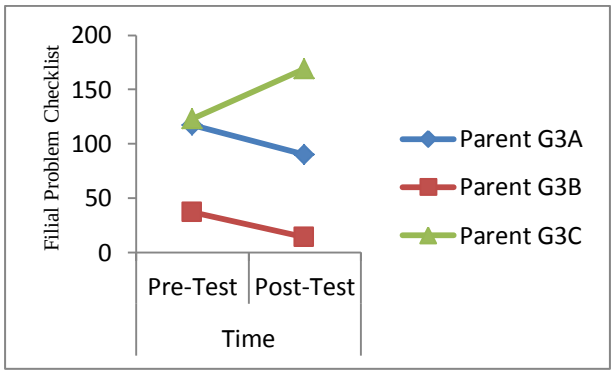
The Shapiro-Wilk test of normality indicated that the Filial Problem Checklist (FPC), the Porter Parental Acceptance Scale (PPAS), and the Compass of Shame Scale (CoSS) met the requirements for normality (Table 5.7). Accordingly, a paired sample 't' test was used for analysis, however, the Rosenberg Self-Esteem Scale failed the normality test and, consequently, the equivalent non-parametric Wilcoxson was used.

Table 5.7 Tests of Normality – Group 3

	Shapiro-Wilk		
	Statistic	df	Sig.
FPC Pretest	.802	3	.119
PPAS Pretest	.842	3	.220
Rosenberg Pretest	.750	3	.000
CoSS Pretest	1.000	3	1.000
FPC Posttest	1.000	3	.979
PPAS Posttest	.985	3	.767
Rosenberg Posttest	.964	3	.637
CoSS Posttest	.868	3	.291

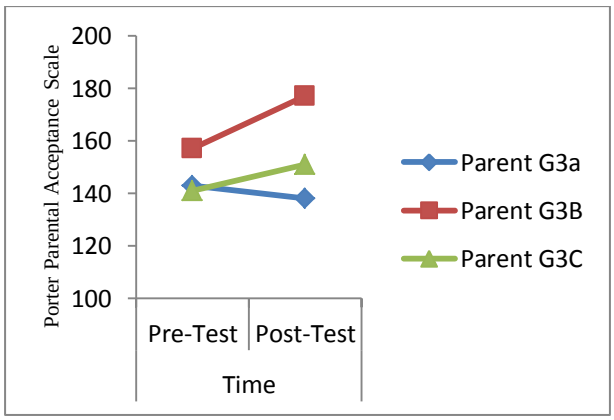
The FPC (M= 1.33, SD = 41.04) pairwise result was non-significant, t(2) = .06; p < .480 (one tailed), d = 0.89, suggesting the number of child behavioural problems did not significantly decrease as a result of filial play training. However, there was a decrease in mean FPC scores from $\overline{X}$ = 117 to $\overline{X}$ = 90, which the Cohen statistic indicates represents a strong effect (Figure 5.6).

Figure 5.6 Filial Problem Checklist – Group 3



The PPAS global score (M = -8.33, SD = 12.58) was not statistically significant, t(2) = -1.15; p < .185 (one tailed), d = -0.25, which suggests no change in parental empathy. PPAS subscale findings were as follows; subscale (a) respect for child's feelings, t(2) = -1.50; p < .136 (one tailed), d = -0.98, subscale (b) valuing the child's uniqueness, t(2) = -.50; p < .333 (one tailed), d = -0-002, subscale (c) recognizing need for autonomy, t(2) = -1.31; p < .160 (one tailed), d = -2.19, and subscale four (d) unconditional love for the child, t(2) = .000; p < .500 (one tailed), d = -0.28 (Table 5.8). Considering effect sizes, only subscale a) respect for the child's feelings showed any tendency towards change, but overall the Porter Parental Acceptance Scale indicates that parents' empathy for their children did not increase (Figure 5.7).

Figure 5.7 Porter Parental Acceptance Scale – Group 3



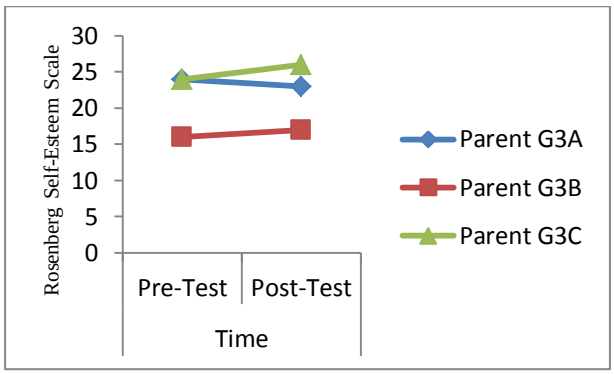
Two parents partook in pre-intervention video play sessions for research purposes. Parent (G3A) or Geraldo of the minor case study in Chapter 6, and parent G3E, the parent who left the group after week six (of twelve weeks). Geraldo scored 18 on the MEACI, while G3E scored 42. Neither parent was available for post-intervention videos; Geraldo coincidentally returned to the country of origin immediately after the last training session.

The Rosenberg Self-Esteem scale was added to the protocol with a view to ascertaining if parents who withdrew from training were lower on self-esteem than those who remained . No intervention intended to raise self-esteem was effected (Figure 5.8).

Table 5.8 Paired Samples t tests: Group 3

		Paired Differences				
		Mean	Std. Deviation	Std. Error Mean	90% Confidence Interval of th	
					Lower	U
Pair 1	FPC Pretest – FPC Posttest	1.33	41.04	23.69	-67.86	
Pair 2	PPAS Pretest – PPAS Posttest	-8.33	12.58	7.26	-29.55	
Pair 3	PPAS Subscale A Pre – PPAS Subscale A Post	-10.00	11.53	6.66	-29.44	
Pair 4	PPAS Subscale B Pre – PPAS Subscale B Post	-.67	2.31	1.33	-4.56	
Pair 5	PPAS Subscale C Pre – PPAS Subscale C Post	-2.00	2.65	1.53	-6.46	
Pair 6	PPAS Subscale D Pre – PPAS Subscale D Post	.00	8.00	4.62	-13.49	
Pair 7	CoSS Total Pretest – CoSS Total Posttest	-14.33	10.60	6.12	-32.20	
Pair 8	CoSS Avoidance Subscale Pre – Post	-4.67	4.51	2.60	-12.27	
Pair 9	CoSS Attack Self Subscale Pre – Post	-3.67	2.31	1.33	-7.56	
Pair 10	CoSS Withdraw Subscale Pre – Post	.33	6.66	3.84	-10.89	
Pair 11	CoSS Attack Other Subscale Pre – Post	-4.33	5.86	3.38	-14.21	
Pair 12	CoSS Adaptive Behaviour. Subscale Pre – Post	-5.33	2.31	1.33	-9.23	

* p < .10**Figure 5.8 Rosenberg Self-Esteem Scale – Group 3**



The Rosenberg Self-Esteem scale was correlated with reported levels of filial problems (FPC) and with parental acceptance of the child (PPAS), in order to see if higher self-esteem levels correlated with less problems or with greater acceptance (Table 5.9). Correlations were two-tailed because low self-esteem could cause a parent to remain in a group as well as leave. That is, feelings of inadequacy which can be activated by perceived failure may result in either withdrawal from the group or isolation within the group. Due to the Rosenberg data failing a test of normality, the non-parametric Spearman's rho correlation was used. However, no statistically significant correlations were present.

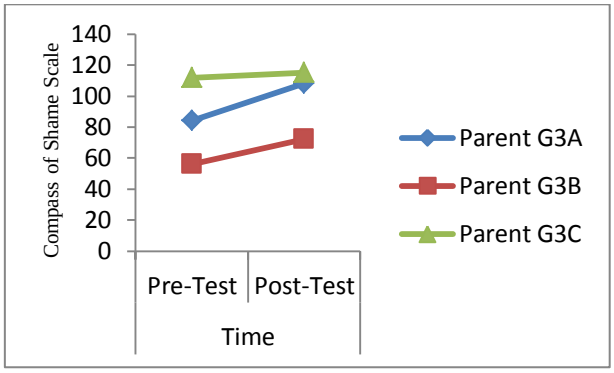
Table 5.9 Correlations – Group 3

Spearman's rho		Rosenberg	FPC	PPAS
Rosenberg	Correlation Coefficient	1.00	-.47	-.13
	Sig. (2-tailed)	.	.17	.72
	N	10	10	10
FPC	Correlation Coefficient	-.47	1.00	.13
	Sig. (2-tailed)	.17	.	.73
	N	10	10	10
PPAS	Correlation Coefficient	-.13	.14	1.00
	Sig. (2-tailed)	.72	.75	.
	N	10	10	10

There was no intervention intended to alter parents' levels of shame-proneness. As with the Rosenberg self-esteem scale, it was hypothesised that shame might have been a

cause of parents withdrawing from the training prematurely. However, some statistically significant pretest-posttest results were found. The CoSS global score (M = -14.33, SD = 10.60) was significant, t(2) = -2.34; p < .072 (one tailed), d = -1.49. The CoSS 'attack self' subscale was significant, t(2) = -2.75; p < .055 (one tailed), d = -1.786. The CoSS 'adaptive behaviour' subscale was significant, t (2) = -4.00; p < .028 (one tailed), d = -16.20. The adaptive behaviour scale measures the person's healthy responses to a shame-inducing situation, and such a strong adaptive effect size in conjunction with a significant score for shame-proneness is interesting and discussed in Chapter 7 (Figure 5.9).

Figure 5.9 Compass of Shame Scale – Group 3



The Compass of Shame Scale (CoSS) was also correlated with the FPC and PPAS in order to ascertain if a sense of shame might impact on filial relationships (Table 5.10). Results were non-significant although a positive correlation between more shame and more filial problems was approached; r = 0.612, N=3, p < 0.060. A negative correlational relationship appeared between shame and parental acceptance of the child; r = -0.152, p < = 0.674. Therefore, although no statistical significance was found, the directionality of relationship was as hypothesised.

Table 5.10 Correlations - Group 3

Pearson's	CoSS	FPC	PPAS

	Pearson Correlation	1	.613	-.152
CoSS	Sig. (2-tailed)		.060	.674
	N	10	10	10
	Pearson Correlation	.613	1	.188
FPC	Sig. (2-tailed)	.060		.603
	N	10	10	10
	Pearson Correlation	-.152	.188	1
PPAS	Sig. (2-tailed)	.674	.603	
	N	10	10	10

Because of a high withdrawal rate from Group 1 (5/8) and Group 2 (3/8), the principle hypothesis guiding the addition of a self-esteem scale and a shame-proneness scale was that those parents low in self-esteem and/or high in shame would experience less favourable outcomes in filial play training. Accordingly, it was also instructive to examine any possible correlation between the above constructs and the pattern of withdrawing parents.

An independent 't' test was computed between the Compass of Shame Scale and the presenting status of participants. Five parents who attended at least five training sessions were distinguished from the other five (N = 10) who attended an assessment interview, but who did not present for training at all. These two groups were dichotomised for SPSS purposes, i.e., attending parents = 1 and non-attending parents = 2. Levene's test of homogeneity of variance indicated an equality of variance, however no significant difference between groups was found; $t(8) = -1.087$, $p < 0.339$. The mean CoSS score for attending parents was $\overline{X} = 91$, while those who did not present had a mean CoSS of $\overline{X} = 112$. Cohen's d effect size for this correlation was d = -0.667, which is a medium sized effect and which is suggestive of a meaningful if not statistically significant negative relationship between shame and engagement with filial play training.

A Wilcoxson Rank sums test for non-parametric data was computed to see if self-esteem was related to attendance, with the hypothesis that higher self-esteem would correlate with greater attendance. Results approached statistical significance; U = 5.00; p = .075. Once more, while not significant, given the small sample size (N=10) and attendant power issues, these findings may be indicative of a meaningful relationship between self-esteem and attendance at training.

5.5.1 Group 3 Qualitative Findings – Interviews

Of the five parents who began Group 3 training, three parents made themselves available for pre-intervention, mid-intervention and post intervention interviews. The following analysis was based on the experiences and feedback of two parents, G3B and G3C. (Parent G3A was exceptional and will be presented as the first of two case studies in Chapter 6). The thematic analysis yielded seventy-three themes which were reduced to twenty-eight categories and further condensed to ten concepts (Table 5.11). Those ten concepts are; (a) authoritarian parenting, (b) vulnerability, (c) empathic relationship, (d) inferiority, I anxiety, (f) non-directive parenting, (g) ecology, (h) contentment., (i) personal growth, and (j) reflective commitment. The concepts are presented below in a sequential manner as they arose temporally across the interview period in order to give a sense of evolving parental concerns as the filial play training progressed, e.g., 'authoritarian parenting' is the first concept noted which reflected the initial prevailing parenting style while the more person-centred concept, 'reflective commitment' appeared in the third round of interviews. Due to the multiplicity of themes, the qualitative findings for Group 3 will be reported at the level of 'concepts.'

Table 5.11 Thematic Analysis of Group 3 Qualitative Data

Themes	Categories	Concepts
Parents G3B & G3C Interview 1 Behavioural focus[7] Child well-being Measured by behaviour	Parenting 1[8]	Authoritarian parenting 1
Protective towards children Authoritarian parenting	Strictness 1	
Determination	Determination	
Fear of judgement	Fear of judgment 2	Vulnerability 2
Intimacy	Intimacy 3	Empathic Relationship 3
Strictness	Strictness 1	
Self-doubt Self –criticism Low self-esteem	Inferiority 4	Inferiority 4
Confidentiality Child insecurity	Fear 5	Anxiety 5
Puzzlement	Uncertainty 5	
Interview 2 Non-directive behaviour Child-centred approach Non-directive parenting Child-centred approach Curiosity	Child-centred 6	Non-directive parenting 6
Empathy Empathic Understanding Symbiosis of parental and child well-being	Empathy 3 Child-centred approach 6	
Boundaries Autonomy Nurture	Environmental Influence 7	Ecology 7
Quality time Enjoyment	Fun 8	Contentment 8
Differences Consideration of others	Community orientation 7	
Openness Willingness Learning Knowledge	Openness to learning 9	

Table 5.11 Thematic Analysis of Group 3 Qualitative Data (continued)

[7] Colour coding indicate which themes were clustered to form a given category
[8] The numbers indicate which categories contributed to which concepts

Themes	Categories	Concepts
Language Embarrassment Awareness Fear of embarrassment Not knowing	Vulnerability 2	
Self-care Parental support	Importance of support 3	
Openness to learning Willingness to explore Desire to learn Eagar to learn	Desire to learn 10	
Surprise Insight Expectations	Intrapersonal knowledge 10	
Integration Self-care Trust Increased confidence	Personal Growth 9	Personal Growth 9
Empathy Child-centred approach Relationship	Empathic relationship 3	
Community Group dynamics	Community 7	
Anxiety	Anxiety 5	
Interview 3 Enjoying filial relationship Authoritative parenting Child empathy	Empathic relationship 3	
Parental benefits Calmness Satisfaction	Parental satisfaction 8	
Reflection Giving choices	Reflexivity 10	Reflective commitment 10
Commitment	Commitment 10	
Relationship Trust Enjoyment Ease	Empathic Relationship 3	

5.5.1.1 Concept A – Authoritarian Parenting

Parent G3B felt that it was necessary to be a strict parent because of the dangers in the neighbourhood in which she lived[9], which was prone to a high level of drug related crime:

> I'd be strict in a certain way, because of their age group and where they are. You know, but… they're in bed at a certain time. Other people might think that that's strict. That's their routine. That's my daughter, she thinks she can just take off and go to the shops, and that's ten minutes' walk from my house, and I wouldn't allow it. I don't want them venturing out like that at that age. No one knows what they'll find (G3B Interview 1).

Parent G3C seemed conflicted as to how to parent her child. On one hand, she appeared to believe that strictness was the correct approach to child-rearing, but she was unsure of her judgement:

> I am strict, you know, sometimes I feel that I'm not very very strict. Sometimes, I think I should be. You know? (Parent G3C Interview 1)

5.5.1.2 Concept B – Vulnerability

Parent G3C, in her speech and body language, displayed considerable anxiety which may have migrated to her daughter:

> Yeah, like, if I.... I can't go to the shop and she, she thinks I'm never coming back (Parent G3C Interview 1).

> That came, out of nowhere, because before if you go to the loo, she wouldn't be bothered. Now she'd be afraid of a jacket hanging on the back of a door. She's thinks it's a man, I don't know…it's a fear that she never really had (Parent G3C Interview 1).

There was also apprehension as to the confidentiality of the objective measures used:

> Where will they go, like? (refers to objectives measures completed just before interview) [Parent G3C Interview 1].

5.5.1.3 Concept C – Empathic Relationship

[9] The primary school principal recounted to the researcher that in the past some children had walked past people shot dead in gangland feuds, on their way to school.

There is a clear shift from Parent G3B's prior emphasis on behaviour to a greater appreciation of the affective aspect of the filial relationship:

> I thought at first when we were doing the questionnaires and we had seen the first week, I thought it was going to be more like Incredible Years[10] like. The behaviour – but it isn't; it is more play and the surroundings than what to do (instruction) with the child. It is more like their emotions and their abilities rather than how to achieve – to do their – to do it for them (G3B Interview 2).

The parent also speaks of generalizing her empathic learning to everyday life:

> Yeah, just with my child I would be more kind of – not leading – but like that now, if we were to do play, we would do play and that would be – do you know – what we have to do, but if I had to do it outside it (the structured filial play session), I think that everything is after rubbing off on me what I had done. And I still do it (use filial play skills), even though it is outside the place (play session). So, it is making me more confident in what I am doing and saying around, rather than half peeling the potatoes and kind of saying 'Oh yeah, that is a lovely picture,' but looking at the potatoes. I would stop and give the child, the 30 seconds (focused attention) and do that for them, do you know? (G3B Interview 2).

There is, furthermore, a recognition that behavioural change has occurred as a consequence of the application of increased empathy by the mother for her son:

> But now, he has kind of toned down and calmed down an awful lot. Whereas, because he knows that I am there and encouraging more and bringing him on more to do it, do you know? (G3B Interview 2).

In Interview 2 above, it was seen that Parent G3B had begun to relate to her son in a more empathic and less authoritarian manner. There was in interview three, some evidence that her son had also begun to empathise with his sister by taking her needs into consideration:

[10] A parenting programme which places greater emphasis on practical training for parents and behavioural parenting techniques (Incredible Years, 2009).

> He is a lot more calmer as well with – like playing, he always – would share with everybody or would leave them to play but if he was interested in doing something he would kind of start, you know, if my sister – if she came in, if my daughter came in and he would be like 'No, go away you (sister), I want to do this.' Whereas now he would be like 'I will do it tomorrow with you, if you leave me to do it now' (Parent G3B Interview 3).

Initially Parent G3C spoke of being very strict, but a softening of her filial relationship can be discerned from the quotes below:

> I don't know – it is interesting – every week like – it is good that I can sit and play with my daughter and she knows – because sometimes I have said to her 'We will do this' and maybe I don't go back and do it but this (filial play session) is the one thing where she knows that we finish in 30 minutes and she knows that we will go back. And the good thing is I have been able to stick to the same day, same time. And she knows that, you know (Parent G3C Interview 2).

> Yeah, like there is things that – we play – we play and then all of a sudden, she wants to play I Spy and hopscotch. And I got a letter this morning saying she has this speech – I don't know the word – but kids who have this speech tend to want to play I Spy and you know. And I am like 'This is weird' because all of a sudden, she did want to start playing this and before I would say – my own family – I would say 'Well no, we haven't got time to sit and do this.' Not for this long and when I do, now, she is happy and there is a big change because she knows that everything is being kept and everything is good and there is a big difference from when she started school, I couldn't take her to my mother's sometimes because five minutes and she would kick off. Now, she will sit, she will colour and she will do – you know – and I have seen a lot of change in her and I know it is good for her (Parent G3C Interview 2).

In Interview 1, Parent G3C spoke of using 'strictness' as a means of parenting and coping with her daughter's fears. However, in this interview there is a sense of togetherness; one gets the impression of mother and daughter engaging in a shared experience:

> Yeah, because I knew after we done the first training – I knew it was going to be good for us, so it was good to keep it... (Parent G3C Interview 3).

> Yes, it was good to be able to do something, the two of us, you know (Parent G3C Interview 3).

Filial play builds trust in children by means of having regular scheduled play sessions, which are not interrupted and wherein the parent gives the child focuses attention and unconditional positive regard. A dearth of routine and organisation in some families from disadvantaged areas may well lead to background anxiety in children. This parent grasped the importance of reliability and reported performing all play sessions on time and to schedule:

> Yeah, because I knew after we done the first training – I knew it was going to be good for us, so it was good to keep it (to be consistent with play sessions)... (Parent G3C Interview 3).

5.5.1.4 Concept D – Inferiority

While she was clear on protecting her children from harm, Parent G3B displayed a more complex profile with regards to her self-concept. On one hand, she implied a degree of comfort with intimacy:

> Myself and my friend are very close, anyway. I have three good friends and my sisters as well (G3B Interview 1).

But, nonetheless, Parent G3B declined to partake in video-taped play sessions, which suggested a lack of self-confidence (see below) (Lee, Tinsley and Bobko, 2002; Rosenberg, 1965). Corey and Corey (2002: p. 128) point out that ' a fear of looking stupid,' and a fear that 'others will judge me,' are common fears of group members. Her position on camera work did not change as the training progressed, even though she did not miss any training sessions and diligently took notes in addition to the hand-outs provided. Parent G3B appeared to rationalise her reluctance to be video-taped by projecting her fears on her child:

> Yeah. Not videoing, now. I wouldn't be up for the video (G3B Interview 1).

> I know, it is just that my child would throw me off because I would think that he would be nervous. I would be frightened in case he did and then – because I know myself I would start saying 'Oh come on, do this, or why don't you do that.' Whereas, he should be doing the play, do you know (G3B Interview 1)?

Of course, her overt fears may also have been simply true or her reluctance may have been related to prior neighbourly relations with other group members.

5.5.1.5 Concept E – Anxiety

Overall, Parent G3C's manner was of great uncertainty and anxiety. She gave the impression of a person for whom nothing can be taken for granted, not even her own opinions or views. Self-doubt seemed to pervade her life at this time (Interview 1). Her anxiety was apparent in most of her narrative, but there is a hint of increased confidence as a result of attending filial play training. Parent G3C was remarkable in her persistence despite her anxiety levels:

> I don't know – it is me, I don't have confidence to sit in a room with other people and it helped, not probably for you, but to me that there was only five. It didn't work out that way for you but I felt more comfortable with the people that were there. Because I like them (Parent G3C Interview 2).

> But not because I didn't like it but because – my own confidence – I wouldn't have felt like I would have spoke at all (Parent G3C Interview 2).

> I would always be hesitant about even starting something like this – but now I don't think I would be so hesitant, in the future, you know. So, it did help me a lot (Parent G3C Interview 2).

5.5.1.6 Concept F – Non-Directive Parenting

A definite trend towards non-directive parenting emerges, which is quite significant given the high degree of control over her children that Parent G3B demonstrated prior to filial play training:

> …when they are playing even other activities outside I would be more inclined to leave him and kind of take a step ahead of me and leave me to watch (Parent G3B Interview 3).

> Yeah, like I mean, I know I keep saying it but she really knows that when I say something to her now - that we will go back and do it. She trusts me more now. That I will go back and do it. So, it is a lot easier to take her away from something and - so that - she knows that if I say we will go back and do it, we will, so that... (Parent G3B Interview 3).

5.5.1.7 Concept G – Ecology

Because this parent (G3B) did not volunteer to perform a filial play session on video, she was asked if she would have had preferred individual instruction in filial play to group training. However, she was clear in expressing a preference for group work:

> Yeah, I would say most people would learn, because you learn more from what other people are saying and what they talk like – G3A was saying last week about how much his son had done talking (child had a developmental language delay), how much he was talking, he (father) couldn't get a word in. A lot of kids are like that, so you kind of learn different things from different kids, kind of (Interview 2).

> I thought it (group size) was better smaller rather than bigger because everybody kind of got a chance to speak and give their opinion (G3B Interview 2).

Parent G3C seemed to be people oriented, which again was interesting given the extent of her anxiety in the company of other people:

> I like being able to – listening to everyone else as well. How, the group – what the playing was like and – you know. When they ask you questions, they mean it, they don't – they only know how you got on and it is sincere (Parent G3C Interview 2).

> Yeah, my boyfriend, every time I go home, I show him the folder and I am trying to explain. But I have so much to tell him that it is not coming out. So, it is like – read the folder… Yeah, he is really interested (Parent G3C Interview 2).

> Yeah, my sisters – I tell them and my mother, I tell them… my sister would have been interested in it and she said like she would have been interested in doing it (Parent G3C Interview 2).

5.5.1.8 Concept H – Contentment

A key indicator of empathic relationship is that of contentment within the filial relationship. The mother in this case used the concept of 'calmness' to indicate a relationship which seems to be easy and enjoyable for both mother and child:

> It keeps me more calm, I think, and interested in the child rather than on myself. Where before I would be rushing in to do things and telling them what to do - whereas now, I am leaving them to take a step before me… I am more relaxed, with them as well in what they are doing (Parent G3B Interview 3).
>
> Yeah, she is enjoying it (filial play) and I am - so it is just like part of my Monday now - so I do it every Monday (Parent G3B Interview 3).
>
> Yeah, it is a lot easier, when she is frustrated to calm her down and you know, because I know what how to go about it, now what way to speak to her. And so it is a lot easier to calm her down and you know - she calms down a lot easier (Parent G3B Interview 3).

One of the aims of Child Parent Relationship Training is to teach empathic relationship via filial play with the hope that new relational skills will generalize to everyday life. The statement below suggests that this goal has been achieved with Parent G3C:

> Yeah, she is enjoying it and I am - so it is just like part of my Monday now - so I do it every Monday (Parent G3C Interview 3).

As mentioned above, it is possible that the child in this dyad was fearful, in part at least, because Parent G3C was herself quite anxious. As the parent gained in confidence, her child also became calmer:

> Yeah, it is a lot easier, when she was frustrated, it was hard to calm her down and you know, because I know what way I used to kind of go about it, now what way to speak to her. And so it is a lot easier to calm her down and you know - she calms down a lot easier (Parent G3C Interview 3).

5.5.1.9 Concept I – Personal Growth

Concerning the personal development element, parent G3B grasped the main point of personal development vis a vis parenting, that is, that a parent who takes care of herself

has more resources to offer her child:

> Yeah, it is good, a lot of people – well me personally, I know that if – to start something I think you need coaching like that for yourself, to know that you can do it rather than just jumping in. Like I said at the deep end and then starting and not knowing where you are starting or how to do it and jumping in then. Kind of not knowing what to say or how to go about it, and you are emotionally stressed then from it. So, it is easier to kind of get the practice and build yourself up a bit more I think, is it? (G3B Interview2).
> …And it is true, if you are down, your child is going to feel down. If you are kind of in a place like that and not interested or bothered in what they are doing. Because that is the way you are feeling – but if you build yourself up and look forward to it….(G3B Interview 2)

Parent G3B demonstrates a love of learning and was especially interested in the training notes provided each week:

> The notes I think – the notes and the video. Mostly the notes because you could always read back on it, during the week and kind of bring back and refresh – during the week we might do the play on the Monday. So, I always read back over on the Sunday or the Monday just to kind of bring me back up on what we have been talking about on the Wednesday. So, the notes would probably be helpful, yeah (G3B Interview 2).

A desire to learn is clearly evident from the quotes below, as is an excitement and surprise that she is competent to engage in spite of her own self-doubt:

> I am really interested and I didn't think I would be (Parent G3C Interview 2).

> I was like 'I will try it for the first week and see and then I was surprised that I was.

> And I am surprised every week. I find when I am coming out I am like 'Oh shit, time to go back in' I like it, I am surprised actually because last week I was like 'God, I wish we had another hour' (Parent G3C Interview 2).
> To be able to read back on it and stuff at home, sometimes – and refresh my memory (Parent G3C Interview 2).

> But on a Wednesday I am like – there is a spring in my step because I know I have somewhere to go and what I want to do (Parent G3C Interview 2).

Following feedback from the first two groups, it became apparent that more emphasis

was needed on supporting parents while in training. Accordingly, Group 3 had been extended to twelve sessions and personal development topics were introduced, including self-esteem and motivation. This programme modification is discussed further in Chapter 7. Parent G3C seems to have benefited from the personal development material:

> Yeah, it would be good – because it is good for me to get out of the house as well. That every week I have something to do that I enjoy. And that we can take…(Parent G3C Interview 2).
>
> I really surprised myself like – I didn't think I would be interested but the more I got into it, the more…(Parent G3C Interview 2).
>
> So, it was good that I came in here totally not having a clue. And not knowing what to expect (Parent G3C Interview 2).
>
> Yeah, it (personal development component of training) helped me because I remember the first few weeks I didn't want to speak up. And the first place it should have been done in a group or I was mentally preparing myself for it, the whole morning, coming out. I have to sit and I have to talk and I have to tell.. But after that, I am totally comfortable with talking in a group and…(Parent G3C Interview 2).

5.5.1.10 Concept J – Reflective Commitment

Parent G3C had an understanding of her vulnerabilities, but was also learning more of her strengths. It was notable that she remarked how her perfect attendance at filial play training was the only course that she ever finished:

> I don't know – it is me, I don't have confidence to sit in a room with other people and it helped, not probably for you, but to me that there was only five. It didn't work out that way for you but I felt more comfortable with the people that were there. Because I like them… to me, it felt more comfortable, probably then I would have – if everybody else did turn up. I would probably not have come back (Parent G3C Interview 2).
>
> I am only stopping myself, it is me – I don't think I would be able to sit (video work) and someone is watching. I know my child wouldn't mind – five minutes and after that she would be fine – but it is me – that I would be like…(Parent G3C Interview 2)

> Yeah, at the start – I just – probably the first thing I have ever finished constantly going and so far, you know. For me, that is an achievement for me because even in school if I miss one day – or you know- with this I haven't so far (Parent G3C Interview 2).

5.5.2 Summary of Group 3 Findings

Objective measures noted a mean decrease in child difficulties, but no overall increase in parental empathy for the child, although a significant increase in 'respect for the child's feelings' was found. Quantitative findings were also suggestive of a positive relationship between self-esteem and engagement with filial play training. Similarly, a negative relationship was seen between shame-proneness and commitment to the programme. These latter results indicated tentative support for the working hypothesis that the psychological profile of parents entering Child-Parent Relationship Training (CPRT) might have had a significant bearing on outcomes irrespective of the efficacy of CPRT per se.

Qualitatively, a significant shift in outlook and behaviour can be seen in Group 3 parents. Parent G3B was confident at the outset, but changed her parenting from an authoritarian style to a more empathic reflective mode, which the very anxious parent G3C gained significantly in confidence and finished the course with great hope for the future, in spite of facing many difficulties in life.

5.6 Group 4 –Quantitative Findings

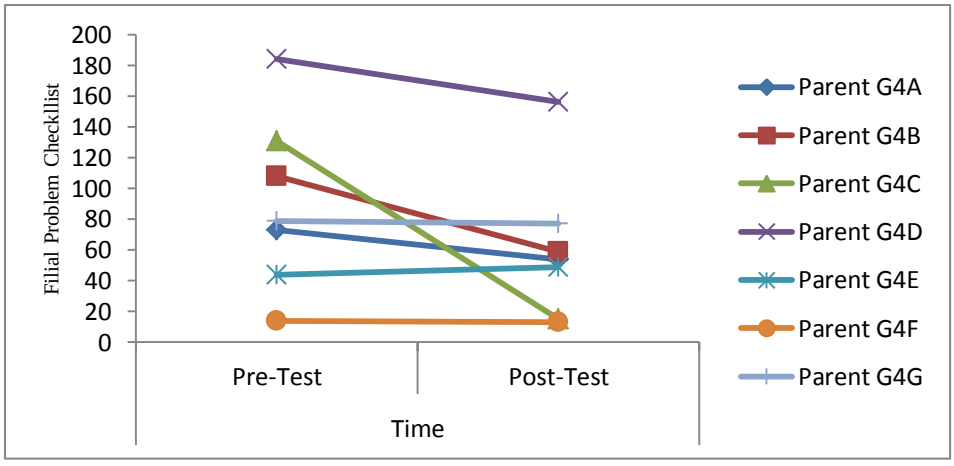
The Shapiro-Wilk test of normality indicated that the Filial Problem Checklist (FPC), the Porter Parental Acceptance Scale (PPAS), the Compass of Shame Scale (CoSS) and the Rosenberg Self –Esteem Scale (RSES) all met the requirements for normality, their having a significance level in excess of $p > .05$ (Table 5.17). Accordingly, parametric paired sample 't' tests were used for analysis (see Table 5.19).

Table 5.17 Tests of Normality – Group 4

	Shapiro-Wilk		
	Statistic	df	Sig.
FPC Pretest	.984	7	.976
PPAS Pretest	.959	7	.806
Rosenberg Posttest	.935	7	.597
CoSS Posttest	.891	7	.280
FPC Posttest	.860	7	.151
PASS Posttest	.978	7	.950
Rosenberg Posttest	.966	7	.872
CoSS Posttest	.914	7	.423

The Filial Problem Checklist (FPC) pairwise result was significant, t(6) = 1.88; p < .055 (one tailed), d = 0.68, suggesting that the number of child behavioural problems did significantly decrease as a result of filial play training (Table 5.19) (Figure 5.10).

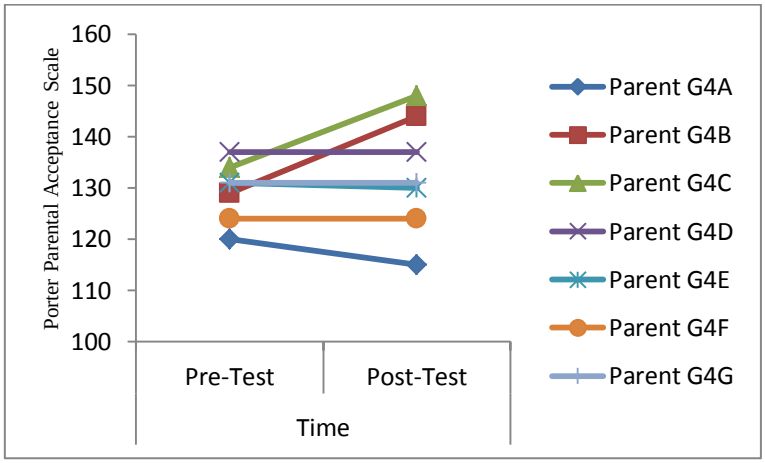
Figure 5.10 Filial Problem Checklist – Group 4



The Porter Parental Acceptance Scale (PPAS) global score was not significant, t(6) = -1.10; p < .156 (one tailed), although Cohen's d = -0.52, suggests a medium effects and perhaps some change in parental empathy. PPAS subscale findings were as follows; subscale (a) respect for child's feelings, t(6) = -1.90; p < .053 (one tailed), d = -0.1.05, subscale (b) valuing the child's uniqueness, t(6) = .27; p < .398 (one tailed), d = 0.46,

subscale (c) recognizing need for autonomy, t(6) = -2.17; p < .036 (one tailed), d = -1.06, and subscale four (d) unconditional love for the child, t(6) = .92; p < 395 (one tailed), d = 0.51. Subscales (a) and (c) were significant, but overall the Porter Parental Acceptance Scale shows mixed support for an increase in parental empathy (Figure 5.11).

Figure 5.11 Porter Parental Acceptance – Group 4

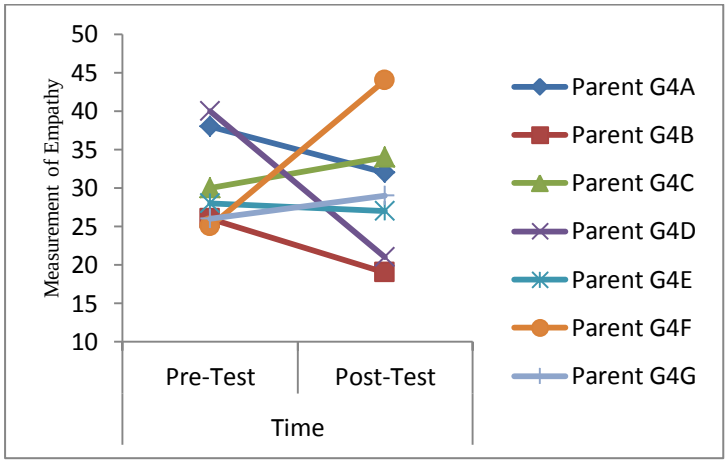


Seven parents in Group Four provided Measurement of Empathy in Adult-Child Interaction (M= 1.11, SD = 11.57) data and accordingly SPSS was used to compare means (Table 5.18). The result was not significant, t(6) = .23; p < .414 (one tailed), d = 0.06. Some individual mean differences are interesting (see Figure 5.12). Parent G4F (Parent 1) scored 25 on the pre-test and 44 on the post-test, in spite of poor attendance and her acknowledging that few filial play sessions were conducted at home. Major case study parent Karen (G4A) scored 38 on the pre-test and 32 on the post test, which is in considerable contrast to the qualitative data (see Chapter 6). A large decrease in pretest posttest scores is seen for Parent G4D which, in her case, may mirror an initial enthusiasm for CPRT followed by disillusionment (Figure 5.12). These anomalies will be discussed in Chapter 7.

Table 5.18 Paired Samples t Tests MEACI – Group 4

		Paired Differences					t	df	Sig. (1-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	meacipre - meacipst	1.00	11.58	4.38	-9.71	11.71	.228	6	.414

Figure 5.12 Measurement of Empathy in Adult Child Interactions – Group 4



As was the case in Group 3, the Rosenberg Self-Esteem scale was administered (M = -2.57, SD = 4.04) with a view to understanding if low self-esteem was an issue for some participants. Pretest-posttest scores were not significant, $t(6) = -1.69$; $p < .143$ (one tailed), but Cohen's $d = -0.67$, indicated a medium effect, suggesting that self-esteem for some rose over the course of training Figure 5.13).

Figure 5.13 Rosenberg Self-Esteem Scale – Group 4

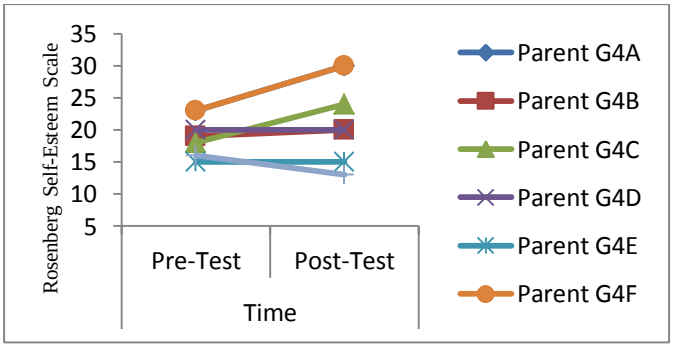


Table 5.19 Paired Samples t tests: Group 4

		Paired Differences					t	df	Sig. (1-tailed)
		Mean	Std. Deviation	Std. Error Mean	90% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	FPC Pretest – FPC Posttest	30.00	42.29	15.99	-1.06	61.06	1.88	6	.055*
Pair 2	PPAS Pretest – PPAS Posttest	-3.29	7.87	2.97	-9.06	2.49	-1.10	6	.156
Pair 3	PPAS Subscale A Pre – PPAS Subscale A Post	-3.86	5.37	2.03	-7.80	.08	-1.90	6	.053*
Pair 4	PPAS Subscale B Pre – PPAS Subscale B Post	.43	4.20	1.59	-2.65	3.51	.27	6	.398
Pair 5	PPAS Subscale C Pre – PPAS Subscale C Post	-2.86	3.48	1.32	-5.42	-.30	-2.17	6	.036*
Pair 6	PPAS Subscale D Pre – PPAS Subscale D Post	2.00	5.77	2.18	-2.24	6.24	.92	6	.197
Pair 7	CoSS Total Pretest – CoSS Total Posttest	17.00	20.93	7.91	1.63	32.37	2.15	6	.037*
Pair 8	CoSS Avoidance Subscale Pre - Post	3.86	7.15	2.70	-1.40	9.11	1.43	6	.101*
Pair 9	CoSS Attack Self Subscale Pre - Post	6.86	8.82	3.33	.38	13.34	2.06	6	.042*
Pair 10	CoSS Withdraw Subscale Pre - Post	5.00	5.83	2.20	.72	9.28	2.27	6	.031*
Pair 11	CoSS Attack Other Subscale Pre - Post	1.29	6.75	2.55	-3.67	6.24	.50	6	.316
Pair 12	CoSS Adaptive Behaviour Subscale Pre - Post	-.57	6.53	2.47	-5.37	4.22	-.23	6	.825
Pair 13	Rosenberg Pretest – Rosenberg Posttest	-2.57	4.04	1.53	-5.54	.39	-1.69	6	.143

* $p < .10$

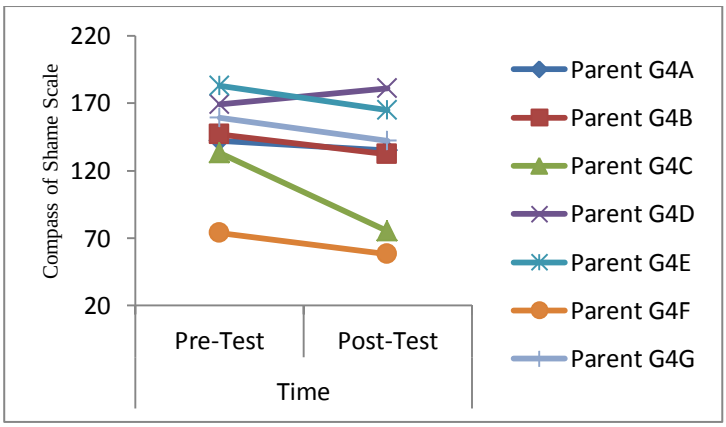
The Rosenberg Self-Esteem scale was correlated with reported levels of filial problems (FPC) and with parental acceptance of the child (PPAS), in order to see if higher self-esteem levels correlated with fewer problems or with greater acceptance. Pearson bivariate correlations indicated non-significant relationships (see Table 5.20).

Table 5.20 Correlations – Group 4

Pearson's		Rosenberg	FPC	PPAS
Rosenberg	Pearson Correlation	1	-.338	.115
	Sig. (2-tailed)		.339	.751
	N	10	10	10
FPC	Pearson Correlation	-.338	1	.478
	Sig. (2-tailed)	.339		.162
	N	10	10	10
PPAS	Pearson Correlation	.115	.478	1
	Sig. (2-tailed)	.751	.162	
	N	10	10	10

The Compass of Shame Scale (CoSS) (M =17, SD = 20.93) global score was significant, t (6) = 2.15; p < .037 (one tailed), d = 0.93. The CoSS 'avoidance' subscale score was also significant, t (6) = p < 101 (one-tailed), d = 0.61. The 'attack self' subscale score was statistically significant, t(6) = 2.06; p < 042 (one tailed), d = 0.86. Finally, the CoSS 'withdraw' subscale score was also significant, t (6) = 2.27; p < .031 (one tailed), d = 1.106 (Figure 5,14).

Figure 5.14 Compass of Shame Scale – Group 4



The Compass of Shame Scale (CoSS) was also correlated with the FPC and PPAS in order to ascertain if a sense of shame might impact on filial relationships. Results were non-significant (Table 5.21).

Table 5.21 Correlations – Group 4

Pearson's		CoSS	FPC	PPAS
	Pearson Correlation	1	-.059	.051
CoSS	Sig. (2-tailed)		.871	.889
	N	10	10	10
	Pearson Correlation	-.059	1	.478
FPC	Sig. (2-tailed)	.871		.162
	N	10	10	10
	Pearson Correlation	.051	.478	1
PPAS	Sig. (2-tailed)	.889	.162	
	N	10	10	10

An independent 't' test was computed between the Compass of Shame Scale and the presenting status of participants. Seven parents who attended at least seven training sessions were distinguished from the other three (N = 10) who attended up to three session and then withdrew. These two groups were dichotomised for SPSS purposes, i.e., attending parents = 1 and non-attending parents = 2. Levene's test of homogeneity of variance indicated an equality of variance, and a statistically significant difference in means was detected; $t(8) = -3.109$, $p < 0.014$.

An independent 't' test was also computed between the Rosenberg Self-Esteem Scale and the presenting status of participants to ascertain if low self-esteem might be correlated with premature withdrawal from the programme. However, self-esteem did not appear to be a significant factor; $t(8) = -.540$, $p > .604$.

5.6.1 Qualitative Findings

Due to the quantitative power issue mentioned above, in group four the data gathering emphasis was shifted to qualitative data gathering. In particular, a case study of one group member was conducted via interviews which were conducted in parallel with the Child-Parent Relationship Training (CPRT) training sessions. The intention of the case study was to explore the participant's underlying psychological issues with the intention of identifying confounds to training which might also apply to participants who departed training prematurely. The case study was, therefore, aimed at probing in depth the hypothesis that social class and parental characteristics might confound the efficacy of CPRT

In addition to the case study, post intervention interviews were conducted with six parents who finished training, primarily with a view to ascertaining which aspects of the training appealed to them or not, and to see if any further modification of the training was necessary.

Eleven parents registered for Group Four training, but two did not begin the course and two others left by week three. All remaining seven participants finished the programme and six of these presented for post-intervention interviews. Analysis of the six participants who made themselves available for post-intervention interviews focussed on the pragmatics of the modified Child Parent Relationship Training protocol, with a view to ascertaining if the hypotheses of the study had been addressed, and if solutions to confounds to training had been resolved. Accordingly, the post-intervention interviews were chosen for analysis. As before themes were condensed to categories and distilled further into concepts. The thematic analyses for each parent are synthesised in the table of all six parents is presented below (Table 5.22).

The eleven categories produced were (1) parenting style, (2) adult-centred perspective, (3) child-centred attitude, (4) ambivalence, (5) shame (6) self-efficacy, (7) self-doubt, (8) parental personal growth, (9) empathic understanding, (10) filial play programme efficacy, and (11) child well-being. The categories were reduced thematically to nine concepts, i.e., (a) parenting style, (b) adult-centred perspective, (c) child-centred attitude, (d) ambivalence, (e) self-concept (f) parental personal growth, (g) empathic understanding, (h) filial play programme efficacy, and (i) child well-being.

Table 5.22 Thematic Analysis of Group 4 Parental Interviews

Themes	Categories	Concepts
Becoming authoritative Child's father remains authoritarian Shift to authoritative parenting Authoritative parenting Letting-go of control Is praising the effort, not the product Has become more flexible through play Authoritarian parenting Parental anger Shift from authoritarian to authoritative parenting	Authoritarian parenting A Authoritative parenting A	Parenting Style A
Adult-centred goal Parental ego-centricity Sees child as partly responsible for slippage Child is insecure Ego-centric parent Adult centred perspective Adult-centred outlook	Adult-centred perspective B	Adult-centred perspective B
Allows child freedom to choose Is willing to change parenting style to assist son Generalised filial play skills Child-centred awareness Shows respect for child Has become child-centred in play Is more child centred Is more present to the needs of her son Developing child-centred awareness Found the group supportive Increased awareness of the importance of her child's development Initial gains lost Coaching sessions were beneficial	Child-led Approach C	Child-centred attitude C
Ambivalent parenting Sees need for more flexibility Is considering empathic approach Poor compliance with filial play training	Ambivalence D	Ambivalence D

Table 5.22 Thematic Analysis of Group 4 Parental Interviews (continued)

Themes	Categories	Concepts
She competes with her children for attention Resents husband Feels unwanted by others Competes with own children Sees child insecurity as a test. Vacillating between child's needs and her own	Parental Immaturity D	
Journaling subject to husband's review Feels shame about filial problems Had fear of judgement by group members Parent has experienced much shame Concerned about what others will think Feels shame when hearing of other parents with a strong filial bond Shame was an issue prior to PD work Shame used to cause avoidance in groups	Shame-proneness E	Self-concept E
External locus of control Lack of perceived authority	Self efficacy E	
Inclined towards self-doubt: Am I doing it right?	Self-doubt E	
Found hope for child's difficulties with filial play Had previously engaged in personal-development work Increase level of self-care through filial play Parental emotional maturation Self-awareness Resilience Felt safe in the group Intrapsychic awareness (re: having no aspirations for her son). Personal growth Increased self-awareness Increased self-confidence	Personal Development F	Personal Development F

Table 5.22 Thematic Analysis of Group 4 Parental Interviews (continued)

Themes	Categories	Concepts
Child's eyes are very expressive Can read child's non-verbal communication Wanted closer relationship	Empathic Understanding G	Empathic Understanding G
Stopped using timeout behavioural technique Closer relationship with mother and father Appreciation of empathy Using child-centred techniques Empathic understanding Relating own experience to child's Some empathy for child shown Accepts responsibility for resolving filial problems	Filial Play Programme Efficacy H	Filial Play Programme Efficacy H
Allow parents to work more for understanding in the group Found facilitator very supportive Would prefer more detailed notes Coaching sessions were invaluable Overcame shame which can inhibit group work Is generalising filial play skills at home	Filial Play Programme Efficacy H	
Undesirable child behaviour has ceased Child's nightmares have ceased. Child is less demanding Child has stopped teasing Child now dressing Himself Child aggression has stopped Child Insecurities diminished Less conflict at home Child is less aggressive Child is less shy	Child Well-Being I	Child Well-Being I

5.6.1.1 Concept A - Parenting Styles

Parent G4B came to filial play training specially to build on her relationship with her Child of Focus:

> 'Yeah, that's kind of what I need now', just kind of getting control with the kids again and building the relationship because I didn't have such a great such a great relationship with my younger child because he has sensory difficulties and I had to learn all about that and then just actually learning how to do the filial play has helped my relationship there. Even if I never knew anything about sensory it actually helped the relationship so that was a big bonus for me (Interview G4B).

Although this mother did perceive their relationship to be based upon behavioural control, rather than empathy:

> I wanted to gain control. I found that there was a lack of balance between myself and Child of Focus that Child of Focus was getting more control because of his condition and I wanted to regain control for the stability of our relationship so that I could be a guiding force for him, do you know what I mean, because I'm the parent (Interview G4B).

Timeout as a behavioural control is not advocated in filial play because the break in contact between parent and child can undermine rather than strengthen the filial relationship. Parent G4B had been using timeout prior to filial play training, but interestingly as her relationship with her son improved this technique feel into disuse:

> **Researcher: In terms of the timeout what was your thinking around not doing that and stopping the timeout?**
> Well the only reason I stopped the timeout was because I wasn't, I didn't need to use it. All along I was using timeout because I couldn't get through for behaviour and I thought by taking him out of the situation and letting him think, it wasn't really punishment, I know it sounds like punishment but what I was doing was he would be so bad, behaviour wise, that I'd remove him from the situation and I would say in a calm voice, I'd say 'Child of Focus you have to sit there now for three minutes' and I said 'I'll tell you when your three minutes are up' and I'd always do then like, you know, you have to say sorry to whatever party you offended and then, you know, make sure that he knows I love him and we'd hug and sometimes he would refuse to get off the step, he didn't want to get off it but that hasn't been used, it just hasn't (Interview G4B).

Parenting style appeared to shift form authoritarian to authoritative as Parent G4C adapted a more child-centred approach:

> …and I never realised that until recently. I would have just said it and they would have just done it. And it wasn't that I'd be saying 'No this is the way it's done', I'd have said 'We are doing this' and everybody would have just done it like… Even for myself I'm amazed now that I'm aware that I didn't think for a second that I was dogmatic or anything like (G4C Interview).

An apparent stoic approach to life had begun to influence her children also:

> It does like and my daughter would say, like last week she said to her aunt 'build a bridge and get over it'. What three and a half year old says that like (G4C Interview)?

Referring to the disappearance of her partner who had reportedly went abroad for work, but then declined to return to Ireland:

> It was a major shock yeah for me and her. I loved this (filial play) for her as well and I know that my anger and frustration; probably she is picking up on it. So the temper tantrums, the anger and now she's just not listening to a word I say, I have to tell her about 20 times (Pre-Intervention Interview G4E).

Parent G4E seemed to attempt to allay her anxieties and frustrations by adopting an authoritarian parental style by, for example, shouting a lot at her child:

> I know what I should be doing and shouldn't be doing to a degree I think but sometimes it very hard not to get frustrated you know. I shout at her more than I hit her. I don't like hitting her because I'm afraid if I hit her I won't stop because there are times where it's just through frustration but I'm a shouter and I'm trying to stop but, you know, we are working on it together. We shout at each other now (Interview G4E).
>
> I am getting to the stage now where I have brought out the wooden spoon and I have been threatening her to be honest. She is just not listening and I just don't know how else to get through to her. I really don't (Interview G4E).

There was a distinct lack of child-centred understanding at times, whereby this mother saw her daughter's behaviour as disobedience rather than being symptomatic of emotional distress:

> Oh yeah but there was occasions where she wouldn't eat her food and then I was like – eat our food – and then it was a struggle and then you had the little boy I was with, my friend's little boy, he was younger so she was acting up to him as well and if he wanted to be fed, she wanted to be fed and it just all tended to back track. That is what I was saying yesterday even though I know I am not it is like I am starting from scratch with her again. That is how it feels (Interview G4E).

> There is certain things going on and I need her to behave in one way and she is not and it is just getting really frustrating. There are a couple of things going now that have gone on in the last couple of days and I am like – shut up and stay quiet (Interview G4E).

5.6.1.2 Concept B - Adult-Centred Perspective

While some initial positive changes had occurred during the earlier stages of filial play training, Parent G4D then stopped conducting play sessions and the gains made were lost. It seemed that this mother did not like the attention to be taken off herself and she may have resented the child-centred emphasis of Child-Parent Relationship Training:

> Yes, kind of - well it has put a spotlight on me as well too, that it's not just him that has issues that - yes I have to be able to see him as different as well too, and this is - yes it's his personality, he wants to be dreamy, I need to take more time and let him do his own thing, but…
> …but yeah it's focusing on keeping committed to it (filial play); but it is keeping my own, as you say, self-esteem and motivation and what's my priority, whereas yes my priority wasn't - most of the time it was them, but the other side of the fence was yeah, getting the house clean, other times it was getting stuff either for work, or - it's kind of plays a balance, but they kind of want to be priority all the time.

It may be that some developmental issues exist for the parent that occasion a degree of competition with the child for centre stage:

> Yeah. I've been talking to my cousin and he's been talking about board games. So, I must - I've been looking into that as well, to us getting board games so that the whole family can play, because we were playing - excuse me - battleship and they kept cheating…

However, it is prudent to be cautious when inferring developmental issues in parents, given that many parents in filial play training are living under considerable stress, and life circumstances may occasion behaviour which is less than optimal. For example, parent G4G was a married woman whose husband had emigrated in order to secure

work. She missed two training sessions but attended for two coaching sessions and engaged with the training overall. Although Parent G4F supplied her personal journal for feedback, she was unable to attend a post-intervention interview. Her four year old son suffered from numerous bouts of physical illness and was reportedly anxious, for which she felt responsible:

> You get people then with their comments, 'Oh, aren't they always sick.' I feel that they're blaming me. Like what am I doing so wrong that they keep picking things up?

The child's anxiety was apparently occasioned by her Dad's departure to Australia to obtain work, some six months earlier. In this case, the family was still intact with daily contact via Skype. Parent G4F seemed to lack confidence and her parenting style may been authoritative; her verbal articulation during interview was sparse making it difficult to gain clarity on those points. However, while this mother was not available for post-intervention interview, she did return her personal journal which was informative concerning the weight of circumstantial difficulties with which she was coping while in training:

> I feel there's always bloody something. Last Tuesday my sister decided to take 25 tablets and end up in hospital and then the local mental hospital…then on Wednesday, I was up in court over a TV licence and this fellow had a seizure while I was there; thank God I had first aid, and then when I came home my son had a high temperature; the bloody tonsillitis came back again. So it's just one thing after another (Personal Journal, p. 19).

5.6.1.3 Concept C - Child-Centred Attitude

The non-directive nature of Child-Parent Relationship Training (CPRT) is often foreign to parents who fear that chaos will ensue as a consequence of relinquishing control. However parent G4B discovered the benefits of child-led play:

> Now I do feel the filial play is working, because I'm getting through to him. He knows that this is solely his time and I think what's working for him is the total and utter freedom of him being in charge because what he's done in filial play sometimes in the sessions is just for example I would be limiting sugar big time in my house, there isn't a bag of sugar in my house but if there is, at Christmas we get a bag and if they see it they are mad to have a bit and one day in the play session he had the baby doll and he just gave the little doll loads and loads of sugar and I never passed a comment but I knew where it was coming from, you know (Interview G4B).

Parent G4C was notable in that she found the child-centred approach to filial relationship both novel and enticing. Of all the parents in this group she seemed to grasp the centrality of the child's subjective experience to the quality of her parental experience of her son:

> Although at home we would have most of the toys, today I see them from a child's perspective, rather than an adult's. When I looked at a ball, I just saw a ball and all its uses. I didn't see a rocket that if you sit on it, it will carry you to the moon or anywhere, or that if you roll it on the ground, it can carry you on the greatest adventure of your life (G4C Personal Journal, p. 1).

Nonetheless, there was a sense of some progress in Parent G4D's awareness of her self-focus at the expense of child-centred empathic relating:

> I feel as a parent that it is hard work, but that everyone here has good and bad times with parenting. I know I pushed my son as a child and that he did not have the free time he seems to need to dream (G4D Personal Journal, p. 42).

> I would, I suppose, that I would have kind of be more, you know, listening to him as well too, to kind of seeing that he has his own input into ways of doing things and seeing what rules that he wants to put in place as well too. A kind of feeling that he needs to have an input into - to be explained to him what's going on and give him more time and communicate that way – well, listen as well too, as well as communicating, that side of it (Interview G4D).

The post intervention interview was quite short and no clear-cut theme emerged from the data. The overall sense of this filial relationship was that of a child who was very

insecure and a mother who was lacking in knowledge and skills in parenting. However, there were indications of a child-centred approach to parenting emerging:

> I think it is better because and this might sound bad but before you would roar at them whereas now you have come down to their level, even with the other two, not just for Child of Focus but for the other two and just more choices. Giving them more of a choice. Before it was yes or no. Now I give them the three options and it seems to be working (G4F Interview).

Including some indications of positive outcome:

> She is coming out of herself even just doing little things. She doesn't follow me as much (G4F Interview).

5.6.1.4 Concept D – Ambivalence

The overall result for Parent G4D was of little change in her filial relationship, but she gained some insight concerning her ambivalence vis a vis her need for control and her child's need for affection. She seemed reluctant to forgo authoritarian parenting and embrace empathic understanding, and this apparent conflict may have prevented her from committing to filial play.

Concerning parenting, this mother had a no-nonsense approach to child-rearing which seemed to have passed on from her own parents:

> I'd say a lot of my father, too hard and strict…Strict, yeah. But not consistent being strict as well too sometimes I'm being soft and sometimes I'm being strict as well. So it's kind of - trying to be loving, but trying to keep some control as well, do you know (Pre-intervention interview).

The impression given by Parent G4D was that she believed that her authority over her son would be undermined by empathic understanding rather than complemented. Some statements by this parent are ambivalent with apparent equivocation between recognising the needs of her child and also dismissing those demands:

> See, I've kind of been - I've been mixed sometimes, yeah, if it's kind of more after school, yes - kind of more, you know, not strict or whatever, but if it's kind of getting out to school, yes there is the rules there that have to be met, so you have to kind of put down the foot and say yes we need to get out the door. There is no arguing with deadlines, so you have to be kind of flexible with that as well, but…

> I just wanted it (filial relationship) to be - just run smoother and to make sure that things would go fine in the morning, trying to get off to school, just to have a bit more - patience myself with him, but him being dreamy, but realise yes, there are rules and a plan has to be followed to get ready and organised.
>
> But he does kind of say, you know, 'Do you love me, do you love me?', that kind of thing, so I did find that he was kind of testing as well - and that was kind of part of the - my motivation was going yes, it's just a test, keep going with it as well too, rather than just going 'No, you're not having a drink of water', it's not the drink of water he wanted, he wanted reassurance as opposed to a drink of water - it is looking at it in a different way rather than seeing it as right, my priority is to get him off of me in the kitchen - they still need that bit of reassurance to go to sleep like. Just a different focus.

5.6.1.5 Concept E - Self-Concept

Three categories centred on the construct of self-concept and are nested, accordingly within the one concept. The categories are (a) shame-proneness, (b) self-efficacy, and (c) self-doubt. Self-concept can be defined as 'individual's knowledge and beliefs about themselves, their ideas, feelings, attitudes, and expectations (Woolfolk as cited in Lyons, 2010, p. 128).

5.6.1.5.1 Shame-Proneness

After the analysis of Group 2 data, the construct of shame-proneness began to appear, which had not been anticipated, and thus in not describe in the literature review. Accordingly, shame-proneness is discussed in detail in Chapter Seven:

> So I think having that support group (referred to ADHD group)- and yes you would feel a shame going on, I don't know what else to do with him, I'm trying to do my best with him. So, it is knowing them beforehand meant you weren't judged, yeah. It felt a bit easier (G4D Interview).

When asked if she had experienced shame as a difficulty in engaging in group-work…

> Of course, because everything I am doing it is either I get laughed at or I have been criticised or put down. It does knock a lot out of you but as for this, I am definitely going to continue and I am definitely going to work a little bit more on this. The holiday did put a spanner in the works. Of course when I booked that I didn't realise. Come September I am going to knuckle down and get a few more bits and pieces (G4E Post-Intervention Interview).

5.6.1.5.2 Self-efficacy

In terms of personal resources, unlike the first three parents reviewed in Group 4, Parent G4D seems to be low on self-confidence and self-efficacy. Unlike some other parents, she did not portray low self-esteem, shame-proneness or self-doubt; in fact she was quite confident in her beliefs. However, her apparent confidence did not seem to manifest in her parenting:

> Again up and down with it as well. I kind of felt yes, I was dealing better with him when I was putting more time into it, but if I'm kind of not committed to it, yes my confidence and my sense of authority isn't there either, because I don't feel we're working as a team, we're kind of not pulling together, we're pulling apart again.
>
> Felt like constant fighting and giving in. No set rules as I don't have the authority to set them (Personal Journal, p. 11).
>
> 'No-one answered the phone to me!' I'd rang four people and no-one answered the phone - I was like 'Geez, does no-one want to talk to me', instead of going like, OK, just ring somebody else like - internalising it that way as well too, you'd wonder is it something that he's doing, or is it is just that it is a case of bad luck that four people weren't there when you try to ring someone, but…

Concerning her husband, the following exchange was puzzling:

> **Yeah. I see you've brought your journal. So did…**
>
> I did. My husband had hidden it, I mean, tidied it away, so it was lucky I found him this morning to get it where it was. So it was down in the boy's room.
>
> **He hid it for a while?**
>
> He didn't, no, my husband had tidied it away. I used to keep it inside the kitchen, so it was in the way, so.

The tone of the following quotation, which refers to her use of star charts to shape the children's behaviour, was that of the feeling that life was unfair to her, and that her husband was favoured by her two children:

> And like daddy was getting stars as well doing this, I said 'How did he get stars?' 'He's cheating', say's my second son. They didn't want him left out, or whatever, like, he wasn't even there, it wasn't even discussed with him, but they had to feel - leave him involved!

5.6.1.5.3 Self-doubt

Parent G4B found that filial play gave her great confidence in her parenting, whereas before she was troubled by self-doubt:

> And I loved as well in the filial play it gave tips to the parents as well, do you know what I mean, and do you know the way sometimes a parent would do a thing at home and you'd do it out of pure and utter love and you'd often in the back of your head if you don't have someone to bounce off and my mam is dead and if you didn't have someone to bounce off you'd be kind of saying 'Do you know am I doing right or am I molly coddling too much', you know?
>
> But it (filial play) kind of gave me an affirmation it was ok to love them as much as you love them, do you know? (Interview G4B).

Parent G4D presented as a serious person with a problem solving approach to life's difficulties. She seemed to use assertiveness and control of her environment as her modus operandi, but as the training elapsed, a more anxious side to Parent G4D emerged and a considerable amount of self-doubt was apparent. She appeared to interact on a mainly objective cognitive level, while being unconvinced of the efficacy of her own coping skills.

> **F-E-A-R** (the word fear was spelled across a full page of her personal journal (G4C p. 3).

Her child of focus was her seven year old son who she suspected of having the inattentive type of Attention Deficit Hyperactivity Disorder although no diagnosis had been made. She was concurrently studying to be a nutrition therapist and she facilitated a weight loss training programme group. This mother was married.

Lack of self-confidence:

> Well, I always worry, 'Am I doing the right thing?' and I've known I haven't and that worries me that I've set bad examples, I know I have and it's just trying to endure those… I think because I didn't talk about it she's stopped because she used to ask me questions but I didn't talk about it so now she's just stopped (Interview G4E).

I didn't know if I was doing the right thing or not and we were doing a coaching session and then I knew I was on the right track. When I was doing it at home, I was like – oh am I doing it right or wrong (Interview G4E)?

Parent G4E, in the post-intervention interview, repeatedly speaks of starting over from the beginning. While she said this by way of a resolution to succeed, the researcher felt that this perspective may also have had the effect of dismissing any small gains made, thus, 'going back to basics' might be a counter-productive method. While the research emphasised the positive, Parent G4E had difficulty acknowledging her own progress:

> **Researcher: I will just remind you that you have done about 70% to 80% of what was involved which was the great majority of it. I don't think it would take much to get you back on track. It would be good not to waste all the time you did invest in it. If you could try and get in your regular sessions between now and September you could have another eight sessions, eight or nine maybe done before we meet again and I am pretty sure that you will see a difference then.**
>
> I know. With everything that has happened. Everything is gone on all in one. In the last month everything has been happening and I just need to bring it back to basics again (Interview G4E).
>
> I basically just need to get back to square one again.

> …but for her it is like basically going back and starting it off again and taking it from there (Interview G4E).

5.6.1.6 Concept F - Personal Development

Concerning the personal development for parents, component of the training, Parent G4B had begun to appreciate the value of self-care:

> And I think the Irish mentality as well is that you are brought up that the children come first, and the parents shouldn't come first…I could be in the bathroom and my kids would come in and I've allowed it whereas now I'm actually stopping it because I'm saying 'this is my time, I can't even go for a wash without interruption, I surely can take 10 minutes out' so, you know, what I'm starting to do now is I'm going to say 'No Child of Focus, sorry darling but this is my little bit of time, I'm going for a wash' whereas, you know, I wouldn't have done it before. They'd come in three or four times looking for something or 'Other Child did this' or 'Child of Focus did that' (Interview G4B).

This parent also found the group supportive of her parenting and she was comfortable asking questions:

> That's the only thing. I found you were very supportive and I found it great for me as well that sometimes I might have asked a question in relation to parenting which didn't really have anything to do with filial play but I kind of thought 'Well he seems to know what he is talking about now and I'll just throw this out' and it was great to have that little bit of freedom. There was only one or two things like, I can't even remember now what they were but, do you know, I would have loved to have had someone in my life that I could have bounced it off and I had you then and I thought 'I'm going to try now. He'll either answer it or he won't' and that was a nice freedom as well, do you know, so that was support (Interview G4B).

Parent G4C's enhanced capacity for empathy seems to have stemmed, in part, from an increased level of self-awareness.

> It's amazing how much more appreciation you can give yourself for your accomplishments when you forgive yourself for your failures. In the group, I feel that it's quite acceptable for me to say my piece, talk about my son and the difficulties I'm having in reacting to behavioural issues (G4C Personal Journal, p. 6).

A thread running through Parent G4C's interview is that of unexpected insight. It was as if she was used to living an unexamined life and managed her parenting through routine and discipline without ever reflecting of the efficacy of her methods:

> It's such an eye opener and like I said I did this for my Child of Focus because I thought there was things going on in his head, you know, and it was constant battles and battles and battles and I didn't realise, even though you were saying it through the weeks that it brings you closer and I was thinking 'I don't need to be closer to him, we have a great relationship' and even though we have, we still have got that bit closer again like, and he has got closer to his dad so it's worked in an all-round case (G4C Interview).

Another realisation this mother had was that she had no goals in mind for her children, just a general wish that they be happy. However goal setting was a topic covered in the personal development component of the modified Child Parent Relationship Training programme, which appears to strike a chord:

> I never realised I don't have expectations…Of myself or, do you know, we discussed that below in class one day and I was thinking 'Jesus, I don't have any expectations' except other than I'd expect them to be happy and, do you know, but I wouldn't have any goals for them like except what they'd have for themselves like… Yeah. Like I always said 'Look if you are sweeping the streets or if you are running the county as long as you are happy it doesn't matter' and now I'm thinking maybe I should be directing him somewhere (G4C Interview).

An interesting development, in the light of the personal development component of the training, for Parent G4C herself was that she had always deferred to her mother in law even to the extent of calling her 'Nana,' because she was afraid to call her by her Christian name. However, in the week prior to the post-intervention interview she felt sufficiently assertive to address her by her actual name:

> That I would have been holding her up there but I think it was like 'Jesus my father would kill me if he heard me calling her first name: it was that kind of a thing I think and I just called her Nana and my sister in law even says to me 'what would you do if she didn't have grandchildren, what would you call her?' I'd have called her Mrs. Surname like but you know isn't it gas (G4C Interview)!

> …but the last night, I called her by her first name and I kind of thought to myself 'Did you just do that', do you know, but I just feel we are on one level now like (G4C Interview).

Overall, a lot of change occurred in Parent G4C's intrapsychic life and in the dynamics of family life. It is particularly notable, that change occurred not just between mother and child of focus, but across the family system.

5.6.1.7 Concept G – Empathic Understanding

Parent G4B showed indications of empathy in the following statement, where instead of seeing aggression simply as a problem, her child's aggression is seen as an indirect form of communication:

> He kind of starts out by having aggression and hurting me but then he goes to the doctor set and he takes care of me and he fixes everything, you know, and he started doing that with the doll and I noticed then we'll say when I miss a session and I go back in to do a session it's aggression that comes out in the beginning and what I'm reading into that is that's his way of saying, you know, I've missed out, even though he mightn't know his sense of time but he knows it's a long time since he had the last session, you know (Interview G4B).

Moments of authentic closeness are often indicated by the quality of eye contact. Parent G4B had such an experience:

> Child of Focus is very expressive with his eyes and he can say anything with his eyes, and when I said actually 'God aren't you cool now that you are really able to figure that out' and you can actually see his eyes nearly jumping, you know, you can see the pupils (Interview G4B).

> God, how do you forget they have the same feelings as us? That their dramas are just as big to them, and their feelings are just as real (G4C Personal Journal, p. 32)

> …the thing is like I had said was it last week or the week before you could empathise with adults no bother. Every single day of your life like and you never, ever think to do it to your children. Like I would never, until you said to empathise with them, kids like! Do you know (G4C Interview)?

Empathic listening appears to have emerged:

> Yeah and even with 3rd Child who is 12 we have a better connection because I stopped to listen to what she has to say whereas before it was always 'But you don't ever listen to me!' and I was thinking 'Well I'm the parent' (G4C Interview).

Signs of empathy were also evident…

> Yeah, because when my second child hurt his knee I was – 'Oh I know that must be sore.' 'Do you,' he says. Did it happen to you before? I was like – 'Yeah.'
>
> **Whereas, before you wouldn't say that?**
>
> Well if he hurt himself I would say – show it to me? Then I might have put a bit a cream on it but I wouldn't have said...
>
> **You wouldn't have related it to your own experience?**
>
> No. (G4F Interview)

5.6.1.8 Concept H – Filial Play Programme Efficacy

Following the Group one experience where parents engaged in Bratton & Landreth's Child Parent Relationship Training without modification, the researcher added individual filial play training sessions to the programme, with a view to relieving the anxiety many parents felt around filial play. Parent G4B underwent two individually coached filial play sessions with the researcher, one after three weeks of training and other following nine weeks of training. The objective was to give encouragement to parents in the first instance, and secondly to allow them to experience feedback on their improved skills having had some practice at home:

> The coaching sessions were invaluable. To have one at the start was great because it gave you the sense of 'Am I doing it right' and if I'm not, this is training, he's going to tell me what to say, he gave me a grasp at it. To come back then at the end (Week 9) and to do it and to say 'Well I'm going to give this my best show now what I have learned' and to be told at the end that 'God that was brilliant', you know, and I thought, I skipped home the two days thinking 'Do you know, I'm actually getting this.' So it was affirmed that I'm actually getting it, so I really found the coaching sessions for me were excellent (Interview G4B).

In terms of practical outcomes, parent G4C was quite successful in filial play training. She had reported that her son used hit her in order to get her attention, itself an indication that the filial relationship was not sufficiently empathic to begin with.

> No, he has to hurt somebody I think but I can see him coming up the hall and it's like his hands just have to do something. Another thing he's constantly battling with something. If he watches TV whatever is going on the TV is going on in his head for hours afterwards and he just can't get his attention out of it (Pre-Intervention Interview) (G4C Interview).

However, this attention seeking behaviour ceased over the period of training:

> Yeah. I could see them when he'd be coming down the hall or coming into the kitchen or wherever I'd be his hands would just be itching like to hit me and he'd just come up and slap me 'Oh, I'm sorry mum' and it would be over and done with like and then it just stopped and I can't even say when it stopped because I just noticed that it stopped like (G4C Interview).

Her younger daughter (3½ years), who was not undergoing filial play sessions, also demonstrated a positive change in behaviour:

> …but she would never leave my side and yesterday my sister in law came and she said 'I'm going to your house' and she just left me…Yeah, first time ever. My brother would have been at my house for the first years of her life constantly like and she would never go away with, she wouldn't do nothing like…Yeah. She just said 'I want to go to Aunty Catherine's house' and off she went (G4C Interview).

Parent G4C presented as being quite anxious and her anxiety may well have transferred to her children. Her older son who had just completed his leaving certificate also had problems exercising age-appropriate autonomy. It seemed that this mother's anxiety around her son's safety was stifling his freedom:

> ….and then he went to Seaside Resort for the week, I let him off for a week and since he came from Seaside Resort, like he was behind, he just grew while he was away for that week. He knew all his capabilities and now he was texting every day or every second day saying 'Oh, we went to the beach today' do you know, blah, blah, blah and I was really having palpitations at home because there was eight boys gone to Seaside Resort for the week, do you know, but I let him go and he came home and he said 'I really think that week was a great experience and I really think I'm ready to move onto the next step' and if I hadn't done this (filial play) I don't think I'd have let him go to Seaside

> Resort… I don't think emotionally I'd have been able to let him go (G4C Interview).

Parent G4C also unwittingly disempowered her child of focus who at 4½ years was still dressed every morning by his mother. She had rationalised this dependence inducing behaviour on the grounds of time management, however, when this matter arose in the group she was advised to encourage her son to dress himself, to the extent of his ability:

> I was saying to you the last day, last Wednesday I put his clothes out, …and every day since I just put out his clothes. I put out all his clothes and I said 'Now son, get dressed' and it took him a half an hour the first morning I think just to, I'd say underpants and socks and jeans might have been and then the second day he did the whole lot of it and then the third day I timed it and I said 'You are down to 15 minutes' and then it was, and now he just gets up in the morning...(and dresses himself) (G4C Interview).

On a positive note, Parent G4E did acknowledge that filial play had begun to effect a change in the filial relationship, and there were also signs of empathy:

> Definitely I want to continue it as well myself at home. It was good. It was good for both of us. Not just for her but for me. I felt it was good for both of us. Even though it (filial play) was good it threw a spanner in the works and I think she is confused as well with everything and the changes that is going on. It is not really her fault either because there is a lot for her to cope with as well (Interview G4E).

The 'spanner' referred to above most likely refers to the tendency of children in play therapy to explore and express their unresolved feelings, which they normally suppress or deflect into 'misbehaviour.' Consequently, any acting-out behaviour of children undergoing filial play can intensify in the short term. Such a phenomenon is actually a sign of progress, but parents sometimes see the change as negative and as reflecting poorly on themselves.

Parent G4E also displayed signs of accepting responsibility for her filial relationship, rather than just seeing parenting as a task which she was obliged to achieve:

> I am trying to get her to understand and stop shouting myself and I have taught her the bad habits and now I am trying to un-teach her the bad habits (Interview G4E).

5.6.1.9 Concept I – Child Well-being

Parent G4C had been very much a practical no-nonsense type of parent who was very busy with the logistics of raising a family. But at post-intervention, a greater sensitivity to her children's feelings was apparent:

> Even when you just acknowledge their feelings like and say 'Oh I know you are really hurt right now' it makes such a different than saying 'Ah you'll be grand' and rub it off like or 'You'll be better before you're married which is a big one in our house,' do you know (G4C Interview).
>
> Yeah. Even now the holidays, before we would have just gone somewhere and now I'm more aware that the 17 year old has to be catered for, the 12 year old has to be catered for whereas before we just went off and we just did whatever and we did just plod along and everybody was doing the same thing. So now I know that all their different things have to be catered for (G4C Interview).

Her child of focus had also been suffering from recurrent and terrifying nightmares in which he believed that a green man had come in a space ship to take him away. These dreams had apparently stopped over the period of training:

> But it was a green lad that came and he left in a space ship but he was coming back like but he never came back…And that has stopped it, not even one word. Isn't it gas, I'm just really pleased now thinking! Yeah and it's only when I go through these (interviews) I'm thinking 'Oh yeah he doesn't do that anymore'. You must think what kind of a parent am I that I don't realise it (G4C Interview)!

Parent G4E initially saw some positive changes in her child, such as her being less 'clingy,' but these improvements disappeared probably due to her missing three weeks of training, and poor compliance with home based filial play sessions. It seems that unless the parent is in a position to effect filial play in a reliable manner, that training will be ineffective; an observation which in turn points to a need for greater emphasis on parental supports.

Parent G4F was a quiet spoken lady who presented as being shy and timid. She did not participate to any great extent in group training discussions. Her presenting problem was extreme shyness in her 2½ year-old daughter, who she described as 'very, very clingy. During her two coached filial play sessions, this Child of Focus was indeed very shy and she declined to leave her mother's side even within the small (3 *2 metre) play area.

However, in spite of these difficult circumstances, some positive changes in G4G son's mood were noted:

> He has been in brilliant form, have noticed a lot of changes in him…he played and shared, he was a totally different child. Finally, for once I felt a bit in control (G4G Personal Journal, p. 21).

5.6.2 Summary of Group 4

It may be noted that the trend within the concepts, as presented, moves from a parental emphasis upon child behaviour to a focus on the parents themselves, after which the spotlight moves to child well-being. This order of presentation mirrors movement over time within the group training period, a phenomenon which will be considered in Chapter 7.

Of particular interest in the quantitative results was the experience of shame was negatively correlated with completion of training. This finding tallies with qualitative Concept E, which suggests that issues of 'self' had significant influence on parents' likelihood of successfully implementing the filial play intervention.

5.7 Conclusion

Four independent groups of parents were trained in Child-Parent Relationship Training (CPRT) and feedback from parents was analysed to ascertain to what extent the programme was effective, and which aspects of CPRT they found difficult. Findings from Group One suggested that parents feared negative evaluation and that they were adverse to any exercise or feedback which might give rise to embarrassment.

Group Two parental data shifted the emphasis from the CPRT programme to the needs of the parents themselves. While there was also a degree of reticence to open-up emotionally, these parents were more inclined to identify their own needs for support as the principle obstacle to their embracing filial play.

Group Three was notable in that three parents with quite different profiles all benefited from CPRT. The father G3A (to be discussed in the next chapter) started from a high point of personal competence, mother G3B was also very confident but shifted from an authoritarian to a more empathic authoritative relational style. Parent G3C who was very anxious and lacked confidence reported a significant improvement in these areas in addition to a better relationship with her daughter. Quantitative results suggested that both levels of parental self-esteem and degrees of shame may mediate the success of filial play training. Group Three results also suggested that CPRT can work for parents with various different psychological profiles and social backgrounds.

Finally, Group 4 findings tracked a progression from parental concern with children's behaviour to a greater awareness of the impact of their own developmental issues upon family happiness. A further shift suggested a change in focus to a greater empathic

understanding of, and concern for the well-being of their children as persons in their own right.

CHAPTER SIX

Two Case Studies: From Minor to Major

6 Introduction

It proved difficult to obtain detailed nuanced qualitative data from parents during interviews, because the language they used was ambiguous and lacked detail (see Chapter 7). Albeit, other possible confounds may have existed, such as the social class differences between researcher and participants, the novelty of CPRT, or shyness on the part of parents. Nonetheless, in an attempts to acquire more data, one minor case study was undertaken in Group 3 and a more extensive case study was carried out in Group 4. The case studies were conducted with group members in parallel with the Child-Parent Relationship Training (CPRT) training sessions. The intention of the case studies was to explore the participants' underlying psychological issues and sociological background with the intention of identifying confounds to training. Landreth and Bratton state that ' the effectiveness of filial therapy training is dependent on parents actively processing personal issues related to themselves, their children, the play sessions, and their family' (Landreth & Bratton, 2006, p. 20). Case study information, while not generalizable to other participants, might indicate the types of challenges that those participants who departed training prematurely may have experienced, but failed to overcome. The case studies were, therefore, aimed at addressing Research Question 3: Will parents possess sufficient personal resources to engage with their children on the level of empathic understanding?

6.1 Minor Case Study

The tenth parent, Geraldo (G3A), was quite unusual. He was an immigrant with a privileged professional upbringing, who had selected a disadvantaged school specifically for the specialised resources available there. His son, whose birth mother was reportedly an active cocaine addict, had been adopted from South America, and had a distinctly disadvantaged start in life. This child of focus apparently suffered some

developmental delays, although the extent was difficult to determine because of language barriers. Therefore, in this instance, while the child was disadvantaged in some respects, his family was quite advantaged.

Geraldo was a native of a Mediterranean European country, as was his wife. His background was of a professional level with his father being a judge and a retired army officer. When the family moved to Ireland, they choose their location based on the best school available for their son. The search for a school was done on the internet and was a broad search that included private options, because Geraldo reported an income in the range of €75,000 - €100,000. Nonetheless, a school in a designated disadvantaged area in Limerick was selected, based on the resources available there. Parent Geraldo was of interest to the study as a contrast, in that his participation in the study challenged the prevailing view (as discussed in Chapter 3) that disadvantage is always rooted in financial problems.

Findings of the minor case study are presented by interview (three in total), by concept, and with one overarching core concept per interview reported.

6.1.1 Coding of Interview 1 – Parent Geraldo

Three broad concepts emerged from fifteen themes which arose from Interview 1. Those concepts are; (a) progress through knowledge and effort, (b) relationship and happiness, and (c) openness to change (Table 6.1).

Initial coding portrayed a parent who was actively seeking to find solutions to his son's problems. A willingness to explore and investigate possible treatments and the best school for his child is evident. Process coding which examines the person's processing of his experiences, reveals evidence of an incremental view of learning, and of a

tolerance for not knowing the answers to the child's difficulties.

> He came home with eighteen months (his age at time of fostering), first eighteen months are a blank page. We have experience of this five years, and eh, he was born from a woman who was a cocaine addict. So the process was not treated for (no detox?) ..there is not enough information for us to be sure how people were or not (Interview 1).[11]

Table 6.1 Themes, Categories and Concepts from Interview 1 - Parent Geraldo

Themes	Categories	Concepts
Seeking knowledge	Active knowledge seeking	Progress through knowledge and effort
Being Informed		Relationship and happiness
Belief in Solutions		Openness to change
Exploration		
Child-centred	Person-centred values	
Acceptance of others		
Values happiness		
Stoicism	Belief in hard work as a means to success	
Struggling		
Respect for authority		
Parenting style	Openness to change	
Tolerance for uncertainty		
Willingness to adapt		
Care Seeking		
Focus on relationships	Focus on relationships	

Compassion and acceptance for his son are evident and there is a sense of a captain sailing a ship through uncharted waters, but with confidence and an expectation of success. Parental values coded included a person-centred outlook and a willingness by Geraldo to adjust his parenting style from authoritarian to authoritative in order to best suit the personality of his son. This father also alluded to stoicism, which he said was his philosophy to life:

> Oh, I'm more strict than easy going. I guess it's a consequence of how we were educated to. I'm the son of a judge, a military man. I'm more practiced to live under a strict way. Our other kids have been growing under that scheme (authoritarian parenting). The scheme has been quite

[11] Geraldo was not fully fluent in English, but his quotations are left unedited because his struggle to express himself in English give a sense of the lengths to which he was willing to go in order to secure the best outcome for his son.

> difficult right now to be applied to F. He is completely different to his older brothers, but we're, I feel that we are still fortunate in that way, even if we have to loose the reins a bit because he has specific issues that his brothers don't have (Interview 1).

A value on the importance of relationship is evident and also an ability to separate the child from the problem.

> We want him to grow and to be happy. That's something, I think, he is managing to do, he's very, very happy at school with popularity. He's acquiring good relationships with teachers, but also with kids, even if he's not skilled with English, but he's able to make good relationships with the rest of the kids at school, with teachers and also with the psychologist, the therapist, so em, everybody is happy with him, he's happy with the school, so that's great. That's what we were looking for (Interview 1).

Geraldo also had respect for the law and authority as a core value. A strong belief evident through the interview is that problems have solutions and that solutions will be found. There is a strong sense of love and caring coupled with a quiet determination to resolve his child's issues.

The central core concept, derived from theoretical coding, of Geraldo's first interview is that of 'overcoming adversity.' While his child's happiness and wellbeing are prominent in the coding, the father's positive search for help and solutions, stand out. His progressive outlook seems to have been shaped by his own father's success in life coupled with a strong sense of self-discipline. This father, however, did not have a tough demeanour, but was in fact friendly and quiet spoken. In the group, he made a point of initiating conversations with other parents and he seemed very at ease in doing so, in spite of English not being his native language. Geraldo also displayed no sense of doubt as to the final outcome of his child's developmental delays, by which he demonstrated a considerable tolerance for uncertainty. Willingness to change, in conjunction with a stable married life seemed to be the key to Geraldo's success.

6.1.2 Coding of Interview 2 – Geraldo

Four concepts emerged from the ten themes which arose from Interview 2 (see Table 6.2 below). Those concepts are; a) openness, b) considered work ethic, c) deep understanding and d) enjoyment. Openness and work have been illustrated above, so this section will focus on 'deep understanding' and 'enjoyment.'

Table 6.2 Interview 2 with Parent Geraldo

Themes	Categories	Concepts*
Open mindedness Accepting of child' Individuality Openness to change Child-centredness	Openness	Openness Considered work ethic Deep Understanding Enjoyment
Work Ethic Complexity of thought Analytical approach	Considered work ethic	
Awareness of, understanding of, and compassion for less capable parents	Deep Understanding	
Enjoyment	Enjoyment	

* On this occasion the categories were not open to any further reduction

Initial coding of Geraldo's second interview reflected a deep understanding of the social issues involved in disadvantage and in the particular the psychological influences, which might prevent parents seeking help or finishing training programmes:

> I'm just guessing perhaps it has to be something with the low social level of families that we are - in general that you can find here. As I, as - by my own experience, the lower social stage you are, you are working with, the less resources they've got, I suppose, they've got, so most of the times they seem a bit of - the parents I mean - they, sometimes they feel afraid of unknown things, because they are not sure if they are going to be able to face it properly or perhaps if they are going to be seen like lower people than the people that are in the group, or something like that (Interview 2).

This father also showed insight as to how a disadvantaged background can mitigate against positive outcomes within group formats:

> They have an issue with language, but even those who didn't have the limitation, they were also acting like they were really shy, or embarrassed to be in front of somebody. They kind of think that it's coming from a higher level on them, or richer than them, or something like that. You know, you think it's more like a "I'm afraid of showing myself within a group, because I will be showing my weaknesses and my uncertainties and my fears." (Interview 2)

> Yeah I can see it when you ask for a volunteer, because there is a "I don't know, I don't know, I think I will not be able…" things like that (Interview 2).

Depth of understanding for this father did not preclude an emphasis on fun and happiness. Parent Geraldo, as mentioned above, was exceptionally jolly and easy-going in his relations with other group members. Concerning his son he could appreciate the serious intent of filial play while also enjoying the fun element, especially the non-directive child-centred aspect of play:

> …because my kid seems to be one of those kids with a huge imagination so half an hour is too short for him to explain everything he wants to do, he wants to do or say that. Apart from that I mean most of the time he is happy with what he's doing and he's enjoying every kind of play we're doing too (Interview 2).

> As far as I can see for my own experience with my kid, something that he takes very, very seriously in this case - he takes it very, very eagerly to be the boss. It's something that he enjoys very much (Interview 2).

> I think this process is getting him closer to me, or me closer to him, sharing those moments that are very close interaction and I think it makes him much more comfortable to play with me, but not only asking for help, but play for play, but play for help also. You know, so I think it's improving that kind of relationship between us, it's making him a bit more independent at playing and able to start just - because out of playing he's also try to do another kind of things on his own (Interview 2).

The central core category of Interview 2 is 'assimilated fun and understanding.' It is notable that Geraldo has great depth of observation and analytical comprehension of social forces. He demonstrated a nuanced appreciation of the existential dilemmas facing parents from disadvantaged areas, and articulated a compassionate view of those less able to take advantage of available supports such as filial play. He also treated

others in the group in a Rogerian manner, with which the other parents seemed very comfortable (Rogers, 1961). Although this father was quite different from his peers, he had the ability to relate in a relaxed and comfortable way with them.

6.1.3 Coding of Interview 3 – Geraldo

Interview 3 produced three concepts, i.e., a) love, b) determination, and c) recognition of child's uniqueness. The core category for third interview material is love. Geraldo gave the impression of a father who had shifted emphasis from problem solving to appreciation and understanding of his son as a unique individual. This father, however, was still intent upon resolving his child's difficulties and the following quotation refers to the boundary setting aspect of filial play, which was seen as beneficial:

> The fact that this is a kind of restricted area of play, it is also helping him to restrict his own way of doing things. Of course if he is out in the street, he is usually going from here to there and it is not so much able to focus on something, even if he is playing with some other people. And I think the fact that the play was done in a restricted area, it is also helping him to focus on things (Interview 3).

However, Geraldo's focus on problem-solving has shifted subtly and exhibits a more explicit person-centred understanding:

> So, I think it is a good way to give him some time and in fact, quality time because it is absolutely focused on him and also doing the kind of things that are encouraging him to take some of his own conditions, his own way of being in touch with his abilities and explore them. So, it is a nice way of doing it (Interview 3).

> Right, it is not always easy to get that kind of separate time on a day-to-day basis. So, there was good reason to do it and in any way that we would be - we would be sharing the time. And also I think that is a part of the fact that he has been growing emotionally and in the spirit (Interview 3).

Table 6.3 Interview 3 with parent Geraldo

Themes	Categories	Concepts*
Relationship Caring Patience	Love	Love Determination Recognition of child's uniqueness
Perseverance Future Orientation	Determination	
Recognition of child's uniqueness	Recognition of child's uniqueness	

* On this occasion the categories were not open to any further reduction

6.2 Summary of Parent Geraldo

Initially in Interview 1 this parent focused on 'overcoming adversity,' and in the second interview the core theme was 'understanding and fun.' The central core category of Interview 3 is, however, 'love.' Underlying Geraldo's determination to resolve his son's difficulties and to understand the mechanisms of his problems, is a clear driving force of unconditional positive regard for his child. The father displayed no significant doubts or fears within the group and he displayed a concentrated concern for his son without the confound of intrapersonal conflict which impeded many of the other parents in filial play training. Geraldo's case study suggests further that the psychological well-being of the parent is a critical indicator of the parent's ability to engage in an empathy based filial play intervention.

6.3 Major Case Study

A case study was included in Group 4 in order to access greater depth of data, with an emphasis on discovering how the participant's past life may have influenced her quality of participation in filial play training. The aim of the case study was to identify to what extent, if any, her pre-existing psychological profile might impede or facilitate the participant's experience of filial play. Would her past life render her closed to the

empathic tone of filial play? Or would past adversity act as an impetus to succeed? Whereas the interviews to date touched on possible confounds to successful training, difficulties with acquiring detailed and specific data created an ambiguity around findings on occasion. Participants often used highly ambiguous and general language and they were not inclined to volunteer relevant peripheral information about current family life or family of origin dynamics. However, Karen, while coming from a disadvantaged background was quite articulate and had spent many years seeking understanding of her own past and of past influences on her life. She was also very keen to participate.

Participant Karen agreed to meet for six interviews which took place weekly during week's six to ten of the filial play training. Each interview was approximately one hour long and the interviews were electronically recorded and then transcribed verbatim. As described in Chapter 4, a coding system was devised which involved a) initial coding, b) process coding, c) values coding and d) thematic coding. Initial coding involved extracting meaningful phrases from the interview which were then further analysed (Saldana, 2009). Process coding looked at the likely underlying emotional process for the initially coded data. Values coding ascertained the concomitant attitude, belief or value expressed, whereas thematic coding condensed the aforementioned codes into a single word or short phrase.

The themes for a given interview were then clustered into encompassing categories of meaning, which when possible, were then reduced to broader concepts (Saldana, 2009). As the analysis progresses though the interviews, the emphasis is on emerging themes and repetition is omitted. To avoid repetition, some quotes from subsequent interviews were added to earlier interview reports where appropriate in order to enrich the on-

going analysis. For example, 'intuition' as a theme runs through all the interviews but will not be repeatedly discussed under each interview heading. Instead, meaningful extracts from later interviews will be occasionally placed in earlier sections where the discourse is enhanced by so doing.

Karen was a forty year old married woman with two children aged 2 years and 6 years. She had been adopted as a baby and raised in materially comfortable circumstances with two step siblings. While not reared in financial poverty, her emotional nurturing was deficient and contact with her birth family further undermined her self-concept. She left school after the Junior Cert and trained in hairdressing. Her 'Child of Focus' for the purpose of filial play training was her 6 year son, with whom she had not bonded at birth, and for whom she still had no feelings. Her goal in training was to connect with her son on an empathic level.

It will be apparent that in this case study which was conducted with the intention of using Karen's past to inform her filial play experience, the interviews focus mostly on herself and not upon her filial relationship in the present. The self-absorbed characteristic of Karen's discourse is however consistent with findings in the Chapter 5, whereby parents were sometimes unable to engage with filial play, because of unresolved personal issues. Indeed, the principal finding of this research is that a primary reason that some parents from disadvantaged areas were unsuccessful with Child Parent Relationship Training (CPRT) is that they lacked the personal resilience to cope with life and to relate to their children empathically. The initial additional demands placed on parents by CPRT were too much for some.

6.3.1 Interview 1

The first interview opened with a description of current family problems. The participant's son demonstrated a considerable degree of insecurity, which was exasperated by his father's authoritarian parenting style and reported lack of patience. Participant Karen then went on to describe the circumstances of her adoption. Interview 1 generated 35 themes which were clustered into seven categories, and those categories were further collapsed into 3 broad concepts, which are discussed and illustrated below (see Table 6.1).

Table 6.4 Interview 1 with Parent Karen

Themes	Categories	Concepts
Vulnerability Denial of vulnerability Underlying issue	Vulnerability	OTHER ORIENTATED Rejection by others Others have priority Earning acceptance thorough effort
Controlled by other Other oriented Second place Others need help Other focus Social justice Assertion	Others have priority	INTRAPSYCHIC EFFECTS Vulnerability Consequences of adoption for self-concept Consequences of avoidance
Intuition Need to know Curiosity Willing to learn Intimacy	Intellectual curiosity	PROBLEM-SOLVING SURVIVAL Intellectual curiosity
Adoption Shame Low self-esteem Self-blame Self-doubt Inadequacy Unworthy of trust Unlovable	Consequences of adoption for self-concept ,	
Relationship Intimacy Disappointed Rejection Being deceived Sadness Anxiety Feeling	Rejection by others	
O.C.D. Avoidance Self-denial Carrying a burden Splitting Depression Happiness is in the future	Consequences of avoidance	
Unsupported Loyalty to family Feels responsibility Feeling under pressure Danger Self-sufficiency	Earning acceptance through effort	

6.3.1.1 Concept 1 – Other-Oriented

Karen presented with a strong focus on other people and her relationships with them. Three categories contributed to the other-oriented concept and they were a) rejection by others, b) others have priority, and c) earning acceptance through effort.

The feeling of rejection experienced by parent Karen was probably initiated by her adoptive mother's lack of affection towards her although parent Karen did not disclose that until Interview 2. Initially, she denied any difficulties in her adoptive family and cited curiosity as her reason for seeking out her birth mother:

> Not that I didn't have a great childhood, I had a fantastic family. It was the, more the curiosity than anything else and I suppose as I got older as well for more medical reasons and if I ever had children myself which I do now, I'd like to know the background. So that was, I had to do an awful lot of research into it (Interview 1).

In spite of her apparently happy adoptive family circumstances, parent Karen began to search for her birth mother at an early age:

> This lady, she was a counselor and she was working for the adoption agency in X Street and she knew by my writing, the way I wrote, that I was very young – now I had explained to her – but that I wasn't at the mature stage to receive all this information. So her letter back to me was "Look you're only 16 years of age, maybe you'll get in contact with us again when you're 18." So I was disappointed, so I kept at it and then when I was 18 I did it again and they wrote back to me again (Interview 1).

However she was disappointed again at 18 years because having found her birth family, her birth mother refused to meet her. Furthermore, she discovered that she had two sisters who had also been adopted to different families and another nine siblings who lived with her birth mother; twelve blood siblings in all. Karen who had been hoping to obtain a feeling of specialness now found herself to be one of many. A planned meeting

with Sister 2[12] was also abandoned when Sister 2 changed her mind because her father had become ill. Once again, Karen took second place in other peoples' priorities:

> I was kind of disappointed in one way but I was relieved in another way because I could see where she was going. Because my mother refused to meet me she was going to set up a meeting with one of these two girls to meet me. So, she decided that she was going to go for the middle girl who was Sister 2 and the reason being is because Sister 2 hadn't met the biological family (Interview 1).

> …but unfortunately after a few sessions with Sister 2 we never met, we never met face to face. What happened was her father got sick so she decided to end this sister relationship, whatever kind of a friendship we had and she wrote to me and she even rang me and said it to me and I understood that. It was very hard for her… (Interview 1).

In spite of repeated disappointments, there is a strong sense in the narrative of Karen understanding the plight of others. Rather than react angrily or with significant upset, she tends to make allowances; others have priority.

A further theme in this study is the sustained and persistent effort that Karen makes in order to find her relatives and form bonds with them:

> So while I was in Dublin I knew I was adopted from Dublin. So I was questioning my adopted mother, where was I adopted from? And I was adopted from a place called X Street up Y Street, it's halfway up. So I decided to put pen to paper and write to them. And I did, I wrote to them and I was living at home for the first year because I had gone into the hairdressing, I was doing my apprenticeship. But I didn't discuss it with my mother because I thought she might be angry with me for doing this (Interview 1).

> **…**I had to do an awful lot of research into it (Interview 1).

As a consequence of her perseverance, a meeting was finally arranged with her birth

[12] Due to the multiplicity of characters in Karen's family, descriptive labels are used rather than pseudonyms in order to aid clarity.

mother, but the acceptance she wanted was not forthcoming:

> And my mother was standing there, they have a breakfast counter, I was sitting on a chair here and she was over there and she was standing there, she's quite a large woman right, but small. She's brown hair, brown eyes, I have her nose, I have her ears and I have her personality and her walk. She wouldn't look at me, she was looking straight ahead, she wouldn't look over here at me and I could see that she was giving me the third eye (Interview 1).

6.3.1.2 Concept 2 – Intrapsychic Effects

Vulnerability

Karen apparently focused on other people as seen above rather than concentrating on her own emotional issues. She de-emphasized her personal distress and tended to seek solace externally, in the belief that finding her family of origin would bring healing. There are, nonetheless, glimpses of vulnerability, particularly when her birth mother finally agreed to meet her:

> So they arranged a meeting between the two of us (Karen and birth mother) and the feelings, I was so nervous, this was more nerve wracking because I was thinking "Will she like me? Have we got the same personality? What if she's different?" (Interview 1).

The meeting was arranged by Sister 2 who had previously introduced Karen to Sister 1 by using the subterfuge that Karen was a 'friend.' At this point, all three sisters were communicating and it was decided that they would visit their mother together and surprise her with Karen's presence.

> "Why don't we go down to Mum tomorrow, I'll talk to Mum first, yourself and Sister 1 stay in the car, go somewhere and we'll see what happens from then." So I said "Fine." Well there wasn't one word going down in the car between the three of us, we were rattling with nerves, rattling and I was the one driving (Interview 1).

Denials of vulnerability and rationalisations were also evident. Karen saw herself as being very resilient, which indeed she was in many ways, however, her fortitude may

also have been used as an avoidance of painful feelings, e.g., when Sister 2 declined to meet her in person.

> Absolutely not, I wouldn't be a sensitive type like that… (Interview 1).

> …I was fine with it, absolutely fine because I can understand people have other lives that they have to deal with. But why I was fine was because we were going to the next level which was meeting Sister 1 and Sister 1 was the one that had a relationship with my biological mother and siblings when she was a child. So, I knew that I was going to get this information from her (Interview 1).

Avoidance

She also tended to explain her early disappointments as being the consequence of her own 'immaturity.' Immaturity was mentioned on a number of occasions and appeared to be a metaphor for a denial of her emotional pain.

> You see, it took a long time for me to mature and I think for the reason is the way I was reared, number one, and I'll get to that at some other stage, I will explain that to you. And my insecurities in life. So I was disappointed again but I wasn't giving up (Interview 1).

Another hint of avoidance as a coping mechanism was that this parent also reported that she was currently taking prescribed medications for depression, which may have dampened her affect during interviews. She also reported having Obsessive Compulsive Symptoms (OCD) such as compulsive cleaning, which may indicate the use of behavioural distractions as a means of avoiding emotional upset. Her birth mother apparently also suffered from OCD which was ironically used as an explanation as to why her birth mother did not want to see her during the surprise visit mentioned above.

> …see my mother suffers with OCD as well as – that is where I get it - and she hadn't cleaned the house and there was too many kids around and everybody else was around and she was in a panic (Interview 1).

One reason why Karen may have used avoidant techniques was because of feelings of shame around her adoption. She referred to shame as the reason her birth mother gave birth in three different cities to the children who were given up for adoption:

> She had us all adopted because in those days I suppose it was all about shame… Yes, she was unmarried and we all had three different fathers and she went to three different homes to have us because the first girl who was Sister 1, she was born in Midlands town, have you seen the programmes on these homes?
>
> …I think the reason why she did that was because of the shame. She didn't want the nuns seeing her coming in to the one place all the time, that's what I think (Interview 1).

Avoidance as a coping strategy may in part explain why she struggled to give unconditional positive regard to her son during filial play training. Parents are taught to give attention to their children by getting down to their physical levels and give undivided attention rather than talk to them while continuing with household tasks. Empathic engagement of this type included eye contact and the validation of the child's priorities and emotions, all of which run counter to avoidance.

The apparent contradiction between Karen putting other people first, but not having a bond with her 'child of focus' may be explained by her focus on emotionally unavailable people. An authentic relationship with her son would have involved giving love that she herself still sought. She may not have been able to give that which she had not yet herself received.

6.3.1.3 Concept 3 – Problem-Solving Survival

Perhaps this parent's most salient personality characteristic was her intense curiosity and an apparent belief that cognitive inquiry would lead ultimately to the understanding of her origins and of herself that she desired:

> So while I was in Dublin I knew I was adopted from Dublin. So I was questioning my adopted mother, where was I adopted from? And I was adopted from a place called X Street up Y Street, it's halfway up. So I decided to put pen to paper and write to them. And I did… (Interview 1).

She had a strong belief in intuition as when she met her supposed birth father:

> So I met up with him and the minute I met with him I knew he wasn't my father. I'm a good judge of character, I've a great sense of, or I can tell straight away if I don't like somebody (Interview 1).

Her instinct proved to be correct, which was confirmed by her birth mother upon confrontation. Apparently, her actual birth father was from a family that was locally respected, so a man with less standing was blamed for the pregnancy.

Karen's strong pro-active and problem-solving characteristic was clearly of benefit to her in many ways, however, one wonders if her affective relationship with her son was in part diminished by a no-nonsense approach to life at the expense of empathic intimacy?

6.3.2 Interview 2

The thematic concepts which arose in Interview 1, i.e., a) other oriented, b) intra-psychic effects, and c) problem-solving survival were further developed in the second interview, which yielded a total of seventy-three themes. These themes were collapsed into six concepts, 1) neglectful childhood, 2) negative emotional impact, 3) feeling unsafe in the world, 4) coping mechanisms, 5) compensation, and 6) indications of positive shift. The six concepts are listed in a possible causal order on the assumption that Karen's neglect in childhood caused the subsequent phenomena to develop.

Table 6.5 Interview 2 with Karen

Themes	Categories	Concepts
Mother withholding approval	Neglectful childhood	Neglectful childhood
Authoritarian upbringing		Negative emotional impact
Being punished		Feeling safe in the world
Passive father		Coping mechanisms
Brokenness		Compensation
Manipulation by mother		Indications of positive shift
Mother jealous		
Generation factor		
Authoritarian family		
Love absent		
Unloved		
Insecure attachment		
Projection by mother		
	Negative emotional impact	
Isolation		
Not deserving of support		
Getting needs met causes rejection		
Self-blame		
Guilt at own happiness		
Passive grieving		
Quiet rage		
Lack of empathy		
Low Self-belief		
Anticipating more loss		
Expressing anger indirectly		
Anger		
Low self-esteem		
Naiveté		
Doubtful about sharing pain		
	Feeling unsafe in the world	
Extrinsic locus of control		
Adversarial relating		
Needs to feel in control		
Control as safety		
Lack of autonomy		
Fear of vulnerability		
Alone in the world		
Being abused		
Conflating being used with acceptance		
Let down		
Rejection		
Duty Bound		
Child carrying responsibility		
	Coping mechanisms	
Awareness		
Rationalising		
Compensation		
Manipulation		
Judging		
Intelligence as protection		
Analysing		
Magical thinking		
Intuition		
Medications		
Enquiring		

Table 6.5 Interview 2 with Karen (continued)

Themes	Categories	Concepts
Cognitive understanding		
Intellectualising		
Relationship		
Responsible for others	Compensation	
One soul mate		
Keeper of secrets		
Putting others first		
Undervaluing husband		
Dominance		
Competition		
Willing to take risks		
Noticing change	Indications of positive shift	
Setting limits		
Choices		
Love		
Physical care and love		
Needs		
Validation		

6.3.2.1 Concept 1 – Neglectful Childhood

It was instructive to observe this woman's childhood which was described in the first interview as 'fantastic,' subsequently described in quite bleak terms:

> She never tells me she loves me, she never tells me she's proud of me, she's never said it to me, ever. She would never show me affection at all and when you do give her a hug it's a cold hug, it's like, that kind of thing (Interview 2).

> Yeah, and then my (adoptive) mother who reared me, I can see the rejection later on in my, not my teen years but 16 upwards even to now. There's certain things that go on in the family that I'm not involved in, they wouldn't ring me (Interview 2).

However, this parent has never stopped seeking her adoptive mother's love, and it may well be that the absence of expressed love in her life, drove her persistence in seeking out her birth family, and her perseverance in seeking the acceptance of her family of origin:

> I'm actually striving for her love and I'm not getting it and I know I'm not going to get it but I'm still doing it. So I ring her (adoptive mother) every single day, just to say 'How are you?' (Interview 2).

The case study participant's parents appear to have had a co-dependent relationship wherein her mother was controlling and her father, while apparently kind, lacked the character to assert himself. As a consequence, Karen rarely had any support from her father, and what little she received was covert, which may have heightened her sense of inferiority, which was earlier expressed in terms of 'immaturity:'

> My father never spoke when my mother was around, he was a quiet man but he spoke to me on a one to one. If I rang my mother to talk to her, Dad would say "Oh hi Karen, I'll get your Mum." He wasn't allowed to have a conversation with me. It was hard, and it still is hard because now my father has passed away, she doesn't even pick up the phone to ring me, I have to ring her (Interview 2).

6.3.2.2 Concept 2 - Negative Emotional Impact

Many emotional difficulties arose in the second interview and throughout the study, e.g., shame, guilt, low self-esteem, self-doubt, and anger. It may be reasonable to suggest that the emotionally inadequate parenting which Karen received formed the basis for her negative affect. She appeared to have a distinct inferiority complex, which can be seen in attempts to earn or buy the affections of her newly found birth family.

> Yeah, because I did shower them with gifts, I did and it was a very wrong thing to do; now I know that. But I just felt I had to. I think it was for acceptance reasons and yeah a lot of the old me was, when I was making friends, just say friends for example and we got into a great friendship I just felt that giving gifts would make them feel, would make me feel more accepted. Whereas I didn't need that, it was me kidding myself (Interview 2).

The participant's sense of inferiority may have been responsible for her apparent belief that she was not deserving of support and that she must approach the major difficulties in life alone: For example having got her know her original birth family, she began to travel to their town (about 4 hour's return trip) every weekend, in order to build upon those relationships. However, the effort was one sided, her visits were never

reciprocated, and she frequently brought gifts for her relatives which were also un-reciprocated:

> My siblings, yeah, so they relied on what they were getting from social welfare, they weren't working and they couldn't afford to work really because they had the children. Now the children weren't school going at the time either so they were minding them on a daily basis. So they saw me and they just had to say something like "Oh God do you know the video broke down last week." And I'd go out straight away and I'd buy them one. My mother's George Foreman broke down which I had bought her, the first one and it broke and I went off and I bought another one. I was replacing things in her life, you know and they were taking advantage of it. But I suppose in the back of my mind I knew they were doing that but I was happy to do it, I was in a position to do it (Interview 2).

Even though married at this point, her husband had very little involvement with her newly found familial relationships.

> So, my husband never came up with me, he actually came up on two occasions, but he knew what was going on, he really knew. He left it to me really, he didn't interfere unless there was a problem then he interfered so he did, with me, not with the family, he wouldn't pick up the phone and say "How dare you treat Karen like this." He left that to me because it's something I had to sort out myself (Interview 2).

Having been left to fend for herself emotionally in her adoptive family, she now believed that it was her duty to shoulder the burden alone:

> My husband would be shy in that sense. Like if we had a problem my husband would have me deal with the problem rather than him because he knows I'm stronger than him. I've become stronger in myself. There's certain things like you can go with me to a certain level and then don't cross it (Interview 2).

6.3.2.3 Concept 3 – Feeling Unsafe in the World

Negative emotional impact naturally is not conducive to a child feeling secure. Karen received very little assurance or re-assurance that the world was a safe place:

> My mother was the type of woman; she spoke first, if she asked you questions you answered. You don't come in on a conversation; you don't interrupt on a conversation (Interview 2).

What sounds like a Victorian style upbringing might well give rise to a difficulty with non-directive empathic filial play. However, rather than being quiet and withdrawn, the case study participant was outgoing and active. Perhaps as a substitute for affection, she attempted to find her ground though active engagement with society:

> I was a very active child, very, very active, always wanted to be on the go, always wanting to do things and they never had a problem with letting me do these things, I even went up to Irish college, you know three years, I was in Donegal actually when I was 10 and I stayed there for seven weeks (Interview 2).

Unfortunately, as an adult, Karen, who sought to secure her place in the world through connecting with her birth family, found that they were not trustworthy:

> I suppose starting with the relationship (with birth family) that you just asked to where it finished because it was very short, it was six years. I suppose the reason why I finished it was because number one for the protection of my children and I'll get to that in a minute and number two, for me. I'd seen enough and I'd had enough at this stage because I went in there very vulnerable and they took advantage of me (Interview 2).

While her naiveté was mostly exploited financially, a more serious incident involved one of her uncles who made sexual advances towards her:

> At the funeral UNCLE 1 approached me and he said to me "Karen we've never really had time to talk to each other on a one to one basis." … So he said "Would you be interested in meeting up?"… So I met him, I picked him up at the gates of the hospital at 1 o'clock presuming we were going for something to eat. So he said "Pull over to the side of the road here." And alarm bells started ticking, what was he up to, does he not want somebody to see me in the car with him? And then he turned round and he did kiss me. And I went "This is not right, what are you doing?" (Interview 2).

Her sense of self-esteem, however, was such that she continued to visit her birth family for a prolonged period of time. She eventually, after six years of contact, ceased all communications with her birth family.

6.3.2.4 Concept 4 – Coping Mechanisms

Having been surrendered by her mother as baby and then emotionally neglected by her adoptive mother, all of which may have led to her stoic outlook on life, Karen naturally developed a range of coping mechanisms in order to adapt to her difficult childhood. The principal impression which she gave in interviews, in this regard, is that of a person who felt that discovering the facts of her past and making cognitive meaning of that knowledge would lead eventually to contentment and peace of mind. Secondly, Karen rationalised and minimized her disappointments having met her birth family.

> I think having a very big family like that, nine children you can't get that individual attention, you can't get that individual love and they cried for it. They looked for it and this is what they're doing now, they're acting out (Interview 2).

6.3.2.5 Concept 5 – Compensation

Adler pointed out that when people are lacking resources in some areas of life, they tend to compensate by focusing on those assets which are to hand (Ansbacher & Ansbacher, 1956). Karen found some solace in her life with the man who would become her boyfriend, then fiancé, before becoming her platonic 'soul mate.'

> So then I went to Dublin and then at 18 I met Dermot who was my best friend that I told you passed away – did I tell you that? I get confused too. Okay I met Dermot who was my first real love and we had a relationship for six years but that didn't work out. We realised that we were more best friends, soul mates even. So we continued our friendship and we had 21 years together and he died last June, last year. So it's coming up to his anniversary so I'm feeling that (Interview 2).

Dermot was very supportive of Karen, and in line with her value on intelligence and knowledge, Dermot is described on several occasions as being very bright, which appeared to give him an elevated status in Karen's eyes. Perhaps, if as suggested, Karen felt alone and unsafe in the world, it was necessary that her soul mate would be a person of advanced wisdom. However, his friendship was not without problems because

Karen's adoptive mother did not like Dermot; so that becoming close to him increased Karen's distance from her mother:

> So anyway I introduced her to Dermot and my mother didn't like him straight away and Dermot didn't like my mother because they were very alike…
>
> My mother wouldn't even invite him in for a cup of tea. So, that was hard for me and then our relationship progressed – myself and Dermot's and we got engaged and I went home to tell them the news. She didn't even want to look at the ring, she didn't congratulate me, she told me I was making a very big mistake so I left the house feeling, from coming for a high to a low point.
>
> Losing a parent is hard, losing your best friend is worse, you tell your best friend more than you do a parent. They know more about you, they know everything from your hair down to your toes and Dermot was the only person that knew me inside out. I was 18 when I got to know him, 21 years, that's a long time. They know your weak points, they know your good points and he was an analyser, he analysed you through your writing; that was his profession (Interview 2).

6.3.2.6 Concept 6 – Indications of a Positive Shift

Concept 6 was a timely reminder that the case study interviews were conducted while Karen was training in the author's filial play Group 4. Interview 3 took place during training week seven (of ten). She reported positive changes in her child's well-being and within herself also. When asked if the filial play (often referred to as 'it' by parents) was helping she responded:

> Yeah, more so with my Child of Focus than myself, I am seeing changes in myself already but more so with Child of Focus, and because I see changes in him it's making me happier then as well (Interview 1).
>
> I'm learning everyday since, to give equal attention, to listen to his needs and insecurities, and to never refuse or say 'in a minute' when he wants to give me a hug and a kiss (Personal Jsournal, p. 17).

6.3.3 Interview 3

Interview three yielded twenty-eight themes, and three concepts which were, 1) rejection, 2) self-concept, and 3) empathy issues. Broadly, these concepts condense themes already examined to a) a sense of rejection at having being adopted into a loveless family, b) confusion over her personal identity and place in the world, and c) difficulty relating to others on an empathic level.

Table 6.6 Interview 3 with Karen

Themes	Categories	Concepts
Unwanted	Rejection	Rejection
Feeling displaced		Self-concept
Parenting		Empathy issues
Authoritarian		
Past oriented		
Disappointment		
Seeking validation		
OCD element	Self-concept	
Rationalising		
Rationalisation		
Avoidance		
Creating need for self		
Self-validation		
Denial		
Ego-centricity		
Splitting		
Identity formation		
No empathy from mother	Empathy issues	
No feeling for new-born son		
Disappointed at not having a girl		
Control of son		
Child's need for love		
Preferring second child		
Lack of empathy		
Child is the problem		
Own parents unaffectionate		
Not validated by mother		
Lack of empathy		

6.3.3.1 Concept 1 - Rejection

Karen rejected her first born son just as she herself had been unwanted by her birth mother and unloved after adoption. Indeed Karen's rejection of her son was stark:

> So yeah, he was born and I had no feelings whatsoever for him, all I remember was the two blue eyes looking down at me and I just went 'OK.' They took him off, I'll never forget it, and you can imagine like because I'm relating it to my second pregnancy how I excited I was, completely different. So, they took him off anyway and what do you call it? I actually cursed because what they said to me was, the nurse said "Oh congratulations you've got a baby boy." I had a mask on my face and I took it off and I went "Fuck off." basically I said.
>
> So anyway they took him off and they put me into recovery for a while and there was no excitement there but they just let me go and have a look at my baby. There was nothing like I'm dying to see him because all I saw was these two blue eyes and they make you kiss your child when they first come into the world. No feelings whatsoever. So then I went down after recovery and Husband came in, a big smile on his face and he said "Great we've got a boy." And I went "It's a baby, so what." He said "Are you okay?" And I went "Yeah I'm perfectly fine." He said "You don't seem excited." "Excited by what?" "You're after having a baby Karen and he's perfect. We made this baby." And I went "Yeah." And even when he was brought down to me I just looked at him and I went… I can relate to everything I did. So, his grandmother reared him for the first year (Interview 3).

Parents tend to parent their children as they themselves have been parented. The generational nature of parenting styles is addressed explicitly by Karen:

> Compared to what my mother, how she reared us? I've noticed that I'm very like my mother in the way, the way I'm rearing my children. Now up until I started doing filial play I was very, very strict, very strict and I would tend to smack more than use my words.
>
> **…**they know when they're doing wrong so that's when you automatically smack them on the hand or smack them on the back and stuff like that. So yeah I was doing a lot of that with Child of Focus and I know, I think it's affected him as well. I think I've done some damage there because he says to me an awful lot, he said to me actually only this morning, he comes in every morning before we get up for a cuddle, he has to have 20 hugs at least a day, and kisses from me, from me. He would even disturb me from doing something for a hug and a kiss. But he said to me this morning he said "Mam if I wasn't born would you still love me?"

An interesting question arises as to whether or not a feeling of rejection as a child leans one towards authoritarian parenting or not? Was Karen's strictness contingent on her affective state, or simply environmentally influenced by her adoptive mother's stern approach to her?

An ambivalence concerning her self-concept may also account for a daredevil tendency:

> Sometimes, you know I get to a point where I have to prove something and it gets me into trouble. For example at the weekend, because I was such a good girl growing up, so innocent, as I've got older I've tried things out to see how far I would go without, I would be getting away with it. Nothing bad, just being a kid, wanting to do it (Interview 4).

On the above mentioned weekend, Karen travelled for an overnight stay in the country town (not a tourist destination) where her birth family lives. While at the hotel she deliberately smoked in the room and set off the alarm system, but made no contact with her relatives. After the hotel security man had called to the room…

> And he left the room, it took me an hour to get back to even go to sleep but it was just mad. I was shaking and I felt great in one way but bad for doing it in another way but I just wanted to prove something. I wanted to see if that alarm would go off and what would happen (Interview 4)

That incident occurred during the series of interviews and appears to be an attempt to test her courage vis a vis her family of origin in an indirect and somewhat magical way. However, the proving exercise was pyrrhic in that perceived 'punishment' followed swiftly in the form of a burst pipe at home:

> So it was mad, absolutely mad. So that's why I was saying to you, this morning, that was my punishment of the water come down the ceilings for lying – about setting the alarm off in the room (Interview 4).

Given that Karen was conducting filial play session with her Child of Focus at this time, it struck the researcher that a parallel existed between the hotel scene and a filial play session. Could the hotel room have been a play area, Karen the 'child' testing the limits and the security man representative of a strict parent?

> **So it seems to me in a general way you were challenging authority weren't you?**

That's true when you think of it that way, yeah.

In terms of the play sessions - that's like the child being in charge of the play isn't it? Probably you were breaking one of the safety rules…

Breaking the law - because they can charge you for smoking in a non-smoking room… I'll never do it again though, I will do something once and if I get away with it, I won't go and do it again but it's just, it's because my mother was so strict (Interview 4).

6.3.3.2 Concept 2 – Self-Concept

Karen's self-concept seems to have been compromised by her adoptive mother's apparent indifference to her:

It is but it has affected me, it has definitely. I'm still looking for my mother's approval and I'll never get it and I know I'll never get it, not at this stage of my life. She's never said how proud she is of me in anything I've achieved (Interview 3).

An occasional release from rejection was achieved when Karen, as a child, (on her own initiative), stayed with an aunt who welcomed her. Nonetheless, Karen minimized her own welcome by assuming that she was wanted primarily because she was useful to her aunt. In so doing, Karen may have undermined her own sense of self, by denying the possibility that her welcome was based on love:

So you can imagine that would have taken me over two hours to cycle that, put my books on the bike because I needed my books to study. I was going down to my Auntie Z's, that was my father's sister and I could see the, why I chose to go to her was because she was mischievous. She had four boys so she did, they were younger than me and she was very relaxed about life. So if I arrived on her doorstep I was welcome. And of course I loved cleaning and she knew that and she wasn't the cleanest person, so she got a double bonus when I arrived at her door because I did, I cleaned straight away (Interview 3).

On one occasion, having 'run away' to her aunt's house, Karen (whose adoptive mother made no attempt to retrieve her) was fearful of punishment on her return:

I think I stayed about a month and I just arrived back and my mother said nothing, she actually said nothing. She actually said nothing, I was dreading

> it, my heart, my Uncle drove me home and put the bike in the boot of the car and my heart was in my mouth thinking "She's going to kill me." I could just see her, "She's going to kill me." So I had to knuckle down for two months and study then because I had had a month of, bliss (Interview 3).

Other than Karen's own troubled childhood, a second possibility for rejection of her Child of Focus was that she had become pregnant after being raped and had had a termination at four months. Could the experience of her bearing her first child to full-term have activated negative feelings around her rape which were then projected onto her Child of Focus? This possibility was explored by the researcher:

> Yeah, you know when a woman gets pregnant for the first time like to me now with my husband that was my first pregnancy, even though I know it wasn't and the excitement of that, knowing that there's a child growing inside you and going through that 10 month cycle whereas that happened to me up to four months when I was raped right, when I was raped and then I was pregnant and it took nearly four months for me to tell Dermot that I was pregnant number one and I was scared, I was so scared.
>
> So yeah, I suppose all those things probably came into it (Interview 3).

Perhaps as a consequence of her ambivalent status as a child, Karen shows some evidence of splitting. In the first interview, she claimed to have had a 'fantastic childhood,' and this contradiction reappears immediately following the above sojourn at her aunt's, followed immediately by a rationalisation of her adoptive mother's behaviour:

> **Interviewer: But you must have been pretty unhappy at those times yourself...?**
>
> Karen: Very unhappy, my childhood was fantastic, I loved it. I just loved it but then when I came up to, I suppose going to the secondary, then it got hard so it did. It was hormones, you know, my mother wasn't able to deal with hormones because she had two boys but then she had me and my stepsister. So I don't know, I really don't know. I know a lot of it was related to not having her own mother, her grandmother was strict and then with her father she didn't have a great relationship with him (Interview 3).

Another indication of a troubled self-concept leading to splitting was a habit that Karen developed of imagining her own funeral:

> I've done, like I feel that, I've thought about how I've died and who would be at my funeral, I've always done that. I'm always doing it, even before my father died I was doing his funeral in my head, I'm doing my mother's as well. I don't know why I do it but…(Interview 4).

Later in her life, Karen replicated a dual belief system in keeping her contact with her birth family separate from the rest of her life. She had given birth to her Child of Focus during the six year period that she was traveling to and from her birth family for weekends, but that family also preferred to keep Karen's social domains separate. Referring to her birth mother, Karen said:

> She never congratulated me as such (on the birth of her son) or, I don't know just a different world, different world up there. I had to blend into their world and then I came out of their world, I was in my way of life. It was like two completely different lives that I was living, do you know it's like I switched off when I came down here and I switched on to their way of living when I went up there. It was mad, absolutely mad. That's why I couldn't, because I had to end it because I liked my life, I liked this life, I didn't like that life. I didn't want to be associated with it, I really didn't, it wasn't me.
>
> Yeah. It was like having a split personality. I can be this type of person up here whereas I can't be that type of person down here, you know (Interview 3).

6.3.3.3 Concept 3 – Empathy Issues

Of particular interest to non-directive filial play training is the feeling of empathy by a parent towards her child. One of the fundamental principles of play therapy is that the parent needs to be 'genuinely interested in the child' and develop (or strengthen) a warm, caring relationship (Landreth & Bratton, 2006, p. 5). Karen had a significant deficit in empathic feelings for her son, which may well be a legacy of her own affective upbringing.

> Yeah, see my mother has, from my upbringing done me well. They weren't fantastic parents but, I've probably said before, they never showed their love through hugging, kisses, affection they only did it by giving us things (Interview 3).

Upon running away from home, no empathy was shown at all by her birth-mother:

> I had another fight with my mother so I packed all my clothes and I walked out the front door and I said "You'll never see me again." And stood at the top of the road, and then I realised as I stood at the top of the road I was waiting for the bus and I had no money. How was I going to get on the bus? So my mother waited, we were always getting each other, she waited until she knew the bus was coming and walked to the top of the road, she said she'd wait because she knew I'd panic that I had no money and she said to me "So, you're off are you?" And I went "Yeah." "And how are you going to be paying for the bus?" "He'll let me on for free because he'll realise I'm running away." And she just laughed at that. So depending on her form when I was running away, if it was good form she takes it lightly but if she was in bad form, forget it (Interview 3).

As with her adoptive mother, there was a sense of having to outwit her Child of Focus in an adversarial relationship:

> Yeah, I know I'm taking it out on Child of Focus because he's my firstborn, he's identical to me in a lot of ways but I know I should be doing the reverse, I shouldn't be treating him the way I was treated because people tend to learn from being treated badly to not treating somebody else badly, because you're kind of contradicting yourself which I am and I know. I've calmed down an awful lot, I haven't hit Child of Focus in I'd say about two years because they get used to it as well, they laugh at you (Interview 3).

> We'll talk and he'll say to me, he looks for my approval, he looks for my love. He wants that and if he said to me, if 2nd Child was with me and he said "Mam can I have a hug." I'll say "Yeah just one second." And he'll go "Huh, you're not giving me a hug." Because I might have 2nd Child, I might be doing something with 2nd Child in my arms or whatever and I'll say "Hey of course I'll give you a hug." I'll say "You will have to come over here to me so I can give you a hug?" (Interview 4).

> I started to question myself discovering, 'maybe I was too strict on him? Maybe I wasn't giving him enough attention? (Personal journal, p. 17).

Karen, when describing the birth of her son, spoke in a very matter of fact manner of having had no interest in him whatsoever:

> So yeah, he was born and I had no feelings whatsoever for him, all I remember was the two blue eyes looking down at me and I just went 'OK.' They took him off…

Her son, as a toddler, was also referred to as if he were an object. Interestingly, Karen felt better able to relate to him once he began to speak which might rest on her apparent reliance on cognitive interaction to generate a sense of security. Her son was no longer a being relating largely through his senses and emotions:

> Then I realised I was kind of going "This baby can talk now, it can walk" so I suppose the harder stage was over me and I was probably, I know I was feeling better myself. But then I was dealing with a lot of stuff up in Country Town 1 too.

6.3.4 Interview 4

Interview four gave further depth to Karen's narrative wherein she reported having been sexually assaulted and raped on two separate occasions. She had an abortion on foot of the rape. The sexual attacks by men may explain why Karen had wanted a girl and perhaps also a reason why she rejected her male child. Thirty four themes gave rise to three concepts, that is, 1) child as being responsible, 2) coping through avoidance, and 3) glimpses of resolution (see Table 6.7).

Table 6.7 Interview 4 with Karen

Themes	Categories	Concepts
Rape	Child as responsible	Child as responsible
Trusting		Coping through avoidance
Sexual abuse		Glimpses of resolution
Vulnerability		
Facing danger alone		
Child is angry		
Child is responsible		
Conflation of child with self		
Favouritism		
Child is needy		
Judging child		
Cognitive communication		
Rationalising	Coping through avoidance	
Repressed memory		
Distancing		
Projecting		
Denies own intellect		
Deflection		
Numbing-out		
Dissociation		
Magical thinking		
Rebelling		
Avoid Feeling		
Betrayal	Glimpses of resolution	
Anger		
Feels safe		
Opening up to responsibility		
Generational hurt		
Unconscious insight		
Testing self		
Shoring up of psyche		
Testing resilience		
Grieving		
Hard to put self, first		

6.3.4.1 Concept 1 – Child as Being Responsible

Throughout the interviews, Karen excuses the behaviour of the significant adults in her life, and takes on board responsibility for her circumstances. Concerning her adoption, she spoke of the shame of illegitimacy as explaining why she was put up for adoption. Her adoptive mother is unaffectionate because her own mother was like that and Karen's father was non-assertive because his wife was controlling. Karen was taken advantage of because she was very 'immature' for her age, etc. While it is likely that these factors were true in part, the adult's responsibility remained with them in reality,

however, Karen being developmentally ego-centric felt that she was somehow responsible. It is interesting, that she refers to her Child of Focus from time to time as someone with adult-like power who is apparently in an adversarial relationship with Karen.

> It is very interesting. It's like a split personality. He knows what he's to do when he's in the filial play and he knows that he can't step outside the boundary. But he's clever as well to know that when he is outside the boundary he can do whatever he wants (Interview 4).

> Today, child of focus just wanted to play with his doctor's set. I feel that he likes to be in control of making me feel better (Personal Journal, p. 12).

Child of Focus began to express anger after beginning filial play sessions, which appeared to puzzle Karen:

> It could be possibly but he's related a lot of anger, wherever that's coming from I don't know because, I can't explain it but it's just, he's changed so much, maybe it's just something he's going through at the moment. I mean he didn't really go through what they call the terrible twos as such, maybe it's delayed reaction to the terrible sixes, I don't know…

However, more generally she perhaps knows why her child is angry but consciously does not make a connection between her own past pain and the possible consequences of her not bonding with her son:

> If somebody hurt me deeply I know that they were hurt in some respect you know. I also know that somebody who's been a bully, something is going on in their lives. So I feel sorry for them (Interview 4).

6.3.4.2 Concept 2 – Coping through Avoidance

Karen avoided the pain of abandonment by becoming busy in her work and personal life. She thought that by being busy trying to reconcile with her birth family that the emotional wounds would be healed. However, reflection not action is what is needed to process unresolved emotion from the past. Karen has just described how her parenting

was like her mother's parenting and she expressed an awareness of how her son needed a different type of care. However, on p. 36 she reported being surprised that her son had become angry during filial play and she had no awareness of why her rejected son might have been angry. Her busyness has not, therefore, added to emotional sensitivity, but is likely to unconsciously help her avoid that very awareness.

> Its 'hurt', you know that butterfly feeling, do you know that when you're nervous. You lose your breath for a second and I go into, I switch myself off and I go into this, what would you call it state of, it's like into a dream world. It's like I know I'm here sitting on the chair right but I'm actually focusing on Dermot all the time (Interview 4).

A theme which arose strongly in Interview 4 was the untimely death of her soul-mate, Dermot. The anniversary of his death was imminent and Karen was pre-occupied with the manner of his death via brain haemorrhage and her absence from his side at the time. She had even taken up smoking because of the stress of this anniversary:

> It's like I know I'm here sitting on the chair right but I'm actually focusing on Dermot all the time and the one thing that is affecting me is, I told you that I knew he was dead and what I totally regret and I know I wasn't meant to be there but I just totally regret when I knew the day he died that I didn't get into the car and drive up. That's what I'm thinking all the time and I'm thinking I'm standing at the door and I'm then kicking down the door and I find him dead on the ground and what's my reaction. Different role plays, I'm playing around in my head and it never actually happened because I didn't go to Dublin. But, I should have been the one that should have been there (Interview 4).

However, the interviewer wondered if her pre-occupation with Dermot might not be a form of avoidance via projecting:

> **Interviewer:**
> **It might be worth looking at that as a projection which means that it might be something else that you're upset about but like an old movie can really project it elsewhere so that it's more… So it may not be, especially when that particular thing's happened you know. It may not be so much to do with Dermot; it might be more to do with yourself, you know?**

> Karen:
> I've actually, sorry for interrupting, another thing I didn't say to you was, it just clicked now why am I doing that. His sister actually, she's not well in the head to be quite honest but when we went up to his apartment on the night that he was buried she actually re-enacted what actually happened to him (Interview 4).

Karen, who was mostly very polite, appeared to dismiss the interviewer's suggestion out of hand. Dermot's memory seemed to be the most important facet of Karen's life. His death reinforced the theme of perpetual loss (possible core theme) that seemed to keep Karen from embracing the present and in particular, her Child of Focus. An example of Karen avoiding the present was one occasion where she refused to accept that her son was sick and she sent him to school regardless:

> He wanted to stay at home, but I didn't reflect on his feelings…Mondays are a bit crazy for us as I work…so I think I was being selfish. He was sent home from school with a virus and I as a parent, felt bad. I should have acted on his feelings straight away, so that day I learnt to listen and reflect more (Personal Journal, p. 8).

6.3.4.3 Concept 3 – Glimpses of Resolution

In Interview 4 there are green shoots of change to be seen. In spite of a pre-occupation with various past tragedies, there is a yearning for a happy problem free future:

> I don't want them (my children) to hide stuff from me because that's what I've had to do all my life and I think that's where my problems come in, that's where my insecurity came in. I would feel, if I could really lift up the phone now and say to my mother that something happened to me there the other day that what can I do about it: I can't. Parents are (supposed) to be there to give you advice and to help you through the hard times (Interview 4).

Karen does not want her children to experience the isolation she felt when carrying a burden, although the focus is very much on the effects of perceived failure on herself rather than the impact upon her son:

> I would ache in my heart if my son went through something and he never told me. It would kill me, I would feel like I wasn't a good parent, I'd feel disappointed in myself (Interview 4).

A degree of insight concerning how past experiences can colour the present is apparent:

> I love joking and I love talking but I know behind all that I have all this going on. So I'm blocking that out and having me time to think about it. So, I try not to think about it but I can't help it because I always remember being told if you don't sort something out it'll come back to haunt you and this is what it's doing, later on in life (Interview 4).

Perspective is evident, also, concerning the life she might have had, had she not been adopted:

> I had a very, very lucky escape. I could be walking the streets, I could be on drugs, I could have saved myself from all of that, who knows, but I think the type of personality that I would have had, I probably would have ended up on drugs because I wouldn't have known any better because of the insecurities that I would have had. When I told you about not being loved, Birth mother definitely wouldn't have given that love (Interview 4).

6.3.5 Interview 5

Twenty-three themes and two main concepts appeared in Interview 5, that is, 1) catharsis, and 2) making peace with the past.

Table 6.8 Interview 5 Karen

Themes	Categories	Concepts
Mellowing Authentic relationship Love Catharsis Feelings for son I am responsible Deciding to forego past hurts Integration Submission Autonomy Acknowledging actual rejection Desire to leave the past behind Future oriented Stronger self-concept Loving more-so Benign control Integration Clarity	Catharsis	Catharsis
My suffering was necessary Had to do it alone Loss Independent living Anticipating mother's death	Making peace with the past	Making peace with the past

6.3.5.1 Concept 1 – Catharsis

In interview five there is sense of change in Karen's outlook, perhaps as a result of the interview process, which she said had been a healing process for her:

> Yes, absolutely. I was given plenty of challenges in life and I've got through them, thank God but my problem was bringing them with me throughout life, not sorting them out when they were there at the time, just blocking them out, which is a bad thing because I know now it affected me and it's never too late to fix things, but at the same time you're better off fixing them sooner rather than later.

> But as I said like there's so many different changes in us but again reflecting a lot on me as well because I'm seeing changes in myself too.

> I don't know what it was – I have noticed in the last couple of weeks I'm getting more easier on myself. Not necessarily bringing the filial play into it but it is helping, of course its helping. Like the words wouldn't be brought into it, it would be more the, it would be tolerance, as in calming down towards him and not giving out on him as much.

> So, he came over and I reached out and I gave him a hug and then he was talking to me but I was actually looking into his eyes because when I'm talking with Child of Focus before this ever happened I'd be listening rather than looking. I wouldn't be focusing on him, you know eye to eye contact but this morning I looked deep into his eyes and whatever happened in that instant few minutes the love for him just hit me like, it was just unreal (Interview 5).

Karen's authentic self seems close to the surface, and the following quote suggests that if she could make peace with her past that she would be a fun person:

> But inside when I've calmed down and when I'm talking to you like this you see a different side to me. It's like something's bursting to get outside, you know and when I do I feel great after doing it. It's like when I play with Child of Focus and the kids here, out on the road, I am playing football and being a kid again, even if it's so much as catching a ball or blowing bubbles with the kids, I'm me. But then there has to be that responsible me as well because the kids are there, you know (Interview 5).

Concerning cathartic anger, at this stage in the process, Karen ceases excusing the negative behaviour of her birth family and begins to experience anger toward them:

> Yes, absolutely because when you brought up there about my biological family, I was like that (angry).
>
> **Is that right, just the mention of it?**
>
> So much anger. So much anger for the way they treated me and how it finished, it shouldn't have finished the way it finished. Do you know because I gave my all into it and it took me 16 years to find my mother and she's no feelings for anyone? She's got so many issues in her life she's exactly the way I was, something would happen and I'd put it to the back of my mind and then years later it would catch up with me. Whereas now if something happens I deal with it there and then, I go to the extreme of getting it sorted, she doesn't. So, this is going to affect her, I know it will, you know so (Interview 5).

Interestingly, in Interview 5, it emerged that Karen's feelings for her husband had been lacklustre, but that her emotions towards her husband were now heightened in conjunction with her feelings for her Child of Focus.[13] Up to this point, her husband had appeared to be a minor character in the narrative, mainly referred to with respect to

[13] Theoretically, once repressed emotion for the past is released then more authentic feeling may emerge for those in the present (Freud, 1989).

his parenting, and all signs of passion were directed towards her deceased best friend and former fiancé, Dermot:

> So I think, again, going back to God, he put me with my husband for that reason, he knew he was taking Dermot later on in life and I have got closer to my husband, more than ever now and I'm realising I love him so much now whereas I didn't before… The last couple of months.
>
> Absolutely, I'm feeling something stronger now for him than I did before. When I first met my husband I was in love with him and then after having Child of Focus, right this is where this comes in as well, not having the bond with Child of Focus I didn't feel anything for my husband (Interview 5).

Further significant insight followed:

> I think it's because I could never accept my husband loving me the way he does because I never got it, I never got it in my life. My husband would go to extreme lengths to make me happy and I wouldn't thank him for it. Now I do.
>
> Yeah, I've seen the bigger picture…So much is happening in my life now, I'm putting the pieces together now and I've nearly got a jigsaw out of it you know.
>
> Yeah, it's lovely; it's absolutely lovely because I know what it's like with my second Child. But with my Child of Focus after six years, it's a long time to actually feel something, awesome.
>
> I can't wait for him to come home this evening now just to tell him how he got on, I'm all excited for him, I really am (Interview 5).

6.3.5.2 Concept 2 – Making Peace with the Past

> I think what I'm trying to do as well is I'm trying to put my childhood behind me because that's a different era and different time. This is my time now with my children and I cannot take out what affected me on my children, I need to focus on them and this is what I'm learning as well (Interview 5).

Karen mentioned on a couple of occasions a desire to write an autobiographical book, in conjunction with Sister 1, her elder step-sister. The writing project may be an unconscious desire to step back from the past through creating a subject/object

relationship with her own history:

> Yes, well the way I think that what would work out great for us is, Sister 1 being the eldest has more experience as in, has more info I suppose from the time she met our biological mother and family, she's going to write the first part. Then in the middle we're going to write about us two meeting up and our relationship and then it goes on to my story. Then it goes onto whatever happens in the end. So it's going to be very, very difficult to do (Interview 6).

A desire for a normal present-based life also comes to the fore:

> …because there is more to life, definitely more out there to life. Emigrate, go on a little break, think positive, that's what I'm doing. Like people are saying to me "Your job is up in September now, what are you going to do?" Well I'm not going to worry, I'll be a housewife, I'll be a mother again and if something comes in to my life well then I'll grab it by the reins and I'll go out and do it (Interview 5).

However, in order to leave the past behind, it seems that Karen may unconsciously believe that her mother must die.

> But the one thing I am fearing, Cóilín, and I know it's coming and it's very close because I've a great inner gut feeling, is my mother dying. I dreamt that of my father dying and it came true, now I'm dreaming it of my mother (Interview 5).

The researcher's attempt to interpret her fear as being symbolic of her leaving the past behind was not entertained:

> **It could be now, if we look at dreams as symbolic rather than portraying the future it could be just symbolic of you cutting the ties and moving on now that you have all this change going on, like that you're letting go of the unhappy kind of ties that have been there. So it could be just symbolic of that, I always look at dreams as symbolic personally at what's actually happening now rather than what's going to happen.**
>
> Well, sorry for interrupting you…(Karen's proceeds to talk about her father's death) (Interview 5).

6.3.6 Interview 6

Twenty–six themes emerged from the final interview which was a considerable decrease on previous dialogues. The interview was more coherent than others, in that there was a convergence of themes which overwhelmingly centred on one concept, i.e., conscious living (Table 6.9).

Table 6.9 Interview 6 Karen

Themes	Categories	Concepts
New world	Conscious living	Conscious living
Autonomous living		
Present oriented		
Happiness		
Person-centred		
Empathy		
Conscious parenting		
Equality		
Generalising filial play skills to others		
Validation by mother		
I am lovable		
Adaptation		
Discerning		
Prizing child		
Moving on		
Empathic relating		
Imperfection		
Cognitive change		
Resolving the past		
High Self-esteem		
Valuing the person		

6.3.6.1 Core Concept – Conscious Living

The interview opened with a significant statement of change in Karen's outlook on life, which is present-focused rather than looking back to past losses, hence the concept title, 'conscious living:' living in the present:

> Yeah I just, you know I woke up today and it was like a whole new world has just opened up for me to be quite honest.
>
> I just woke up this morning - oh - and I said to myself yesterday "Right Karen…" Doing it out loud, I said "You have to be positive in life, you can't always be thinking negatively. You have to move on; you have to move on for your kids, you have to move on for you. You have to be grateful for what you have in your life." Which I have two very healthy

> kids, touch wood, I've a beautiful husband and just move on and it worked. I just woke up this morning and I was very happy, very happy in myself. I don't know if that's going to continue but it's in here (Interview 6).

Karen's view of her Child of Focus had also shifted from that of a child who she saw as problematic and the accompanying guilt she experienced to a more Rogerian child-centred perspective:

> He's fantastic…. Yeah, yeah I have even noticed the colour of his eyes. I know that sounds strange but I'm looking deeper into them now, I've noticed the colour in them, his eyes are very unusual, he has a green-y, he's green at night and blue during the day; they change,…
>
> So (I'm) trying to build up Child of Focus's self-esteem and his confidence.
>
> …Child of Focus got his school report home the other day and he's just a fantastic child at school and I'm so proud to say that, you know (Interview 6).

Karen had suspected that her son was being bullied at school, which explained his attention seeking and insecurity at home. That explanation was significant in that the focus was external, and pointed to neither Karen herself or any unmet needs in her child…the 'problem' was seen as being environmental and perhaps served as a useful distraction from Karen's own empathic shortfall. However, she changed her mind on this hypothesis:

> "He's not being bullied, he's sensitive." And he tends to talk to me more and I get things out from him that I never got out of him before. You know and it's just great and I don't shout at him. I have learnt that that has to stop, that's a no-no (Interview 6).

Karen reported in an earlier interview that when Child of Focus asked for a hug, she would not look at him and that she would tell him to come to her, a lukewarm response which was unlikely to be especially reassuring. However, using filial play child-centred attitudes and techniques, a significant change is evident:

> And he'll come straight to me, deal with it, go down to his eye level, we deal with it, it could take 20 minutes, it could take half an hour, it could take five but I'll stay there, I don't let him walk off feeling that he can't come back to me if the same thing happens again (Interview 6).

On parenting styles, as one might anticipate, given the empathic approach to communication illustrated above, Karen reports a shift from authoritarian to authoritative parenting. She had earlier referred to slapping and shouting at her son:

> (My mother) would have punished us for doing something bad but we never would have been able to open up and talk to her, that's not the type of person. So I always said I would do the opposite, and I knew I was going to do this from a younger age, I knew I was going to do the total opposite from what my mother did with us. The only thing I didn't do the total opposite with but I've learnt how to deal with it is the strictness. I got away from that strictness now, I do my choices[14] now, I've done that (Interview 6).

Indeed, Karen felt confident enough to recommend the 'choices' technique to her adoptive mother, who was having difficulties managing her granddaughter in the local shop:

> Yeah, that's what I was telling my mother about yesterday the choices and it was great to be able to tell her and she actually listened to me…and it was going on for ever in the shop, my mother was getting frustrated over giving her (granddaughter) choices so I turned round and I said "Why don't you give her three choices and the third one being nothing, and if she doesn't accept that walk out of the shop." And she said "That's a great idea"…and she said "Yeah, you're actually right." And I nearly fell off the chair (Interview 6).

Karen's self-concept seems to be more clearly defined, given the confidence she now displays in her own opinions, vis a vis other people's views. The deference given to other people, which was quite prominent in the interviews seems to have diminished considerably:

> From conversations we're having on the phone, I'm just going to myself

[14] The word 'choices' here refers to a child-centred technique whereby children who express a desire are given several choices, rather than just 'yes' or 'no.' Giving several choices encourages decision making skills (Bratton et al., 2006).

> "I'm an adult." She (mother) saw me as a child that never, she saw me as a child that never grew up. I think she's kind of making space for that adult to come in now, in certain conversations…Yeah, I'm feeling a bit relieved because every time I finish a conversation with her now I feel that my mother's accepting me now (Interview 6).

Affirmation of life is now evident as opposed to preoccupation with her past history:

> I love life, I love enjoying myself, like today now (final filial play training session), that gave me a real buzz and what gave me more of a buzz was to see everybody else smiling, that's what I love. If I'm not smiling myself inside, I love to see everybody else doing it (Interview 6).

> You do this every week with me and I was able to walk out of this room and forget about what I spoke about but I felt relieved at the same. I think it's the double of it, between the filial play and between this (interviews) that has helped an awful lot, an awful lot. And it's who you're talking to and who you feel comfortable around that makes a very, very big difference (Interview 6).

6.4 Summary of Parent Karen

Karen had entered filial play as a competent and outgoing person. However, her relationship with her son was fraught with difficulties due to Karen's inability to engage with him in a loving empathic manner. It can be reasonably deduced that Karen's own troubled past was the principal cause of her lack of feeling for her son. However, over the course of filial play training she diligently applied the person-centred play techniques and somewhat dramatically had an epiphany in week nine when she spoke of looking into her son's blue eyes as if for the first time. Feelings of empathy, which she had never felt for him, appeared and changed her perspective quite substantially.

6.5 Conclusion

Research Question 3, i.e., 'will parents possess sufficient personal resources to engage with their children on the level of empathic understanding?' was addressed in this chapter. Both parents had considerable determination and a belief that their relationships could be improved upon. A pro-active problem solving approach to life

was a characteristic shared by both Geraldo and Karen. However, their demeanours were quite cognitive in emphasis and they were both initially business-like and strict in their filial relationships. Child-Parent Relationship Training (CPRT), however, impressed upon them the importance of empathic understanding, i.e., a sympathetic understanding of children's' feelings from the child's point of view. A subtle shift occurred from behavioural control of their children towards a more individualistic concern with each child's hurts and joys. Both parents, especially Karen, felt closer to their children as a consequence.

CHAPTER SEVEN

Discussion

7 Introduction

This chapter will review the findings in relation to the aim, two objectives and five research questions posed at the outset. The aim of this study was to identify an efficacious method of increasing the levels of well-being of children in disadvantaged areas in Limerick city and county. The first objective through which the aim was addressed was to test an existing filial play model, i.e., Child-Parent Relationship Training (CPRT) to see if that model would achieve the research aim (Landreth & Bratton, 2006). In the event that CPRT was not effective as published, the secondary objective was to modify the programme and re-test the amended training in a recursive manner until a viable programme was identified. In the event, four training groups were facilitated, so that CPRT was modified three times.

The five research questions were based on a preliminary literature review of play therapy, social class and cultural diversity. The research questions were:

- Research question 1: Will participants hold an authoritarian parenting style as desirable, rather than authoritative, and if so will authoritarian parenting conflict with the non-directive filial play.
- Research question 2: Will the educational deficits of disadvantaged people render the language of person-centred psychology inaccessible?
- Research question 3: Will social class differences between the middle class origins of CPRT and working class values impede positive outcomes?
- Research question 4: Will parents possess sufficient personal resources to engage with their children at the level of empathic understanding?

- Research Question 5: Should modifications to CPRT be deemed necessary, what adjustments need to be made to render the training more accessible to parents from disadvantaged areas and their children?

The discussion chapter continues with a general outline of the findings, which is followed by a discussion of the findings as they relate to the two objectives and four research questions above.

7.1 Aim: Is Filial Play of Benefit to Families from Disadvantaged Areas?

It appears that filial play is beneficial to some families from disadvantaged areas. Those children who were observed by the researcher while participating in coached filial play sessions with their parents responded to the play room and the filial play experience with the same variety of reactions as middle-class children attending private play therapy sessions. For children, the attractions of playing with novel toys seemed to be universal.

The measure of children's well-being was their scores on the Filial Problem Checklist (FPC) which showed mean decreases, indicating fewer problems, across groups over the period of training (Baggerly et al., 2010). Given that children often demonstrate unhappiness though behavioural issues, it may be inferred that a reduction in child behavioural problems indicated an increase in levels of subjective well-being. That children's subjective concerns were of importance had not been considered by some parents prior to Child-Parent Relationship Training (CPRT) (Landreth & Bratton, 2006). For example, in Group Two the staff coordinator had pointed out that some parents attending her Family Resource Centre, prior to CPRT training, did not play with their children at all. Parents were taught to relate to their children in a more empathic

manner, for example, to bend down to the child's eye level when communicating on an issue that was important to the child. As a result of these changes in child-parent interactional style, children felt more important to their parents and consequently has an increased sense of well-being

Examples of CPRT benefits accruing to children in this study were as follows:

- Having rules explained by parents rather than have bald directions issued to them.
- Have Mam/Dad play exclusively with the child of focus.
- Have parents' full undivided attention, at times.
- Have child's priorities treated as being important.
- Nightmares ceased.
- Less shyness/increased confidence.
- Improved sociability at school.

However, parents from disadvantaged areas found the filial play experience difficult to assimilate with existing parenting styles and many parents withdrew from training or were poorly compliant with protocols. In practice, of course, if parents are not equipped to engage in filial play, then the intervention becomes effectively unavailable to their children. (The difficulties experienced by parents are discussed below under the research question headings). However, those parents who embraced CPRT experienced benefits including the following:

<u>Concerning their children</u>

A. A reduction in aggression.
B. A cessation of their teasing siblings.
C. More cooperation.
D. Improved manners.

<u>Concerning parents</u>

5 Increased self-confidence.
6 Became more authoritative in parenting style.
7 Increased empathy.
8 Felt a closer bond with their children.

7.2 First Objective: How Effective was CPRT?

The principal finding was that Child-Parent Relationship Training (CPRT) did not work well as published for the majority of families from disadvantaged areas in this study (Landreth & Bratton, 2006). However, a modified version of CPRT was effective for some parents. As hypothesized, ecological influences were relevant to the efficacy of CPRT and modifications made to CPRT were effected in order to accommodate the socio-cultural profile of participants. Many parents, although mostly unemployed, were dealing with multiple problems and were quite distracted between homemaking, child-minding and appointments with health-care professionals, social workers, and teachers. Some also lived in urban areas where drug related crime had caused social devastation: Group Three lived in a neighbourhood which experienced a significant degree of social deprivation.

Children responded well to filial play, and those parents who were diligent in conducting play sessions saw beneficial effects. However, parents who engaged in filial play sessions were in the minority. A considerable number of parents did not complete training (19 of 46 who were recruited). Of those who did finish the programme, some did not conduct sufficient sessions to warrant any effect, while others started well but found that circumstances or feelings of personal inadequacy prevented them continuing with play sessions. In the latter cases, some improvements in child difficulties were initially gained, but then lost as when filial play sessions ceased.

The modified CPRT programme was, however, more effective than the published protocol, but positive outcomes were very much mediated by the psychological profile of individual parents. Some parents in the study did not have sufficient personal resources with which to engage successfully even with the modified programme. The

personal resources required were rooted in the domains of finance, language comprehension, educational level, personal affective resilience, and beliefs around child rearing. Because differences in those areas can vary systematically with social class, and because those resources are desirable for successful completion of CPRT training, it can inferred that CPRT contains an inherent bias which renders it less accessible to families from disadvantaged areas.

7.3 Second Objective: Modifications to Child-Parent Relationship Training

The method used to modify CPRT was sequential and involved facilitating Group One in accordance with the published protocol, seeking feedback from participants and setting staff, and making changes accordingly (Landreth & Bratton, 2006). Some modifications were also made after analysis of Group Two and Group Three data.

7.3.1 Group One

In Group One, it became immediately apparent that parents were quite anxious. Only two (of ten) agreed to partake in role-play of filial play sessions (in-class), and those two were reluctant. Five parents left the group in the week following the role-play exercise and it was inferred that role-play was experienced as threatening to the ego. Consequently, role-play was eliminated from the training with subsequent groups and replaced with videos of professionals conducting play therapy sessions (Kottman, 2002; Landreth, 2012; Van Fleet, 2007).

The Child Parent Relationship Training (CPRT) method required parents to video tape filial play sessions at home, take the video to training, and allow clips of those videos to be shown to the class for didactic purposes (Landreth & Bratton, 2006). However, staff at the Group One setting had strongly advised that parents would be highly unlikely to

volunteer for CPRT, if home video was a requirement. Consequently, the researcher provided video facilities for two filial play sessions per client at the training facility. The researcher viewed these sessions from an adjoining room, in order to replicate, as much as possible, the privacy of a home-based play session, while remaining available to intervene in necessary for safety reasons.

It was found, in Group One that of the three parents who had conducted filial play sessions on video, all three had felt extremely anxious doing so without instruction or support. In response to that feedback parents in subsequent groups were given the option of conducting two of their weekly filial play sessions with the researcher present, giving guidance as required; a practice known as 'coaching' (Academy of Play and Child Psychotherapy, 2010). Those sessions were individual and coached by the researcher in accordance with the method advocated by other filial play models (Academy of Play and Child Psychotherapy, 2010; R. VanFleet, 2007). Parents reported that coached play sessions were very helpful in reassuring them that they were performing the filial play session correctly.

The CPRT manual provides weekly hand-outs for parents, which include exercises, play session logs and information on a given week's lesson. The published notes had been presented to parents verbatim in Group One, but the hand-outs appeared to be too complex and comprehensive for some parents to assimilate (Bratton et al., 2006). Consequently, for subsequent groups the notes were greatly simplified at this point and clipart added to lighten the tone (see Appendix D). Three of ten parents completed Group One training.

7.3.2 Group Two

Group Two was more successful (five of eight parents finished) and it appeared that changes to the programme made following Group One feedback were effective. In Group Two, the principal learning was that many parents reportedly lacked confidence in themselves and that their difficulties with shame and low self-esteem make it impossible for them to practice filial play without on-going guidance and support. Motivation for these parents seemed to be extrinsic rather than intrinsic and once the incentive of training sessions was removed, their practice of filial play stopped. It seemed that while CPRT was effective per se, the success of CPRT was contingent upon parents having sufficient personal resilience with which to manage difficult feelings. Accordingly, some personal developmental material was added for Group Three and the training programme was extended from ten to twelve weeks to accommodate the additional material (see Appendix).

7.3.2.1 Personal Development

Psychological resources are important for individuals from all social classes, but especially those 'who have limited opportunities to exert control in daily life,' and particularly those with low educational attainment (Schollgen, Huxhold, Schuz & Tesch-Romer, 2011, p. 332). Among the psychological resources needed to live effectively, low self-esteem seemed like a plausible candidate with which to explain why parents were reluctant to engage in tasks where negative feedback might have been received. Parents displayed signs of being very much conscious of possible criticism by other parents, in spite of reassurances by the researcher. In that regard, Rosenberg & Pearlin found that social comparison and reflected appraisal are processes which mediate low self-esteem in working-class adults, but not children (1978).

Research also shows that that low socio-economic status (SES) is associated with poorer psychological resources, both concurrently and retrospectively (Kiviruusu, Huurre, Haukkaal & Aro, 2012). Another study linked low SES and self-esteem with respect to self-focusing stimuli. Subjects who were given failure feedback after completing a task performed worse on subsequent tasks, but only those subjects in the low-SES group (Brockner, 1979; Judge, Erez, Bono & Thoresen, 2002; Brown & Dutton, 1995). The performance of high SES participants was unaffected by negative feedback. Concerning self-esteem and possible triggers for a shame-based reaction by parents in filial play training, great care was taken not to offend in any way. However, it seems that parents sometimes judged themselves as being unworthy and reacted to their own negative self-evaluations. Such a process, if extant was of course hidden, and out of the researcher's control.

It may also be that self-deprecation fuelled shame and thus avoidant behaviours followed in order to protect the ego from further pain (Owens, 1993). Shame proneness arose as a construct of relevance when parents who left training prematurely would not return calls to arrange for a post-intervention interview. It seemed again that a fear of negative feedback or censure might have been the cause of parents' unavailability to give feedback. Shame is discussed in more detail in section 7.6.2.

The researcher was cognisant of the danger of inducing stigma in parents by overtly addressing self-esteem and shame in the training groups, so an oblique technique was used to introduce material that might have helped parents deal with such issues. It was found that some parents had a practice of dropping other commitments, when a crisis arose, rather than try to manage all the demands on their time. Maslow's (2009) hierarchy of needs was introduced with a view to normalising the stresses experienced

when basic needs were not met adequately, and tips were given to help parents cope with crises, e.g., 'you don't have to feel good to attend class, everyone had off days and feels down and negative.'

Possible unconscious reasons for resisting change were also addressed indirectly by suggesting to parents that they be aware that feeling too tired or too busy to conduct a play session might reflect performance anxiety, and that those 'reasons' for avoiding CPRT related tasks should be questioned. Finally, a simple introduction to motivation theory was presented with an emphasis on attribution theory because parents frequently assigned blame to external reasons for not performing a task, rather than attempt to build intrinsic motivation. However, it is unclear to what extent that information was helpful, and it seems likely that a more extensive personal development programme needs to precede the implementation of CPRT, so that parents have in place sufficient personal affective resources to persist with filial play.

7.3.3 Group Three

Those who finished Group Three (four of ten) said that they found the personal development material helpful. Unfortunately, five of those who left the group did so after the introductory presentation and pre-intervention interview but before the personal development material was presented, thus circumventing a more comprehensive conclusion on the value of personal development as a component of filial play training. Because the interviews and objective data gathering seemed to be off-putting to some parents, it was decided to conduct pre-intervention interviews in the interim during Weeks Three and Four for the next group. The goal was to build rapport with parents so that the relationship would be robust to any wariness concerning the interview. The Filial Problem Checklist question to which some parents objected, i.e.

number 116; Is it true for your child that he/she has 'Sex-related problems (e.g., "peeps," exposes self, etc.) was removed (Horner, 1974: p. 5).

There was some suggestion also that a twelve week programme may have been too long for the clientele; indeed the Junior Infant teacher was of the opinion that a six week course would be more suitable for Group Three parents. However, given that filial play session only begin after Week Three of training, a six session programme would be unlikely to yield results. Nonetheless, a compromise was reached and the Group Four programme returned to a ten week duration and the material was condensed so that the personal development component was retained.

7.3.4 Group Four

It was found that Group Four was the most successful in terms of outcomes than any of the previous groups. No significant objections or criticisms arose and parents did not identify any additional material or instruction which might have been helpful. Parents were asked for the first time to keep journals of their experiences of filial play training, and this supplemental information added to the data obtained. The major case study was also undertaken within Group Four, with a view to deepening the felt experience of a parent undergoing filial play training. The case study added significantly to an understanding of the complexity of parent's lives and the caution against assuming homogeneity in groups (Franzoi, 2000).

To a large extent, we construct our identity from group membership, hence people are especially sensitive to how they are perceived within groups (Morier, Bryan, & Kasdin, 2013). The psychology of groups also tends towards accepting criticism from members of one's own group (in-group), while being sensitive to disparagement by affiliates of

other groups (out-groups). One would have expected the in-group effect to have been present in disadvantaged filial play groups based on the shared difficulties that parents presumably experienced (Franzoi, 2000). However, the term 'disadvantaged' is broad and it transpired that a considerable degree of diversity existed among the featured parents. The expected group cohesion based on similarities was limited, and some parents may have felt as if they did not belong.

Another possible group confound is that to some extent the working class identity may have been the primary in-group of parents. As will be discussed shortly in section 7.5, there was some disharmony between working class sub-cultural characteristics and the premises of non-directive filial play. Some of those parents who left CPRT may have experienced the different inter-relational style of CPRT as being an implied criticism of their extant parenting styles. If so, in terms of group dynamics, the CPRT group may have constituted an out-group for them and the teaching may have created sufficient dissonance with working class in-group values that both groups could not be borne simultaneously. The CPRT group may have initially felt to parents like an out-group, and the more sensitive participants may have left the group before an in-group sense of cohesion developed, which did occur with the remaining parents in Groups Two and Four. It is well established in the field of social psychology that 'individuals value, favour and conform to their own memberships groups (in-groups) over groups to which they do not belong (out-groups)' (Brewer, 2007, p. 728).

7.3.5 Summary of CPRT modifications

The Child-Parent Relationship Training (CPRT) filial play programme was modified in total as per the following sections:

7.3.5.1 Video Recording

Home-based video recording was not required, but some video-recording of filial play sessions took place at the training centre on an optional basis. In this manner, those parents whose self-esteem or shame proneness would not permit them to be seen on video were accommodated, while the minority were able to avail of video based feedback. Professional play therapy videos were substituted for participant videos when insufficient participant clip were available.

7.3.5.2 Coached Filial Play

Coached play sessions were made available to parents also on an optional basis. Coaching was especially helpful to parents who were very anxious, because they had exaggerated fears of performing filial play sessions incorrectly ('doing it wrong'). Coaching consisted mostly of whispering suggestions to the parent when opportunities for empathic reflection presented, but were not availed of. Anxious parents were more likely to be passive in CPRT sessions as a way of avoiding mistakes, and thus needed encouragement. Parents were also given the option of coaching on or off video, but all who availed of coaching were content to be recorded, in order to get feedback. The children also enjoyed the novelty of seeing the session on TV immediately after the session.

7.3.5.3 Adult Role-Play

Role-play in-class was not required following analysis of Group One feedback, where it was reported that the prospect of two adults playing on the floor with toys, was especially anxiety provoking. Role-play may well have triggered feeling of shame given that some parents in Group One thought that it was 'unnatural' to play with an adult. Group Three's staff liaison re-affirmed that point when she related that some of

her clients never played with their own children, much less another adult. Shame-proneness is discussed in section 7.6.2 below.

7.3.5.4 Personal Development

As discussed above, a personal development component was admixed with the CPRT programme. This modification was problematic in terms of client well-being and ethical consents received from Mary Immaculate College. In the first instance, it was necessary not to over-burden participants with personal development material given that the CPRT was by nature indirect in its therapeutic effects, and parents were not expecting an in-depth process component. It was also outside of the college's ethical authorisation for the researcher to engage in the delivery of a therapeutic intervention other than CPRT.

Furthermore, given that shame-proneness had been identified as a possible issue within the training cohort, it was thought likely that any overt self-help component might cause participants to feel that they were seen as personally deficient. There were also time restrictions so that only a modicum of personal development material could be added. All told, the additional material was informational in nature, and quite concise. As a consequence, this modification had minimal impact and it seems that a separate personal development programme needs to precede the Child-Parent Relationship Training. Unfortunately, many family resource centres are themselves under resourced leading to pressure on facilitators to effect significant change in a short period of time. It is perhaps telling that while middle-class clients attending individual psychotherapy usually attend weekly sessions for months and in some cases years, parents from disadvantaged areas who begin at a much lower baseline concerning resources are expected to make significant changes in their filial relationships in a matter of weeks.

One study is of interest in that regard, given that CPRT was delivered to lone parents and that many of the participants in this study were in that situation. Bratton and Landreth (1995) worked with 25 parents in three small groups and delivered CPRT in 10 two-hourly sessions. Significant results were found concerning increased acceptance of the child by the parent, more empathic behaviour by parents and less reported parental stress. However, the point of interest to this researcher is the demographic profile of the parents, which was that 75% had completed secondary school, 20% had completed college, and 5% had post-graduate qualifications. By contrast, in Group Three of the current study, not one parent had completed secondary school. It could be that the educational profile of participants had a bearing on the outcome of the Bratton and Landreth (1995) study.

7.3.5.5 Written Materials

Parent hand-outs were simplified and had additional clipart added following feedback that most parents had difficulty assimilating the parent notes. Some of the published notes were omitted while some pages were re-written. Personal development material was added.

One Filial Problem Checklist questionnaire item concerning sexual behaviour was removed, although objections to the item may have been a device to enable some parents to withdraw from Group Three without losing face (Junior infant teacher interview). Given that all 108 items on that questionnaire are equally weighted, the item was removed as a precaution without any significant effect on validity.

Parental journaling was added on an optional basis to Group Four and parents were given colourful hardcover journals with the proviso that they could either return the completed journal to the researcher for data gathering purposes or keep it. Five journals

were returned and while some useful comments were contained therein, overall entries were very brief and descriptive. Educational and language comprehension issues may have rendered it difficult for parents to articulate their feelings in writing, although some well educated people are also averse to putting their intimate thoughts on paper.

7.3.5.6 Interviews

Pre-intervention interviews were moved to Week Three of training after the experience of Group Three wherein five parents attended the introductory presentation and the pre-interview, but then declined to join the CPRT group. For these parents, the hour long interview was perhaps too much and may have given the impression that the training would be similarly onerous. There is also the possibility that the subject matter of parental acceptance, child problems, self-esteem and shame was too face valid and thus off-putting. None of these parents would make themselves available for feedback, which suggested that self-esteem or shame issues may have been activated.

7.4 Research Question 1 – Parenting Style

Will participants hold an authoritarian parenting style as desirable, rather than authoritative, and if so will authoritarian parenting conflict with non-directive filial play?

It became evident during Group One training that many parents from disadvantaged areas in this study favoured an authoritarian parenting style. The non-directive child-centred basis of Child-Parent Relationship Training (CPRT) seemed strange to most parents and some objected to non-direction on the basis that children need to be taught as the opportunity arose (Bronfenbrenner, 1958). Parents felt that correcting or praising children based on their filial play acquiescence to parents' wishes was necessary, and

that allowing the child to lead would be somehow counter-productive. There was also a sense that parents would fail in their duties to their children if they did not instruct them at every opportunity. CPRT was seen by some as 'just playing' and that simply playing with children could not possibly have any impact on child difficulties. A considerable effort was made by the researcher in the initial weeks of training to convince parents of the efficacy of play, however, it is likely that some of those parents who withdrew from training did so, at least in part, because of a cultural clash between authoritarian and authoritative styles of relating to children.

To reiterate, there seems to be a degree of consensus in the literature to the effect that authoritative parenting produces the best child outcomes in relation to psychological adjustment (Erozkan, 2012; Slicker, 1998; Steinberg et al, 1991; Viramontes, 2010), and educational outcomes (Cheadle & Amato, 2011). However, the extent to which an authoritarian parenting style can be correlated with the working-class is debatable (Kohn, 1959: Lareau, 2008, 2010). It may be that other factors, such as family structure, mediate the link between parenting style and social class. Many of the parents in this study were single mothers, especially in the urban groups. However Bratton and Landreth (1995), reported above, found positive CPRT results with lone parents, albeit with lone parents of a high socioeconomic status. Could it be that lone parenthood and disadvantaged status combine to encourage an authoritarian parenting style, given that disadvantage usually means low educational attainment leading to low income and all the stresses that follow? Some research exists that supports this view that both SES and stress combine to reduce the quality of parent-child interactions (McKay, Pickens & Steward, 1996; Norton & Glick, 1986).

Another possible mediating factor could result from the restrictions of living as a

disadvantaged lone parent, and that is locus of control. It seems likely that an external locus of control might result from living on state benefits with little chance of improving one's circumstances (McClun & Merrell, 1998). Motivation theory suggests strongly that intrinsic or internal locus of control is most desirable for success in life (Woolfolk et al, 2013). There is also a psychoanalytic suggestion that authoritarian parenting can restrict a child's healthy narcissism which otherwise evolves into adult ambition (Watson, Little & Biderman, 1992). It may be that such a complex web of factors contributed to the generational nature of disadvantage (Ghate & Hazel, 2002). Referring back to Maslow's hierarchy of needs, there is some research which finds a positive correlation between authoritative parenting and self-actualisation (Dominguez & Carton, 1997), which suggests a plausible link between authoritarianism and perpetuated disadvantage.

However, if authoritarian parenting is maladaptive, why do some parents persist with that style of child-rearing? Lareau pointed out that working-class parents who use authoritarian parenting are as concerned for their children's well-being as middle class parents (2008). Authoritarian parenting may also have different outcomes in collectivist as compared to individualist cultures. Rudy and Grusec found that maternal authoritarianism was associated with negative maternal affect in Western European groups but not in families of Egyptian or Indian background, suggesting that authoritarianism might function differently in working class cultures (2006).
It also seems that parents with both styles of parenting are equally clear that their parenting style is best. Kohn gives an explanation for this apparent paradox, in that he found differences in parenting goals between working class and middle class parents (1959). In his study, working-class parents were principally concerned with outward behaviour, while middle-class parents focused on internalised standards of behaviour.

Authoritarian parenting is quite effective for controlling the behaviour of children, but de-emphasises the child's internal processes. Conversely, authoritative parenting may be better suited to shaping the inner psychological landscape of the child. The lack of consensus among parents may therefore be determined by their beliefs as to which style of parenting best achieves their parenting goals. Accordingly, authoritarian parents can be said to be behaving in a rational manner as hypothesised by the humanistic third force (Maslow, 2009; Rogers, 1961).

On another note, not all participants were lone parents, and not all couples agree on the most efficacious parenting style. CPRT advises against training couples, on the basis that group discussion could become focused on marital issues rather than filial relationships (Landreth & Bratton, 2006). However, even when not present in the training room, partners can influence the outcome of CPRT. Feedback from some parents indicated that while they had accepted the child-centred basis of CPRT, their partners were unconvinced and continued to relate to the children in an authoritarian manner. A dissonance arose in these families which was somewhat undermining of the filial play training. A tension between authoritarian and authoritative styles also involved, on occasion, extended family members. One parent in Group One withdrew from training reportedly because of objections her grandmother had to the non-directive element of filial play. Some parents' difficulty in adopting non-directive filial play may relate to effects of situated learning given that parenting is learned largely through observation within one's particular social grouping (Lave & Wenger, 1991).

Consequently, one's favoured parenting style may bear the imprimatur of one's social class beliefs and values. Such learning may be situation-dependent and in the case of CPRT training, the group setting (which resembles a family gathering) may cause

dissonance with family of origin values around parenting (Agazarian & Peters, 1982; Anderson et al, 2012).

7.5 Research Question 2 – Language comprehension

Will the educational deficits of disadvantaged people render the language of person-centred psychology inaccessible?

Some evidence emerged to support the hypothesis that filial play might include middle class language and be less accessible to this disadvantaged cohort. The language of filial play was quite unfamiliar to parents and there were indeed difficulties with Rogerian concepts, especially the child-centered approach. For example, the word 'empathy' was unfamiliar to many, and the word 'relationship,' while understood was not typically used. Indeed, parents tended to use general terms and descriptive language such as pronouns rather than precise speech. Feedback from Group One concerning the CPRT hand-outs was that parents liked the hand-outs, and it initially appeared that the notes as published by Bratton et al (2006) were effective in spite of containing 2nd level and some 3rd level language. However, it transpired that the folder of extensive notes had cachet in itself more so than practical value given that filial play acquiescence with written homework was poor and references to the notes were infrequent. That is, for some parents, a folder of notes was an outward mark of successful engagement with a course and consequently a source of pride. In Group Three, the teaching liaison confirmed that none of the parents in the group had completed a leaving certificate (high school diploma), and were consequently unlikely to find complex notes helpful. The teacher's comments came after the notes had already been simplified following Group One training, but the notes were further streamlined accordingly.

Group Three parents were drawn from a Junior Infant class, which consisted of children, a large number of whom had language comprehension problems.

> Possible, I would actually say, their understanding of it, they weren't able… If you look at my class and 7-9 have a language disorder. They have above average intelligence, but they have a language disorder. There are only two children with average language, so they're all coming from parents with similar language ability. So, I would say, having looked at filial play, for some, those five (the parents who withdrew after the pre-intervention interview), they hadn't the understanding, or the capacity to take it all in. They weren't at that point (Junior Infant Teacher Interview).

In Group Three, while ten parents enrolled for training and attended pre-intervention interviews, only five of them attended. The teacher was of the view that the lengthy questionnaires may have been overwhelming for those parents and that their difficulties in comprehension may have discouraged them. However, because some literacy issues had been anticipated, the objective measures were administered verbally in order to circumvent this problem, but it seemed that an hour long interview on matters psychological was overpowering even in a verbal format. Hence a distinction was drawn between literacy and language comprehension, whereby although the objective questions were understood, the contextual sense of questions may not have been. Hence, some parents could apparently not accept the Filial Problem Checklist question concerning possible sexualisation of children.

Concerning Group Three, the Junior Infant teacher stated that most children in her class had language delays, and she also said that sixth grade pupils in the school were as much as four years behind in language acquisition. Many of the parents in the study had attended the same school as their children, and their language comprehension may have also been substandard. In order to accommodate language difficulties, interviews for Group Four parents were conducted between training sessions three and four. The intention was that sufficient rapport would have developed among the group members

and facilitator, to enable parents to tolerate the academic aspect of the intake. Only three of ten parents left Group Four in the first weeks of training and this modification was deemed successful.

Discourse describes language which has values and beliefs encoded within, in addition to the literal meaning of the words (Lutz & Abu-Lughod, 1990). It seems possible that some parents associated the pre-intervention interview language with pre-existing negative beliefs. It may have been that been that feelings of low self-esteem or shame were triggered by the language contained in the questionnaires. If so, stigma may have been an intervening factor, as it is known that those who feel inadequate in a given area of life are sensitive to stigma visibility, i.e., they are adverse to their perceived shortcoming being noticed (Blaine, 1998).

The benign view of psychology held by middle-class people is not always shared by working class people in Ireland. For the former, psychotherapeutic language may invoke images of healing, while for the latter fears of stigma, incarceration and perceived failure may arise (Wertsch, Del Rio & Alvarez, 1995). Consequently, the meanings assigned by the parents from disadvantaged areas, who withdrew from training after the pre-intervention interview, to the psychological language contained therein, may have prevailed over the encouraging demeanour of the researcher (Sembi, 2006). 'Meanings are not so much discovered in experience as imposed upon it, because of the tyrannical hold that linguistic form has upon our orientation to the world,' (Everett, 2012, p. 255).

7.6 Research Question 3 – Social Class

Will social class differences between the middle class origins of CPRT and working class values impede positive outcomes?

Social class appears to be a mediator of factors which do impact negatively on CPRT, in some respects because of sub-cultural beliefs, but also because social class is a mediator of educational achievement (Argyle, 1994). Parenting style, language comprehension and personal development were all relevant to filial play outcomes, and social class differences in these factors do seem to exist. While there is some uncertainty as to whether parenting style varies systematically in accordance with social class (Lareau, 2003; Seaman et al., 2006), authoritarian parenting was prevalent in this study. It is also the case that affluent parents (e.g. minor case study father) can be strict also, and the salient point was whether or not the parent was willing to set aside the authoritarian style in order to facilitate the non-directive character of child-centred play.

Difficulties in language comprehension can be reasonable associated with the number of years of formal education attained. In Ireland, academic achievement is strongly associated with social class, and accordingly it is likely that language comprehension issues are in effect, class based:

> If you are a child or young person attending school in a disadvantaged area of Dublin; (1) there is a 30 per cent chance that you will leave primary school with a serious literacy problem; (2) only a 50:50 chance that you will sit your Leaving Certificate, and (3) a 90 per cent probability that you will not go to college. In contrast, if you are a child or young person whose parents are from a professional background and you live in a prosperous part of Dublin, you have only a 10 per cent chance of leaving primary school with a serious literacy problem, you will almost certainly complete your Leaving Certificate and be part of the 86 per cent of young people in your area who go to college (Jesuit Centre for Faith and Justice, 2007).

While there are, of course, exceptions and all typical children have equal capacity for language development, for some disadvantaged people a strong cultural belief exists to the effect that education (and by extension sophistication of linguistic attainment) is less available to them. Accordingly, reading is less likely and the language of psychology is most likely less familiar and less comfortable for working class people compared to the middle class cohort. A reticence to use the language of psychology was evident within the group training sessions, where simple descriptive language was preferred.

It may also be a factor that adults who did not complete the secondary school curriculum feel intimated by the school-like setting of group learning, as a consequence of low educational attainment stigma (Jarvis, 2004). Some Irish adults also experienced corporal punishment (abolished in 1982) at school and may see education of any kind as oppressive in nature (Freire, 1993).

There was also a significant need for personal development which, in many cases, had not been met. As was seen in Chapter 2, counselling clients are overwhelmingly middle-class, and the reluctance of people from disadvantaged areas to seek counselling is likely tied to stigma, financial restraint, a reluctance to trust middle class therapists, and a lack of familiarity with the language and constructs of psychology. The prevalence of mental health issues in Ireland is also stratified in accordance with social class. One study found that the rate of hospitalisation for mental health issues among unskilled workers in the Republic of Ireland was more than six times that for professionals (Daly & Walsh, 2001; Kirkbride, Jones and Coid 2012; Pinto-Meza et al., 2012). The causes of health inequalities include the now familiar issues of access to education, environmental conditions and levels of stress experienced (Public Health Alliance, 2007). There is also some evidence which suggests that working class people

may be less given to introspection, a characteristic which might render many psychotherapies less effective with this group (Grey, 2009).

7.6.1 Diversity among Parents from Disadvantaged Areas

It emerged clearly from the research that the principal error made in attempting to find an effective intervention for families from disadvantaged areas that were experiencing child social, emotional or behavioural difficulties was an assumption that disadvantaged people were homogenous in profile. As intimated in Chapter 2, humanistic person-centred psychology takes as a premise that person-centred therapeutic principles are universal, and therefore, that a child-centered filial play programme should be applicable across social and racial groups. On a practical level, that is not true. The capacity of parents to embrace CPRT was based on each parent's individual balance of resources and resilience vis a vis the extent of his/her current stresses and problems. However, those parents who had previously engaged in personal development and adult educational programme found the process easier, while parents who had little or no experience of such programmes, were sometimes overwhelmed by the unfamiliar knowledge base of CPRT and the requirement to relate to their children empathically rather than through authoritarian practices.

Furthermore, it was mistaken to attempt to view the 'disadvantaged' as a homogenous group. Among the parents recruited for this research, there was a surprising degree of diversity, even though all parents were clients of agencies working with disadvantaged people. Parent G3A (minor case study) came from a professional middle-class background, while his adopted son was born to a South American cocaine addict and was significantly disadvantaged. Karen's (major case study) adoptive family was lower middle-class, but her birth family was disadvantaged. Some parents living in

Revitalising Areas by Planning, Investment and Development (RAPID) areas were involved in community activities and further education while others were not (Department of the Environment, 2013). Two parents were travellers (indigenous nomadic people), one of whom who had a naturally empathic relationship with his son, and two groups were based in urban settings while the other two were rural. However, diversity within groups may have been helpful to parents, in that those more the more skilled peers may been a source of encouragement to the other parents (Vygotsky, 1978). Group cohesion can be defined as 'a positive within-group atmosphere, where the members experience a sense of a belonging and commitment (Bakali, Wilberg, Hagtvet, & Lorentzen, 2010, p. 368). The most successful group outcome in this study was with Group Four, which contained three parents who were engaged in further education. Cohesion seemed, in this case, to be based on a shared social background which was not undermined by some group members having progressed more so than others in personal development. In Bronfenbrenner's terms, interaction was occurring on the level of the children's exosystem (1978).

It became increasingly clear that social status was relevant mainly in that parents from disadvantaged areas were more likely to have left school prior to the leaving certificate, and to have had little contact with the construct and services of psychology. However, because group members (within agencies) were self-selected, exceptions to that norm were present, leading to heterogeneous groups. The heterogeneity of groups itself varied, however, and the particular mix of a given group had a strong influence on training outcomes. In Group One (urban), very little personal development was evident and parents were highly reluctant to engage in role-play, to conduct filial play sessions on video, or to disclose much of their feelings or experiences with the group. Anxiety and non- compliance with filial play training was predominant, and not surprisingly

only three of eight parents finished the course. In Group Two (rural), five of eight parents finished training, but all five discontinued filial play after training because they lacked the emotional resilience to continue unsupported. Group Two parents were enthusiastic concerning filial play, however, and did not report any objections to the child-centred philosophy. Group Three, an urban group, were more homogeneous concerning disadvantaged backgrounds, but were divided between those who could adopt the empathic understanding of CPRT (three parents) and those who did not or did to a limited extent (seven parents). Finally, in Group Four parents with personal development work completed, and with on-going support predominated and the group outcome in number (seven of ten parents finished), and in quality was much better; acquiescence with filial play protocols was better and engagement with child-centered principle was more robust.

Other studies in CPRT often recruit participants from diverse racial and national backgrounds, however the educational level of subject often ranges from high school diploma to college level (Kidron & Landreth, 2010; Edwards, Sullivan, Meany-Walen & Kantor, 2010).

7.7 Research Question 4 – Personal Development

Will parents possess sufficient personal resources to engage with their children on the level of empathic understanding?

The main finding was that the emotional developmental status of parents was pivotal to the success of filial play. Parents were often not personally equipped with sufficient psychological resilience to engage in a training which emphasized relating empathically

to their children. A directive style of communicating was common among parents, in that parents engaged with their children on a behavioural level, and perhaps directive parenting required less affective resources given that no requirement to understand the child's emotional process is necessary (Elliott, Bohart, Watson & Greenberg, 2011). A state of empathy, on the other hand demands calmness and a tolerance for feelings of vulnerability, which ran counter to the prevailing coping style of some participants, some of whom appeared to value toughness as a coping mechanism (Lareau, 2003). Other parents exhibited pre-existing anxiety, and they found the non-directive aspect of CPRT difficult, due to self-doubt and low-levels of self-efficacy. CPRT requires parents to follow general instructions, such as, 'don't lead the play, and 'don't ask questions of the child,' rather than to follow specific protocols. Authoritarian parenting emphasises clear-cut 'do's and don'ts and anxious people dislike uncertainty, which did not make for comfortable non-directive filial play interaction for parents (McEvoy & Mahoney, 2012).

Some parents also displayed low self-esteem and possible shame-proneness and for that reason a self-esteem questionnaire and a shame-proneness measure were added to the protocol for Groups 3 and 4. It was hypothesized that shame and self-esteem issues might act as barriers to successful intervention, in which case low scores on self-esteem and high scores on the shame scale might have correlated with withdrawal from the training programme or with poor outcomes. With regards to self-esteem, in Group Three there were tentative indications that higher self-esteem was positively associated with completion of training, while some suggestions also presented that shame proneness had a negative impact on outcomes. In Group Four, shame-proneness was significantly negatively correlated with finishing filial play training.

Concerning the authoritarian parenting, language comprehension and social class issues discussed above, it became apparent in this study, that parents were often disingenuous concerning their stated reasons for withdrawing from training or missing a session. The reason for their reticence may have been a desire to be outwardly compliant with state funded bodies, given that many parents were dependent on social welfare, or possibly a sub-cultural tendency to be mistrustful of middle-class professionals 'bearing gifts.' One notable example was a mother who having attended for six (of twelve) sessions (Group Three) told me she was leaving to join an Incredible Years group (Incredible Years, 2009). Other group members, however, said that she had left to take a leisure class, a claim which was confirmed by a school staff member. The timing of her departure was instructive, however, given that the personal development component of training which had been added for Group Three on foot of Group Two feedback was admixed with filial play training over the first five weeks of training. The junior infant teacher suggested that this parent may have left when the focus moved from parent to child, a possibility which illuminated further the researcher's appreciation of the parents' need for support:

> Well, to be perfectly honest, I was totally surprised that she engaged, that she attended, as were others. That's a massive success for G3E. Parent's needs, like G3E and G3D; I would feel that they came to this for their attention needs as opposed to what they could do for their child (Interview Junior Infant Teacher).

Therefore, although initially, in conducting this study the researcher was focused on the well-being of children, it became clear that unless the parents had sufficient support, they would find it very difficult to engage effectively with filial play. Research does support the view that parental stress levels have a negative impact on the quality of their responses to children (Nelson, O'Brien, Blankson, Calkins & Keane, 2009; Barry & Kochanska, 2010). Although five (of eight) of Group Two parents completed training,

at a follow-up meeting some two months later, it transpired that all had stopped conducting filial sessions as soon as the training programme ended. Quite candidly, the group said that they needed the on-going support and encouragement of the facilitator, in order to continue. It seemed likely, therefore, that parents would need some personal development training in addition to CPRT training, and the Group Three protocol was expanded from ten to twelve weeks. Additional material on Maslow's hierarchy of needs (Maslow, 2009), self-esteem (M. Rosenberg, 1979), and motivation (Woolfolk et al., 2013) was introduced. The aim of the personal development material was to give tools to parents, which would help them overcome periods of disappointment or self-doubt concerning their capacity to complete CPRT training successfully.

However, given that so few parents from disadvantaged areas finished Group Three CPRT training (three of the ten parents who enrolled) and that completing courses in general seems to be challenging for many participants (Inzlicht, McKay, & Aronson, 2006; Pinel, 1999), the increase in Group Three training from ten to twelve weeks may have counter- productive:

> Because even if you went through the history of home/school liaison, which I think is maybe 10 or 12 years old, they were, they realised, they were starting with 20 (parents) and ending up with two. In everything that they did. They had to take it right back down. There were all literacy initiatives and maths initiatives and parents weren't ready, it was too much, they weren't emotionally ready. They hadn't the confidence. So now, it's all cookery, sponge spellings and the parents before they can ever engage in literacy are often in three or four years of social programmes (Interview Junior Infant teacher)

Therefore, it seems that quite extensive personal development work is needed for many parents from disadvantaged areas before they are equipped to engage in CPRT. It was evident that those who gained the most from filial play training were parents who were already involved in women's groups, ADHD support groups and other groups. Those

parents exhibited less anxiety and were less likely to experience shame or guilt to the extent that they would leave the CPRT group. Instead, they had awareness of intrapsychic processes and were equipped to discuss their difficulties within the group and with the researcher. For those who struggled, two areas of personal development seemed pertinent to parents from disadvantaged areas engaging in filial play, i.e., (a) self-esteem, and (b) shame-proneness.

7.7.1 Self-Esteem

It appeared in Groups One and Two that the principal barrier to filial play attainment was a high sensitivity to evaluation and expected criticism by other group members (Schoenleber, 2010). Absence from a given group training session often correlated with group exercises which created the possibility of negative judgment, e.g., feedback on participant video filial play sessions. It may be fruitful to consider the possibility that sensitivity to expected negative evaluation may be related to self-esteem, i.e., individuals' beliefs about their own competence and value (Lyons, 2010). Some parents in this study indicated that their self-concepts were imbued with a fear of criticism coupled with a tendency towards avoidance as a coping mechanism, which suggested that low self-esteem might have been present. It seemed that the parental expectation was that other group members, given the opportunity, would confirm an extant sense of inadequacy, which may have been anticipated as an assault on the self (Van Vliet, 2008). Unfamiliar psychological constructs and language may also have aroused a self-awareness of educational deficits in parents thus inducing feelings of inadequacy (Liu, et al., 2004; O'Connor, Braverman, L. D., 2009).

Groups Three and Four completed the Rosenberg Self-esteem Scale in order to test the hypothesis based on previous group indications that parent's lacked confidence in

themselves. It was thought that low self-esteem might correlate with poor outcomes or premature withdrawal from training. Group Three parents who completed training and attended post intervention interviews (n=3) had an average self-esteem score of 22 out of a possible 30, while the others (n= 7) averaged a score of 18. The difference was not statistical significant and is difficult to interpret. Sample size was an issue for statistical analysis, and the face validity of the ten question measure may have led to some parents minimizing low-esteem responses. It has been noted that self-esteem can be high in the absence of achievement, if the sub-culture approves of the individual (Patterson et al., 1989). In that event, withdrawal from training may have been occasioned by a desire to maintain such self-esteem by protecting it from being tested in an unfamiliar context

For future research, it may be profitable to also measure self-efficacy in parents in order to ascertain if problem with self-belief are an issue. Bandura had established the importance of self-efficacy (a belief in one's competence) in personal interactions, and he hypothesised that positive self-belief would correlate with high self-efficacy (1997). In the current study, the reverse was apparently true in that many parents had high levels of self-doubt and little faith in their abilities to master CPRT. In line with Bandura's research, Murdock also found that general self-efficacy predicted parental self-efficacy (PSE) and that PSE was positively associated with positive affect (2012). Therefore, raising parent's levels of self-efficacy might improve on CPRT outcomes with parents from disadvantaged areas.

7.7.2 Shame-Proneness.

Parents who completed the pre-intervention interviews, but who withdrew in the early stages of training are also of interest. One could simply disregard missing cases in analysing data, but given that filial play training takes place in small groups of

approximately ten parents and that withdrawal rates were high at about 40%, it is desirable to ascertain, if possible, what the reasons were for non-completion of training. Since most parents who withdrew early from training did not give direct feedback as to why they left, some degree of inference was necessary. To that end, some useful information was gleaned indirectly from resource centre staff and from other group members. One parent, Parent G2D of Group Two did meet to give fulsome feedback on her reasons for leaving, which was principally based on her feeling ashamed in front of other group members. She felt that people blamed her for her child's difficulties and she could not face the feelings of shame which she experienced as a consequence (Post-intervention interview).

Having assimilated G2D's feedback with observations of parents who withdrew from Group One, the hypothesis that shame-proneness may have been a factor in low levels of participant retention came to light (Claesson, Birgegard, & Sohlberg, 2007; Crozier, 1998). Self-verification based on feedback from others is known to sometimes occur via automatic elicitation, and an unconscious mechanism might explain why shame as an issue was never raised overtly in the group (Kraus & Chen, 1997). And naturally, if one consciously feels ashamed, one is unlikely to draw attention to the fact.

Consequently, a shame-proneness questionnaire was added to the pre-intervention protocol for Groups Three and Four, with a view to ascertaining if a high level of shame-proneness was correlated with attendance issues. The scale is described in the method section and the outcome in the results section. However, because the construct of shame is quite involved and ubiquitous, it is helpful to address the topic in detail at this point.

Shame is associated with interruptions of positive affect and indeed 'shame is more likely to result from a loss of positive affect associated with devaluations of the self' (Gilbert & Andrews, 1998: p. 5). A constant difficulty in helping parents in rearing their children is that an inferred criticism of their existing parenting skills is difficult to avoid. Repeated reassurances were given by the researcher in order to counter the tendency to self-criticism, but it was apparent that shame was experienced by some participants regardless. The reason for resistance to reassurance may be that shame has, in some cases, been incorporated into the person's identity or self-concept. Unfortunately, shame is one of those emotions, when activated, tends to cause the individual to 'hide' or withdraw, rather than engage with the shame inducing person or event (Tangney & Dearing, 2002: p. 18).

The construct which may unite and explain the concerns of exiting parents is that of shame-proneness (Dickerson, 2004; Greenwald & Harder, 1998; Millar, 1985). It is possible that a greater propensity to experiencing shame may be due to a sub-cultural acceptance of shaming as a perceived legitimate authoritarian child-rearing parenting technique (Erikson, 1963; Leeming & Boyle, 2004; Nathanson, 1992). That is, a generational family dynamic may facilitate the perpetuation of shame as a method of social control, and thus explain why shame-based behaviour is more problematic for some individuals (Campbell & Gilmore, 2007; Gerhardt, 2004; Niditch & Varela, 2011). Parents who themselves were shamed as children may be rendered especially sensitive to such threats to the 'social self' (Dickerson, 2004), possibly due to an unsuccessful outcome on the 'autonomy versus shame and doubt' continuum (Erikson, 1963, p. 74). Since, as previously noted, shame is an emotion that, when activated, tends to cause the individual to hide, withdraw, attack self or attack others, rather than engage with the shame inducing person or event (Elison, 2006a; Tangney, 1990), shame

might be particularly subversive of group dynamics. Potter-Efron and Potter-Efron point out that shaming when used as a method of social control by parents can "make an individual very reluctant to be even a little different from his neighbour," (1999: p. 107) and the Landreth method of non-directive child-led play does depart from authoritarian parenting norms among some members of the families from disadvantaged areas under review (Bratton et al., 2006).

It may also be the case that authoritarian parents, when offered an alternative parenting method, interpret that offer, in part, as an implied criticism of their extant parenting, and consequently experience shame. We have seen that shame tends to cause people to conform to social norms and avoid notice (Erikson, 1963; Potter-Efron & Potter Efron, 1999) and also that authoritarian parents are motivated to instill respectable behaviour in their children (Kohn, 1959). As parents are taught the precepts of CPRT, perhaps they hear the facilitator, in effect, telling them that their parenting to date had been wrong, thus eliciting shame. Future studies with this cohort might well consider emphasising the validity and value of both authoritarian and authoritative styles in order to prevent such a reaction.

A concept related to shame is that of humiliation. Humiliation has been described as a feeling which 'strikes when we are revealed to have had aspirations and beliefs that are beyond us' (Gilbert & Andrews, 1998, p. 9). Miller (1993) draws a useful distinction between shame and humiliation when he describes humiliation as 'the direct feeling of being put into that state (humiliation) by another person with more power,' whereas 'shame involves primarily a reflection by the self upon the self…ashamed persons are looking at themselves and judging themselves to be inferior, inadequate or pathetic (as cited in Gilbert & Andrews, 1998: p. 10). The shame/humiliation distinction is useful

given that the researcher went to great trouble to show respect and warmth towards participants at all times (Ackerman & Hilsenroth, 2003). However, while humiliation of participants, as defined above, can be avoided by the researcher behaving appropriately, shame is an intrapsychic process over which the facilitator had limited influence (Nathanson, 1992).

In relation to the experience of feedback from Group One members, the researcher was told that role play sessions where participants were asked to practice in class were off-putting because the cultural belief was that only children should play. It was felt that an adult playing was somehow abnormal, and that doing so in the presence of other adults would be embarrassing (Potter-Efron & Potter-Efron, 1999). Given this feedback, and the assigned authority give to the group facilitators, participants might have felt humiliated if obliged to role play in group. Role play was, however, optional and only two Group One members attempted it, and they were disinclined to repeat the experience. Feedback from participants suggested that having optional components to training that were culturally alien to participants had an inhibiting effect on their behaviour. It seemed that the role play option was perceived as threatening to their egos simply by standing as a possibility. Accordingly, no role-play option was included for subsequent groups.

It may be asked, why not discuss the issues of shame and humiliation openly with group members? Several difficulties arise in doing so, not least the probability that ashamed individuals would find discussion of the topic of shame, shameful in itself (Brown, 1999). Indeed, when a shame-proneness measure was added to the protocol for Group Three, five of the ten parents who attended the introductory presentation and who completed the questionnaires at the screening interview declined to attend training. As was typical, no reason was given by any of these parents for their change of heart.

There was a concern that because the Compass of Shame Scale (COSS) shame-proneness questionnaire was quite face valid, some parents might have had shame activated by the questionnaire and withdrew for that reason (Elison, 2006b). In considering the parents who withdrew as one discrete group and those who attended as being another, the data obtained from the COSS indicated a significant negative correlation.

The question also arises as to why parents who are sensitive to perceived shaming would seek Child Parent Relationship Training (CPRT) in the first instance? Recent research on shame has suggested that shame can motivate both approach and avoidance behaviours (de Hooge, Zeetenberg, & Breugelmans, 2010). Shame-prone individuals may initially engage in filial play training in an attempt to restore their injured sense of self, but then withdraw as a protective measure if their feelings of shame are activated (Tangney & Dearing, 2002). The likely cause of shame activation is an expectation of negative evaluation triggered by environmental circumstances such as perceived negative evaluation by other parents (Tangney, 1990).

There may also be a link between shame and anger. Jacoby states that low self-esteem coupled with a sense of shame can trigger "even the smallest hint of rejection to cause hurt and pain" (1996: p. 54). Shame may explain not only the reason for a high withdrawal rate in this study, but also suggests a possible reason that once having withdrawn, parents avoided communication with the facilitators (Crozier, 1998). Because shame is sometimes associated with aggression and is said to be a consequence of failing to express anger, parents may opt for passive resistance instead of discourse. Erik Erikson wrote on the topic of shame that "he who is ashamed...would like to destroy the eyes of the world. Instead he must wish for his own invisibility" (1963: p.

227). A second defence used to cope with feeling of shame is that of blaming others, a process which can serve as an ego-protective function (Tangney & Dearing, 2002). In a therapeutic setting blaming can take the form of judging the facilitator to be inadequate or concluding that the programme is ineffective (Cory & Cory, 2002). The above quoted parent who suggested that adult role-play was "unnatural," may have engaged is such a shame-based criticism. In this manner, shame-proneness might explain why so many parents declined to meet the researcher, once having withdrawn from training.

7.8 Research Question 5

Should modifications to CPRT be deemed necessary, what adjustments need to be made to render the training more accessible to parents from disadvantaged areas and their children?

The specific modifications made to CPRT have been described in Section 7.2 above and need no further elaboration here. Suffice it to say that socio-cultural differences did make it necessary to change elements of the CPRT programme in order to render it more accessible to parents. In particular, the psychological profile of many parents made them very sensitive to any aspect of CPRT which might have led to evaluation. No amount of reassurances by the facilitator seemed to alleviate that fear of criticism and several of the amendments made to CPRT were effected with a view to minimizing as much as possible that difficulty. Nonetheless, it seems that some parents self-evaluated negatively and in some cases self-criticism it is likely to have caused parents to leave training prematurely.

7.9 Limitations and Strengths of the Study

The mixed method used proved problematic in two ways. Because of a combination of a small sample size and a disinclination for some participants to complete post-intervention questionnaires, there was an insufficient sample with which to generate reliable inferential statistics. Consequently a reliance on raw mean differences was used as an indication of the directionality of change. However, it is in the nature of therapeutic groups that small numbers of participants are preferred, because if the group-size is too large, the more reticent parents will have difficulty being vulnerable and may not engage (Cory & Cory, 2002).

Secondly, qualitative semi-structured interviews did not always generate sufficient specific verbal feedback, which occasioned the necessity for recourse to the case studies. In fact, under-communicative interviewees created considerable difficulties in gathering sufficient qualitative data in spite of the best efforts of the interviewer (King & Horrocks, 2010). On the whole, it is hypothesised that low educational achievement and consequent language articulation limitations may have caused this problem. Another possibility is the possibility that some participants did not trust the researcher sufficiently to divulge their detailed feelings and thoughts. However, rapport was good in training sessions and trust is less likely to have been an issue. Nonetheless, information drawn from open-ended interview methods in this study was limited and may have implications for reliability.

A further limitation was the absence of control groups with which to compare the data of each training group. Pragmatic considerations included the difficulty of recruiting sufficient numbers with which to form control groups; a difficulty that in the case of two training groups was exasperated by the concurrent offering of another parenting

course, wherein the parents were paid money to attend. The ethical consent from Mary Immaculate College also required that once a training group was provided at a given site, that no parent would be refused access. For some parents, it is possible that being awarded a place in a control group, and being expected to wait perhaps six months for an actual training place would subjectively amounted to a rejection. Indeed, in Group three, one parent, who had attended the first six of twelve sessions, became very angry with the researcher when she was not offered a certificate of completion. That she had withdrawn from training had no bearing on her expectation, and it unlikely that had she would have accepted a control group place, while other parents underwent training.

Another limitation was a gender bias in the make-up of groups. Only one father per group made himself available, and all but one left within two weeks, possibly because they were uncomfortable at the gender imbalance. Unfortunately, none of those fathers leaving prematurely were available to give feedback.

On reflection, the standard biographically information asked of participants, such as, income and educational attainment, may have triggered stereo-type threat and created reluctance on the parent's part to engage fully with the researcher in some cases (Liu et al., 2004; Major, Spencer, Schmader, Wolfe, & Crocker, 1998).

A further limitation of the study was that CPRT was not administered in full compliance of the protocol with regard to parents' video-taping filial play sessions at home. Albeit that parallel alternative arrangements were made, it can be argued that the program as published was not tested to the full.

The MEACI was found to be poor at distinguishing between non-verbal parents who were empathic and child-led and those who were child-led, but showed little signs of empathy. That is, a passive parent who did not make any active mistakes, and who also tracked the child's play, tended to received similar scores to parent who did the above and was very empathic in body language and facial expression.

A principal strength of the method was the sequential technique used which meant that three opportunities were created in which to instigate changes to Child-Parent Relationship Training (CPRT) and then to observe the impact of those alterations. Unlike 'one-shot' studies multiple amendments could be tested and adopted or rejected. For example, the duration of training moved from ten weeks to twelve weeks and back to ten weeks. The sequential four group approach also allowed time with which to analyse, hypothesise, and measure constructs which were possible underlying causes of parents leaving training prematurely. Self-esteem and shame-proneness were explored in that regard. Likewise, the parent notes were simplified after Group One and further reduced following Group Three when it emerged that parents still found the note to be overly complex.

7.10 Conclusion

It may be concluded that filial play can be an effective tool with which to empower families from disadvantaged areas and to address child difficulties. However, only parents who are at a certain level of personal development are likely to be competent to engage in Child Parent Relationship Training (CPRT). The programme does need to be modified to take into account parental difficulties with language comprehension, and sensitivity to authoritarian parenting styles needs to be demonstrated.

There may also be a social-class bias in CPRT which makes accessibility difficult for parents from disadvantaged areas. Participants want help in resolving parenting issues, but are reluctant to change their social class sub-cultural values and priorities. CPRT does seem to contain elements of an inherent middle class value system which needs to be removed. However, CPRT when sensitised to working class conditions can be an effective parent-child intervention

CHAPTER EIGHT

Implications and Recommendations

8 Introduction

The current study was a voyage of discovery designed to ascertain if families of disadvantaged communities could benefit from an intervention of non-directive filial play training. It was felt that in an environment where social inequality in Irish society was being addressed primarily through structural change and financial supports that the affective lives of filial relationships were being overlooked. Resilient families, however, maybe well be the foundations of any healthy and adaptive community; increasing material resources without matching personal resources may well leave families with greater visible comfort, but render them lacking the emotional skills to forge happy productive lives.

The emphasis on behavioural control in authoritarian parenting and many parenting training programmes, in a similar vein, place an emphasis on external appearances without concerning themselves sufficiently to the person's intrapsychic experience. Well behaved people are not necessarily happy people. Accordingly, the subjective enquiry contained in this research reveals a considerable amount of dissatisfaction with life, be it regarding self-esteem, lack of self-worth, shame-proneness, anxiety or a sense of one's life being out of control and subject to the vagaries of chance and the mercies of state financed supports.

8.1 Implications

The primary implication of this research is, therefore, that interventions such as (Child-Parent Relationship Training (CPRT) cannot be effectively applied to families from disadvantaged areas without a number of considerations being taken into account. If certain changes are made to the protocol, CPRT can be effective for some parents from disadvantaged areas, although only certain parents in any disadvantaged community are

likely to have the necessary resilience to engage with a programme rooted in empathic understanding.

It appears, based on the negative responses of some participants to aspects of CPRT, that person-centred psychologists may need to modify the view that child-centred therapies are applicable across social classes without amendments. One can reasonably argue that any given individual can learn CPRT regardless of social background. However, because disadvantaged people have much higher levels of stress, poverty, and educational deficit than the middle class, personal psychological resources do , if effect, vary systematically with degrees of social class. While there were notable exceptions, this study concludes that disadvantaged people need CPRT to be modified to suit their particular needs and sensitivities.

It is intended to publish a synopsis of these findings in a play therapy journal in order that the wider play therapy community may consider the implications and develop this dialogue further. It is further noted that a need exists for a language appropriate parents' guide to filial play is needed and the researcher intends to investigate the logistics of writing such a book.

8.2 Future Research

Future research in this area would likely benefit from either a screening of participants so that only those who have already engaged in experiential personal development work undergo filial play training. Or, parents without prior personal development work achieved could be invited to engage with personal development in a counselling group format. Such counselling group-work could perhaps precede CPRT and have an

attachment or developmental focus and thus prepare parents for the issues which may arise for them during CPRT.

8.3 Recommendations

1. That parents be screened for previous personal development work or training in parenting programmes such as Incredible Years (Incredible Years, 2009). Parents with very low self-esteem or a high level of shame-proneness are unlikely to benefit from CPRT.

2. That parents be engaged in an experiential counselling group experience prior to beginning CPRT training to raise their degree of readiness for relational aspect of filial play training.

3. That self-esteem and shame-proneness measures which lack face validity should be identified and used in order to avoid triggering stereo-type threat, and possible face-saving responses.

4. Two of the four training groups which took part in this research were provided by two facilitators, and two by the researcher alone. One facilitator was found to be as effective as two and it is recommended that a solo training is sufficient to provide CPRT.

5. Using the method of identifying to parents as being optional, those training components which are perceived to be potentially threatening (such as role-play) may be counter-productive, because the professed voluntary nature of the task

may not be fully trusted by participants. It is recommended that role-play and viewing of parent video-taped play sessions by the group be removed from the programme.

6. That coached filial play sessions be offered to parents as contained in some other filial play models (Acadamy of Play and Child Psychotherapy, 2010; R. VanFleet, 2007).

7. Notwithstanding, Landreth's direction to avoid having couples in training, it is recommended that both parents attend, so as to avoid incongruity at home between authoritarian parenting by the non-attending parent, and the non-directive style of CPRT.

8. The Measure of Empathy in Adult-Child Interactions (MEACI) was found to be poor at distinguishing between parents who skilled in non-directive empathic understanding and those who were passive, but not contravening non-directive guidelines. It is recommended that an alternative rating measure be found.

9. That guns and other weapons as part of the play kit are made optional. Some parents objected to toy weapons because of fears of normalising violence, which was real in their communities.

10. That filial play not be described as 'special.' Landreth describes the filial playtime as 'special' in places, e.g., in the Information Sheet (Appendix A). In Ireland, the word 'special' in this context can refer to remedial needs or atypicality (Landreth & Bratton, 2006).

11. That parent co-leadership of training groups be considered, in order to allay the anxieties of parents, boost autonomy and encourage more candid feedback.

12. That a greater degree and more time-extensive support be provided to parents who engage in CPRT training. Parents from disadvantaged areas need a high level of emotion support while undergoing training.

8.4 Conclusion

The current study undertook a difficult task in working with families who were perched on the edge of society, and which were often struggling to create a very basic standard of living. For some, empathic understanding appeared to be an exotic fruit from another place, which had little relevance to the daily hassles of their lives. However, those who could adopt non-directive filial play quickly found empathy to be a powerful tool. It is fitting to leave the final words to one of the participants, Karen, who related an experience with her son towards the close of training:

> So, he came over and I reached out and I gave him a hug and then he was talking to me but I was actually looking into his eyes because when I was talking with him before this ever happened I'd be listening rather than looking. I wouldn't be focusing on him, you know eye to eye contact, but this morning I looked deep into his eyes and whatever happened in that instant, the love for him just hit me like,,, it was just unreal (Interview 5).

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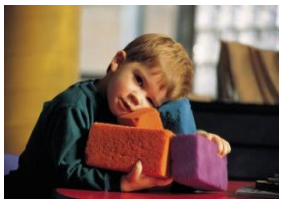
Appendix A

CPRT Poster

Child-Parent-Relationship (C-P-R) Training
Give your children what they need most: *You*



When children have problems, sometimes they don't have the words to talk about them. Play gives children a way to communicate feelings they don't understand or can't express any other way.

Play therapy has been shown to be an effective intervention with children for a variety of behavioral and emotional difficulties. Research has shown that motivated parents can be trained to be as effective as play therapists using play therapy skills with their own children, with as little as 20 hours of

Child-Parent-Relationship (C-P-R) Training.

Research studies have shown that Child-Parent-Relationship (C-P-R) Training can:

Reduce or eliminate behavior problems
Enhance the parent child relationship and the marital relationship
Develop responsibility and self-control in children
Increase children's self-esteem and self-confidence
Increase parents' feelings of warmth for their children

Child-Parent-Relationship (C-P-R) Training is conducted in 10 weekly, 2-hour sessions. The atmosphere is friendly and accepting and the training interactive, making it enjoyable and interesting.

Some of the things you will learn include:

How to help your child open up to you

Therapeutic limit setting

Recognizing emotional needs and building self-esteem

Fostering creativity, self-control, and self-responsibility

Contact (your name or your facility's name) at (phone number and/or e-mail) for details on how

CPRT Flyer

Parenting Can Be Difficult…

*****Insert Artwork/Image/ Clip Art*****

- Do you feel like you have lost control of your role as a parent?
- Do you find yourself yelling at your child more often than laughing with your child?
- Do you feel you have lost touch with your child…don't feel as close as you'd like?
- Do you feel frustrated and ---find yourself saying the same things over and over, with no results?
- Would you like for your relationship with your child to go back to the "way it used to be"?

If you answered "Yes" to any of these questions,

Child-Parent-Relationship (C-P-R) Training Can Help!

Learn skills that will make a difference in your life and the life of your child.

In 10 weeks, you will learn how to:
Regain control as a parent
Help your child develop self-control
Effectively discipline & limit inappropriate behavior
Understand your child's emotional needs
Communicate more effectively with your child

In 10 weeks, you will see a noticeable difference in:
Your relationship with your child
Your child's behavior
Your ability to respond effectively
Your confidence in your parenting skills

C-P-R Training is a 10-session programme for parents of children <10 yrs. of age.

Meetings begin (date and time).

Call (your office number) NOW To Enrol—Spaces are Limited!

CHILD-PARENT RELATIONSHIP TRAINING
WHAT IS IT AND HOW CAN IT HELP

What is It?

Child-Parent Relationship Training (CPRT) is a special 10-session parent training programme to help strengthen the relationship between a parent and a child by using 30-minute playtimes once a week. Play is important to children because it is the most natural way children communicate. Toys are like works for children and play is their language. Adults talk about their experiences, thoughts, and feelings. Children use toys to explore their experiences and express what they think and how they feel. Therefore, parents are taught to have special structured 30-minute playtimes with their own child using a kit of carefully selected toys in their own home. Parents learn how to respond empathically to their child's feelings, build their child's self-esteem, help their child learn self-control and self-responsibility, and set therapeutic limits during those special playtimes.

For 30 minutes each week, the child is the centre of the parent's universe. In this special playtime, the parent creates an accepting relationship in which a child feels completely safe to express himself through his paly – fears, likes, dislikes, wishes, anger, loneliness, joy or feelings of failure. This is not a typical playtime. It is a special playtime in which the child leads and parent follows. In this special relationship, there are no:

- Reprimands
- Put-Downs
- Evaluations
- Requirements (to draw pictures a certain way, etc.)
- Judgements (about the child or his play as being good or bad, right or wrong)

How can it Help?

In the special playtimes, you will build a different kind of relationship with your child, and your child will discover that she is capable, important, understood, and accepted and she is. When children experience a play relationship in which they feel accepted, understood, and cared for, they play out many of their problems and, in the process, will be able to discover their own strengths and assume greater self-responsibility as she takes charge of play situations.

How your child feels about herself will make a significant difference in her behaviour. In the special playtimes where you learn to focus on your child rather than your child's problem, our child will begin to react differently because how your child behaves, how she thinks, and how she performs in school are directly related to how she feels about herself. When your child feels better about herself, she will behave in more self-enhancing ways rather than self-defeating ways (Bratton, Landreth, Kellam, & Blackard, 2006).

APPENDIX B

Informed Consent Form

CHILD-PARENT RELATIONSHIP TRAINING (CPRT) PROJECT

I have read and understood the following two documents:

1. 'Information Sheet on Child-Parent Relationship Training (CPRT)'
2. 'Child-Parent Relationship Training (CPRT)' flyer.

I have also attended an introductory talk by Cóilín Ó Braonáin, where he gave a presentation on his project 'An Investigation into the Efficacy of Symbolic Filial Play to Enhance Subjective Well-Being in Irish School-Age Children with Social, Emotional or Behavioural Difficulties: to Empower Parents, and to Enrich Filial Relationships.'

I understand what Child-Parent Relationship Training is, what the purpose of training is and what I can expect to get from it.

I understand that my participation is voluntary and that I can change my mind at any time and leave the course without giving any reason. I also understand that if my child expresses a wish to stop attending, either verbally, or by showing consistent reluctance to attend that my participation will end.

I am also aware that I am taking part in a research project in association with Mary Immaculate College. I understand that all information and results will be anonymous and that my own and my child's identity and personal information will not be disclosed to anyone.

I have been told that the researcher will write a book (known as a thesis) as part of his study, but that all information in the book will be anonymous. In accordance with the Data Protection Act (2003) all participant data will be stored for the length of time that it is required to produce this thesis at which time it will be destroyed.

Declaration

I, …..... …… (name in block letters) hereby affirm that I have read the above statement, that it is true, and that I understand everything in the statement. I agree to participate and to allow my child to participate in this study.

Signature……..

Date……

APPENDIX C

Parent Notes

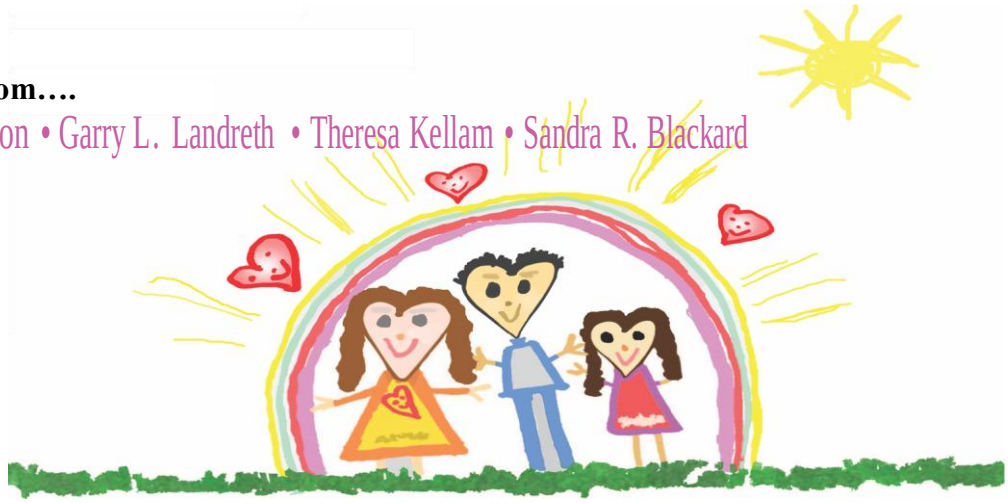
FILIAL PLAY TRAINING

PARENT NOTEBOOK

Parent Hand-outs
Notes, and Homework
Sessions 1-10

Adapted from….

Sue C. Bratton • Garry L. Landreth • Theresa Kellam • Sandra R. Blackard



WEEK ONE

What Is It?

Filial Play training is a special 10-session parent training programme to help strengthen the relationship between a parent and a child by using **one 30-minute play-time session every week**.

Play is important to children because it is the most natural way children communicate. Toys are like words for children and play is their language. Adults talk about their experiences, thoughts, and feelings. Children use toys to explore their experiences and express what they think and how they feel. Therefore, parents are taught to have special structured 30-minute playtimes with their child using a kit of carefully selected toys in their own home. Parents learn how to respond empathically to their child's feelings, build their child's self-esteem, help their child learn self-control and self-responsibility, and set limits during these special playtimes.

Question??? What is empathy?

Empathy is a feeling you have when your child is hurting, which shows that you know how your child is feeling and that you care a lot.

Question??? What are 'limits?'

Limits are restrictions we place on the special play sessions for the purpose of keeping everyone safe, and for protecting property from deliberate damage.

For 30 minutes each week, the child is the center of the parent's universe. In this special playtime, the parent creates an accepting relationship in which a child feels completely safe to express himself through his play—

fears, likes, dislikes, wishes, anger, loneliness, joy, or feelings of failure. This is not a typical playtime. **It is a special playtime in which the child leads and the parent follows**. In this special relationship, we:

- Never give out
- Don't criticise

- Nothing is ‘good’ or ‘bad’.
- There is no ‘right’ way or ‘wrong’ way to do anything

How Can It Help My Child?

In the special playtimes, you will build a different kind of relationship with your child, and your child will discover that she is capable, important, understood, and accepted as she is. When children experience a play relationship in which they feel accepted, understood, and cared for, **they play out many of their problems** and, in the process, release tensions, feelings, and burdens. Your child will then

feel better about herself and will be able to discover her own strengths and assume greater self-responsibility as she takes charge of play situations.

How your child feels about herself will make a significant difference in her behavior. In the special playtimes where you learn to **focus on your child rather than your child’s problem**, your child will begin to react differently because how your child behaves, how she thinks, and how she performs in school are directly related to how she feels about herself. When your child feels better about herself, she will behave in more self- enhancing ways rather than self-defeating ways.

REFLECTING FEELINGS

Usually, when a child expresses a feeling, we look to give comfort to the child by solving the problem, or by distracting her from the upset.

In filial play we acknowledge the feeling without trying to fix it.

For example, if your child looks sad instead of saying…

"What's wrong?" we say, "You look like you're feeling sad."

In other words **we reflect or 'say back' what we see. Why????**

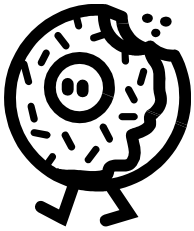
1. **Asking questions can cause your child to feel guilty or ashamed.**
2. **Not all problems can be fixed.**
3. **Solving the problem can be about you and your upset or discomfort.**
4. **Reflecting shows that you notice and that you care.**

Be-With Attitudes
I am here and I hear you
I understand
I care

Parent Notes & Homework – Session 1/2

RULES OF THUMB TO REMEMBER:

1. **"Focus on the donut, not the hole!"** Focus on the Relationship,



NOT the Problem.

2. **Learn to RESPOND OR REFLECT rather than REACT.**

2. **We all make mistakes, but we can recover.** It is how we handle our mistakes that make the difference.

Homework for Week 1/2

1. Notice one physical characteristic about your child of focus that you haven't noticed before.
2. Practice reflective responding.
3. Bring your favorite, heart-tugging picture of your child of focus to class next week.
4. Practice giving a 30-second Burst of Attention.

How do I do that?

For Example…..
If you are on the telephone to Mary, and your child interrupts, you say to Mary:
"Can you hold-on for 30 seconds? I need to talk to little Jack." Put the phone down, bend down, and give Jack undivided, focused attention for 30 seconds; then say to the child,
"I have to finish talking to Mary." Stand back up and continue talking with your friend.

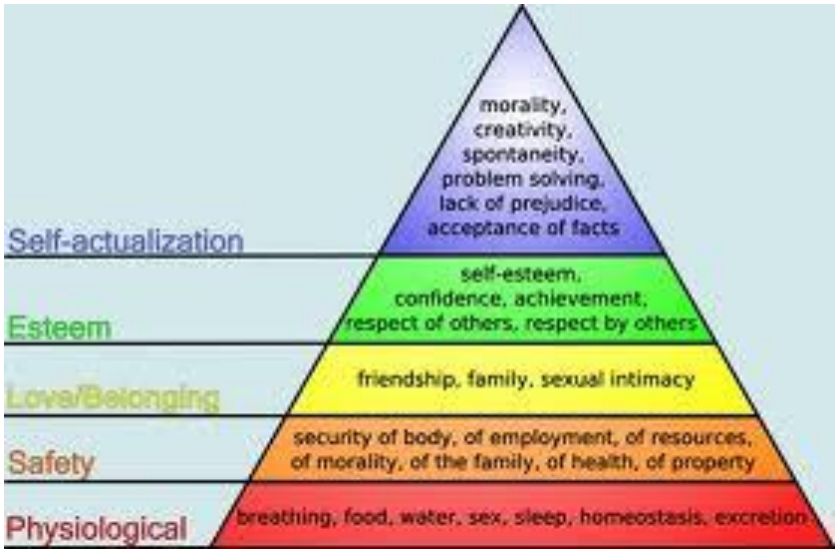
WELL-BEING FOR PARENTS

Before we look at CPRT itself, we need to consider your own inner strengths and personal resources. 10 weeks is a big commitment, so it is useful to look at the kind of problems that interfere with attendance.

Maslow was an American psychologist who believed that we all want to be happy and successful, and we will naturally reach our potential if the environment provides for us.

Maslow believed that the we start at the bottom of the pyramid and work our way up, that is, we must have out basic needs taken care of before we can work on esteem needs. Is that true? Discussion.....

Maslow's Pyramid



SOME SUGGESTIONS FOR WHEN YOU FEEL UNDER PRESSURE.

YOU DON'T HAVE TO BE FEELING GOOD TO ATTEND CLASS. EVERYONE HAS OFF DAYS AND FEELS DOWN OR NEGATIVE.

1. **IF YOU DO MISS A WEEK, BE SURE TO ATTEND THE NEXT WEEK. YOU WILL NOT BE JUDGED OR GIVEN OUT TO. BECAUSE WE WILL BE MOVING SLOWLY, YOU WON'T FEEL LOST, OR HAVE FALLEN BEHIND.**

2. **FILIAL PLAY INVOLVES CHANGE. WE ALL RESIST CHANGE, SO YOU CAN EXPECT TO FEEL SOME RESISTANCE.**

3. **USUALLY, WHEN WE RESIST CHANGE, WE TEND TO FOOL OURSELVES! IF YOU TELL YOURSELF YOU CAN'T ATTEND FOR THE FOLLOWING REASONS, BE CURIOUS, AND ASK YOURSELF IF IT'S REALLY TRUE!**

    A. **I HAVEN'T TIME**
    B. **I'M TOO TIRED**
    C. **IT'S NOT WORKING**

4. **SOMETIME GENUINE REASONS STOP US ATTENDING. THAT'S OK.**

6. **FOR THOSE WHO STOP ATTENDING, LOW-SELF ESTEEM IS USUALLY THE REASON, SO WE WILL LOOK AT SELF-ESTEEM NEXT WEEK.**

WEEK TWO

Toy Checklist for Play Sessions
Session 3

Note: Obtain sturdy cardboard box with sturdy lid to store toys in (box that copier paper comes in is ideal–the deep lid becomes a dollhouse). Use an old quilt or blanket to spread toys out on and to serve as a boundary for the play area.

Real-Life Toys (also promote imaginative play)

* Small baby doll: *should not be anything "special"; can be extra one that child does not play with anymore*
* Nursing bottle: *real one so it can be used by the child to put a drink in during the session*
* Doctor kit (with stethoscope): *add three Band-Aids for each session (add disposable gloves/Ace bandage, if you have)*
* Toy phones: *recommend getting two in order to communicate: one cell, one regular*
* Small dollhouse*: use deep lid of box the toys are stored in– draw room divisions, windows, doors, and so forth.*

Toy Checklist (continued)

* Doll family: *bendable mother, father, brother, sister, baby, and so forth (ethnically representative)*
* Play money: *bills and coins; credit card is optional*
* Couple of domestic and wild animals: *if you don't have doll family, **can substitute an animal family** (e.g., horse, cow family)*
* Car/Truck: *one to two small ones (could make specific to child's needs, e.g., an ambulance)*
* Kitchen dishes: *couple of plastic dishes, cups, and eating utensils*

Optional

* Puppets: *one aggressive, one gentle; can be homemade or purchased (animal shaped cooking mittens, etc.)*
* Doll furniture: *for a bedroom, bathroom, and kitchen*
* Dress up: *hand mirror, bandana, scarf; small items you already have around the house.*

Toy Checklist (continued)

Acting-Out Aggressive Toys (also promote imaginative play)

* Dart guns with a couple of darts and a target: *parent needs to know how to operate. FOAM DARTS ONLY*
* Rubber knife: *small, bendable, army type*
* Rope: *prefer soft rope (can cut the ends off jump rope)*
* Aggressive animal: *(e.g., snake, shark, lion, dinosaurs—strongly suggest hollow shark!)*
* Small toy soldiers (12–15): *two different colors to specify two teams or good guys/bad guys*
* Inflatable bop bag (Bobo *clown style preferable)*

* Mask: *Lone Ranger type*_

Optional

* Toy handcuffs with a key

Toys for Creative/Emotional Expression

* Play dough: *suggest a tray to put play dough on to contain mess—also serves as a flat surface for drawing*
* Crayons: *eight colors, break some and peel paper off (markers are optional for older children but messier)*
* Plain paper: *provide a few pieces of new paper for each session*

Toy Checklist (continued)

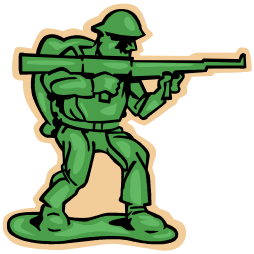
* Scissors: *not pointed, but cut well FOR YOUNGER CHILDREN, YOU CAN HELP AS REQUIRED FOR SAFETY REASONS.*
* Transparent tape: *remember, child can use up all of this, so buy several of smaller size NOTE: CHILDREN ARE ALLOWED USE ALL OF ANYTHING SUPPLY IN YOUR PLAY KIT.*
* Egg carton, Styrofoam cup/bowl: *for destroying, breaking, or coloring*
* Ring toss game
* Deck of playing cards
* Soft foam ball CANNOT **BE THROWN AT A PERSON.**
* Two balloons per play session

Optional

* Selection of arts/crafts materials in a zip lock bag *(e.g., colored construction paper, glue, yarn, buttons, beads, scraps of fabrics, raw noodles, etc. —much of this*

depends on age of child)

* Tinker toys/small assortment of building blocks
* Binoculars
* Tambourine, drum, or other small musical instrument
* Magic wand



Week 2

“Be Yourself: Everybody Else is Already Taken” Oscar Wilde

1. Practice telling the difference between what you want in life and what society tells you, you should want.

2. Avoid focusing on the past and past disappointments.

3. Don’t care too much about what other people think of you.

4. Be honest with yourself. ‘The unexamined life is not worth living’ Socrates.

5. Stop comparing yourself to others.

- Accept that some days you're the pigeon, and that some days you are the statue.

RULE OF THUMB TO REMEMBER

Be Fully Involved in the Play……

...not Just a Bystander.

Reflecting/responding to your child's thoughts, feelings, and needs, creates a comfortable atmosphere of understanding and acceptance for your child.

Basic Limit Setting:

"Sarah,"I know you'd like to shoot the gun at me, but I'm not for shooting. You can choose to shoot at that" (point at something acceptable).

LAY SESSION DO'S AND DON'TS

Parents: Your major task is to keenly show interest in your child's play and to communicate your interest in, and understanding of, your child's thoughts, feelings, and behavior through your words, actions, and undivided focus on your child.

1. Do set the stage.

a. Prepare play area ahead of time.
b. Use the same toys each time.
c. Say to child…'You are in charge of the play'.
d. Allow your child to lead.

2. Do let the child lead.
Allowing the child to lead during the playtime helps you to better understand your child's world and what your child needs from you.

3. Do join in the child's play actively, as a follower.
Convey your willingness to follow your child's lead through your responses and your actions, by actively joining in the play.

PHOTOGRAPH OF TOY SET UP

Session 3

WEEK FOUR

RULES OF THUMB TO REMEMBER:

1. **"When a child is drowning, don't try to teach her to swim." When a child is feeling upset or out of control, that is not the moment to impart a rule or teach a lesson.**

2. **"During play sessions, limits are not needed until they are needed!"**

Basic Limit Setting:

Start by saying child's name: "Sarah,"
Reflect feeling: "I know you'd like to shoot the gun at me…"
Set limit: "But I'm not for shooting."

Give acceptable alternative: "You can choose to shoot at that" (point at something acceptable).

Homework Assignments:

1. **Complete Limit Setting: A-C-T Practice Worksheet.**
2. **Read over 3 hand-outs prior to play session:**
   - **Limit Setting: A-C-T**
   - **Play Session Do's & Don'ts**
   - **Play Session Procedures Checklist**
3. **Conduct play session and complete Parent Play Session Notes.**
4. **Notice one intense feeling in yourself during your play session this week.**

Limit Setting: A-C-T Before It's Too Late!

Acknowledge the feeling
Communicate the limit
Target alternatives

Three Step A-C-T Method of Limit Setting:

1. **A**cknowledge your child's feeling or desire (*your voice must convey empathy and understanding*).
   "Billy, I know that you think that it would be fun to shoot me, too…"

2. **C**ommunicate the limit (be specific and clear—and brief).
   "**But I'm not for shooting."**

3. **T**arget acceptable alternatives (provide one or more choice, depending on age of child).
   "You can shoot at the doll."

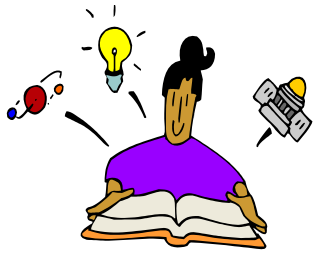
When to Set Limits?

RULE OF THUMB: "During play sessions, limits are not needed until they are needed!"

Why Establish Consistent Limits?

CONSISTENT LIMITS CREATE A PREDICTABLE, SAFE ENVIRONMENT & A SENSE OF SECURITY.

Parent Play Session Notes - Session 4



Play Session #_____Date: _____

Significant Happenings

What I Learned About My Child:

1. Feelings Expressed:

2. Play Themes:

What I Learned About Myself:

1. My feelings during the play session:

2. What I think I was best at:

3. What was hardest or most challenging for me?

Questions or Concerns:

Skill I Want to Focus on in the Next Play Session:

WEEK FIVE

Week 5

In-Class Play Session Skills Checklist:
For Review of Videotaped (or Live) Play Session

Directions: Put a checkmark (√) in blank when you observe a play session skill demonstrated in videotaped or live play session

1. _____Set the Stage/Structured Play Session

2. _____Conveyed "Be With" Attitudes
Full attention/interested
Toes followed nose

3. _____Allowed Child to Lead Avoided giving suggestions Avoided asking questions Returned responsibility to child

4. _____Followed Child's Lead
Physically on child's level
Moved closer when child was involved in play
Joined in play when invited—took imaginary/pretend role when appropriate

5. _____Reflective Responding Skills:

_____Reflected child's nonverbal play behavior (Tracking)

_____Reflected child's verbalizations (Content)

_____Reflected child's feelings/wants/wishes

_____Voice tone matched child's intensity/affect

_____Responses were brief and interactive

_____Facial expressions matched child's affect

6. _____Used Encouragement/Self-Esteem-Building Responses

7. _____Set Limits, As Needed, Using A-C-T

ACT

ACKNOWLEDGE THE FEELINGS
COMMUNICATE THE LIMIT
TARGET ALTERNATIVES

Discuss the different messages that are implied in the following typical parent responses to unacceptable behavior:

- It's probably not a good idea to paint the wall.

  Message: _____

- You can't paint the walls in here.

  Message: _____

- I can't let you paint the wall.

  Message: _____

- Maybe you could paint something else other than the wall.

  Message: _____

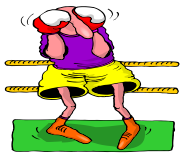
- The rule is you can't paint the wall.

  Message: _____

- The wall is not for painting on.

  Message: _____

FIND A BALANCE



RULE OF THUMB TO REMEMBER:

"If you can't say it in 10 words or less, don't say it." As parents, we have a tendency to over-explain to our children, and our message gets lost in the words.

Homework Assignments:

1. **Give each of your children a Sandwich Hug and Sandwich Kiss.**

2. **Read over hand-outs prior to play session:**
   Limit Setting: A-C-T
   Play Session Dos &
   Don'ts
   Play Session Procedures Checklist

2. **Conduct play session (same time place).**

4. **Complete Parent Play Session Notes.**

   b. Use Play Session Skills Checklist to note what you thought you did well, and select one skill you want to work on in your next play session.

   a. If you needed to set a limit during your playtime, describe on the checklist what happened and what you said or did.

Exploring Motivation

- What is motivation?

- **Focuses on why people behave the way they do**
- **Motivated behaviour is energized, directed and sustained**

Expectancy Theory

- We are motivated by 3 factors:
  - 1. Our **expectation** of reaching the goal.
  - 2. What is the **value** of this goal to me?

  - 3. **Cost:** the cost, in terms of expended resources, of achieving the goal may be also added to this model.

(Woolfolk, Hughes, & Walkup, 2013)

Combinations of Causal Attributions & Explanations for Failure

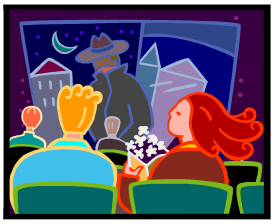
Rate these explanations across the following dimensions: **my fault/someone else's fault, is fixed or changable; I'm in control/I'm not in control.**

- I've low ability
- I never study
- I'm sick on day of class
- All Teachers is no use.
- It was bad luck
- The course is too hard.

WEEK SIX

In-Class Play Session Skills Checklist: For Review of Videotaped (or Live) Play Session

Directions: Put a checkmark (√) in blank when you observe a play session skill demonstrated in videotaped or live play session



1. _____Set the Stage/Structured Play Session

2. _____Conveyed "Be With" Attitudes
Full attention/interested
Toes followed nose

3. _____Allowed Child to Lead Avoided giving suggestions Avoided asking questions Returned responsibility to child

4. _____Followed Child's Lead
Physically on child's level
Moved closer when child was involved in play
Joined in play when invited—took imaginary/pretend role when appropriate

5. _____Reflective Responding Skills:

_____Reflected child's nonverbal play behavior (Tracking)

_____Reflected child's verbalizations (Content)

_____Reflected child's feelings/wants/wishes

_____Voice tone matched child's intensity/affect

_____Responses were brief and interactive

_____Facial expressions matched child's affect

Parent Play Session Notes

Play Session #_____Date: _____

Significant HappeningsWhat I Learned About My Child: Feelings Expressed:

Play Themes:

What I Learned About Myself:

My feelings during

the play session:

What I think I was

best at:

What was hardest or most challenging for me?

Questions or Concerns:

Skill I Want to Focus on in the Next Play Session:

_____

WEEK SEVEN

RULES OF THUMB TO REMEMBER

1. **"Grant in fantasy what you can't grant in reality."** In a play session, it is okay to act out feelings and wishes that in reality may require limits. For example, it's okay for the "baby sister" doll to be thrown out a window in playtime.

2. **"Big choices for big kids, little choices for little kids."**

Choices given must be appropriate for the child's developmental stage.

p.3 2

COMMON PROBLEMS IN PLAY SESSIONS

Q: My child notices that I talk differently in the play sessions and wants me to talk normally. What should I do?

A: Say: I know it sounds funny, but that's the way my teacher told me to talk in special play sessions. It lets you know that I'm paying close attention.

Q**: My child asks many questions during the play sessions and resents my not answering them. What should I do?**

A: We always begin by reflecting the child's feelings. "You want to know how that box opens" Your objective is to encourage your child's self-reliance and self-acceptance. "In our special playtime, the answer can be anything you want it to be." For example, your child might ask, "What should I draw?" You can draw whatever you decide." Our objective is to help your child make decisions.

Q: My child just plays and has fun. What am I doing wrong?

A: Nothing. Your child is supposed to use the time however she wants. The relationship you are building with your child during the special playtimes is more important than whether or not your child is working on a problem.

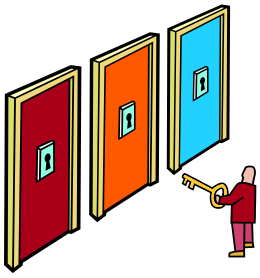
Q: I'm bored. What's the value of this?

A: Being bored in a playtime is not an unusual happening because parents have busy schedules, are on the go a lot, and are not used to sitting and interacting quietly for 30 minutes. The most important thing you can do is continue to be patient with the process of the play sessions.

Q: My child doesn't respond to my comments. How do I know I'm getting it right?

A: For example, if you have reflected "You really are angry!" and your child doesn't respond, you might say, "… Or maybe it's not anger you're feeling, maybe you're just feeling really strong and powerful."

GIVING CHOICES



Children need parental guidance and discipline. In many instances, parents must make decisions for children—decisions that children are not mature enough to take responsibility for—such as bedtime, other matters of health and safety, and compliance with household policies and rules. However, parents can provide their children with some measure of control in the situation by providing choices.

Example

Seán wants the whole packet of biscuits. Parent says: Seán, you can choose to have one biscuit, two biscuits, or no biscuits. Which do you choose?

Example

"When you choose to pick up your toys before dinner, you choose to watch 30 minutes of television after dinner. When you choose not to pick up your toys before dinner, you choose not to watch television after dinner."

Guidelines for Giving Choices

In general, give two choices. Be consistent with consequences (Do what you said you would do). Act without anger.

BENEFITS OF GIVING CHOICES

1. **Providing children with age-appropriate choices empowers children** by allowing them a measure of control over their circumstances.

   Being a child can be very frustrating because they have so little control over their own lives. Giving choices helps with that frustration.

2. **Presenting children with choices provides opportunities for decision-making and problem-solving**.

   Problem-solving is a very important and useful skill. The sooner children learn to problem-solve the better.

3. **Providing children with choices reduces power struggles** between parent and child and, importantly, preserves the child-parent relationship.
   By giving children more control, there will be less arguments and tantrums.

PLAY SESSION SKILLS CHECKLIST

Skill	Notes/Commen
Set the Stage/Structured Play Session	
Conveyed "Be With" Attitudes Full attention/interested	
Allowed Child to Lead Avoided giving suggestions Avoided asking questions	
Followed Child's Lead Physically on child's level Moved closer when child was involved in play Joined in play when	
Reflective Responding	
Reflected child's nonverbal play	
Reflected child's verbalizations	
Reflected child's feelings/wants/wishes	
Voice tone matched child's	
Responses were brief and interactive	
Facial expressions matched child's affect	
Use of Encouragement/Self-	
Set Limits, As Needed, Using A-C-T	

PARENT PLAY SESSION NOTES

Play Session #_____Date: _____

Significant Happenings:

What I Learned About My Child:

Feelings Expressed:

Play Themes:

What I Learned About Myself:

My feelings during the play session: What I think I was best at:

What was hardest or most challenging for me?

Questions or Concerns:

Skill I Want to Focus on in the Next Play Session: _____

WEEK EIGHT

PLAY SESSION SKILLS CHECKLIST

Skill	Notes/Comm
Set the Stage/Structured Play Session	
Conveyed "Be With" Attitudes Full attention/interested Toes	
Allowed Child to Lead Avoided giving suggestions Avoided asking questions Returned responsibility to	
Followed Child's Lead Physically on child's level Moved closer when child was involved in play Joined in play when invited	
Reflective Responding Skills:	
Reflected child's nonverbal play	
Reflected child's verbalizations (Content)	
Reflected child's feelings/wants/wishes	
Voice tone matched child's intensity/affect	
Responses were brief and interactive	
Facial expressions matched child's affect	
Use of Encouragement/Self-Esteem-Building	
Set Limits, As Needed, Using A-C-T	

PARENT PLAY SESSION NOTES

Play Session_____ Date: _____

Significant HappeningsWhat I Learned About My Child: Feelings Expressed:

Play Themes:

What I Learned About Myself:

My feelings during the play session: What I think I was best at:

What was hardest or most challenging for me?

Questions or Concerns:

Skill I Want to Focus on in the Next Play Session: _____

POSITIVE CHARACTER QUALITIES

accountable	affectionate	appreciative	assertive
brave	careful	caring	clever
compassionate	confident	considerate	cooperative
courageous	courteous	creative	decisive
dependable	determined	direct	empathic
enjoyable	enthusiastic	energetic	feeling
forgiving	friendly	fun	generous
gentle	goal oriented	good sport	grateful
helpful	honest	humble	idealistic
insightful	intelligent	inventive	joyful
kind	loving	loyal	modest
neat	orderly	outgoing	patient
peaceful	persistent	polite	purposeful
punctual	quiet	reliable	resourceful
respectful	responsible	self-assured	self-controlled
self-disciplined	sensitive	sincere	smart
supportive	tactful	team player	tenacious
thoughtful	tolerant	trustworthy	truthful

Esteem Building Responses:

Developing Your Child's Sense of Competence

Rule of Thumb: "Never do for a child that which he can do for himself."

When you do, you rob your child of the joy of discovery and the opportunity to feel competent. You will never know what your child is capable of unless you allow him to try!

Parents help their child develop a positive view of "self," not only by providing their child with love and unconditional acceptance, but also by helping their child feel competent and capable. Parents help their child feel competent and capable by first allowing the child to **experience** what it is like to discover, figure out, and problem-solve. Parents show faith in their child and their child's capabilities by allowing him or her to struggle with a problem, all the while providing encouragement (encouragement vs. praise is covered in detail in Session 9). For most parents, allowing children to struggle is hard—but a necessary process for children to truly feel capable. The next step in helping children develop a positive view of self as competent and capable is learning to respond in ways that give children credit for ideas, effort, and accomplishments, without praising.

Esteem-Building Responses to Use in Play Sessions:

"You did it!" "You decided that was the way that was supposed to fit together." "You figured it out." "You know just how you want that to look." "You like the way that turned out." "You're not giving up—you're determined to figure that out." "You decided…" "You've got a plan for how…"

Example 1: Child works and works to get the lid off the play dough and finally gets it off.

Parent response: **"You did it."**

Example 2: Child works and works to get the lid off the play dough, but can't get it off.

Parent response: **"You're determined to figure that out."**

Example 3: Child struggles to get the dart to fit into the gun and pushed in all the way and finally gets it in.

Parent response: **"You figured it out."**

Example 4: Child spends time drawing, cutting, and gluing a nondescript piece of "art" and shows you with a smile when he is finished.

Parent response: **"You really like the way that turned out."**

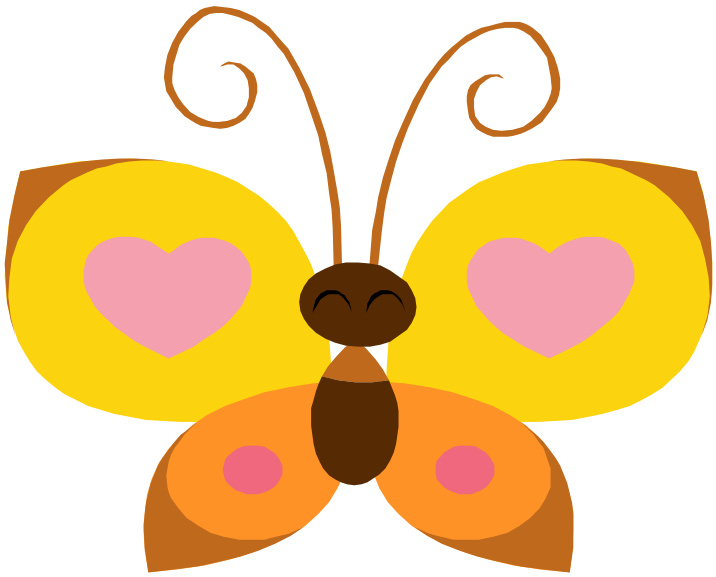
The Struggle to Become a Butterfly: A True Story

(Author Unknown)

A family in my neighborhood once brought in two cocoons that were just about to hatch. They watched as the first one began to open and the butterfly inside squeezed very slowly and painfully through a tiny hole that it chewed in one end of the cocoon. After lying exhausted for about 10 minutes following its agonizing emergence, the butterfly finally flew out the open window on its beautiful wings.

The family decided to help the second butterfly so that it would not have to go through such an excruciating ordeal. So, as it began to emerge, they carefully sliced open the cocoon with a razor blade, doing the equivalent of a Caesarean section. The second butterfly never did sprout wings, and in about 10 minutes, instead of flying away, it quietly died.

The family asked a biologist friend to explain what had happened. The scientist said that the difficult struggle to emerge from the small hole actually pushes liquids from deep inside the butterfly's body cavity into the tiny blood vessels in the wings, where they harden to complete the healthy and beautiful adult butterfly.



Homework Assignments:

1. Read Esteem-Building Responses—practice giving at least one esteem-building response during your play session (note on Play Session Skills Checklist). Also practice giving one esteem-building response outside of your play session.

- **What happened outside of play session?**
- **What you said?**
- **How child responded? (verbally or nonverbally)**

2. Write a note to your child of focus, as well as other children in the family, pointing out a positive character quality you appreciate about the child (see Positive Character Qualities hand-out). Continue to write a note each week for three weeks (post first note to child, if possible). Write down the following sentence:

> "Dear , I was just thinking about you, and what I was thinking is you are so (thoughtful, responsible, considerate, loving, etc.). I love you,
> (Mom, Dad)."

Say to the child, in your own words, after the child reads the note (or you read it to the child), "That is such an important quality; we should put that note on the refrigerator (bulletin board, etc.)." Reminder: Don't expect a response from your child.

3. Conduct play session (same time & place)—review Play Session Do's & Don'ts & Play Session Procedure Checklist

a. Complete Parent Play Session Notes.

b. Use Play Session Skills Checklist to note what you thought you did well, specifically focus on esteem- building responses, and select one skill you want to work on in your next play session.

WEEK NINE

Rule of Thumb: "Encourage the effort rather than praise the product"

Praise:

Praise is an attempt to motivate children with external rewards. In effect, the parent who praises is saying, "If you do something I consider good, you will have the reward of being recognized and valued by me." Overreliance on praise can produce crippling effects. Children come to believe that their worth depends upon the opinions of others. Praise employs words that place value judgments on children and focuses on external evaluation.

> **Examples:** "You're such a good boy/girl." The child may wonder, "Am I accepted only when I'm good?"
> "You got an A. That's great!" Are children to infer that they are worthwhile only when they make As?
> "You did a good job." "I'm so proud of you." The message sent is that the parent's evaluation is more important than the child's.

Encouragement:

Encouraging parents teach their children to accept their own inadequacies, learn from mistakes (mistakes are wonderful opportunities for learning), have confidence in themselves, and feel useful through contribution. When commenting on children's efforts, be careful not to place value judgments on what they have done.

Be alert to eliminate value-laden words (good, great, excellent, etc.) from your vocabulary at these times. Instead, substitute words of encouragement that help children believe in themselves. Encouragement focuses on effort and can always be given. Children who feel their efforts are encouraged, valued, and appreciated develop qualities of persistence and determination and tend to be good problem-solvers.

Examples of Encouraging Phrases That Recognize Effort and Improvement:

"You did it!" or "You got it!"
"You really worked hard on that."
"You didn't give up until you figured it out."
"Look at the progress you've made…" (Be specific)
"You've finished half of your worksheet and it's only 4 o'clock."

Encouraging Phrases That Show Confidence:

"I have confidence in you. You'll figure it out."
"That's a tough one, but I bet you'll figure it out."
"Sounds like you have a plan."
"Knowing you, I'm sure you will do fine."
"Sounds like you know a lot about__."

Encouraging Phrases That Focus on Contributions, Assets, and Appreciation:

"Thanks, that was a big help."
"It was thoughtful of you to_____" or
"I appreciate that you_____."
"You have a knack for _____.

In summary, encouragement is:

1. Valuing and accepting children as they are (not putting conditions on acceptance).
2. Pointing out the positive aspects of behavior.
3. Showing faith in children, so that they can come to believe in themselves.
4. Recognizing effort and improvement (rather than requiring achievement).
5. Showing appreciation for contributions.

RULE OF THUMB TO REMEMBER:

"Encourage the effort rather than praise the product!" Children need encouragement like a plant needs water.

Homework Assignments:

1. Read Encouragement vs. Praise—practice giving at least one encouragement response <u>during</u> your play session (note on Play Session Skills Checklist). Also practice giving at least one encouragement <u>outside</u> of your play session.

   What happened or what child said (outside of play session) _____

   What you said _____

   How child responded (verbally or nonverbally)_____

2. Write down one issue you are struggling with most <u>outside</u> of play session time.

3. Conduct play session (same time & place)—review Play Session Do's & Don'ts & Play Session Procedure Checklist

   a. Complete Parent Play Session Notes.

   b. Use Play Session Skills Checklist to note what you thought you did well, <u>specifically focus on</u> <u>encouragement responses</u>, and select one skill you want to work on in your next play session.

HOMEWORK (CONTINUED)

4. Additional assignment:

Reminder: Write a second note to your child of focus, as well as other children in the family, pointing out another positive character quality you appreciate about the child. (Vary how the note is delivered, for example, placing in child's lunchbox, taped to mirror in bathroom, on the child's pillow, under the child's dinner plate, etc.)

PARENT PLAY SESSION NOTES

Play Session #_____Date: _____

Significant Happenings:

What I Learned About My Child: Feelings Expressed:

Play Themes:

What I Learned About Myself:

My feelings during the play session: What I think I was best at: What was hardest or most challenging for me?

Questions or Concerns:

Skill I Want to Focus on in the Next Play Session:

In-Class Play Session Skills Checklist:

For Review of Videotaped (or Live) Play Session

Directions: Indicate ✓ in blank when you observe a play session skill demonstrated in videotaped or live play session

1. ___Set the Stage/Structured Play Session

2. ___Conveyed "Be With" Attitudes
Full attention/interested
Toes followed nose

3. ___Allowed Child to Lead Avoided giving suggestions Avoided asking questions Returned responsibility to child

4. ___Followed Child's Lead
Physically on child's level
Moved closer when child was involved in play
Joined in play when invited—took imaginary/pretend role when appropriate

5. ___Reflective Responding Skills:

_____Reflected child's nonverbal play behavior (Tracking)

_____Reflected child's verbalizations (Content)

_____Reflected child's feelings/wants/wishes

_____Voice tone matched child's intensity/affect

_____Responses were brief and interactive

_____Facial expressions matched child's affect

6. ___Used Encouragement/Self-Esteem-Building Responses

7. ___Set Limits, As Needed, Using A-C-T

WEEK TEN

Rules of Thumb & Other Things to Remember

Rules of Thumb

1. Focus on the donut, not the hole!
Focus on the relationship (your strengths and your child's strengths), NOT the problem.

2. What's most important may not be what you do, but what you do after what you did! We are certain to make mistakes, but we can recover. It is how we handle our mistakes that make the difference.

3. The parent's toes should follow his/her nose. Body language conveys interest.

4. You can't give away what you do not possess.
(Analogy: oxygen mask on airplane) You can't extend patience and acceptance to your child if you can't first offer it to yourself.

5. When a child is drowning, don't try to teach her to swim.
When a child is feeling upset or out of control, that is not the moment to impart a rule or teach a lesson.

6. During play sessions, limits are not needed until they are needed!

7. If you can't say it in 10 words or less, don't say it. As parents, we tend to over-explain, and our message gets lost in the words.

8. Grant in fantasy what you can't grant in reality. In a play session, it is okay to act out feelings and wishes that in reality may require limits.

9. Big choices for big kids, little choices for little kids.
Choices given must be appropriate for the child's age.

10. Never do for a child that which he can do for himself. You will never know what your child is capable of unless you allow him to try!

Rules of Thumb & Other Things to Remember (continued)

11. Encourage the effort rather than praise the product. Children need encouragement like a plant needs water.

12. Don't try to change everything at once! Focus on 'big' issues that ultimately will mean the most to your child's development of positive self-esteem and feelings of competence and usefulness.

13. Where there are no limits, there is no security. (Consistent Limits = Secure Relationship) When you don't follow through, you lose credibility and harm your relationship with your child.

14. Good things come in small packages. Don't wait for big events to enter into your child's world—the little ways are always with us. Hold onto precious moments!

HOMEWORK & RECOMMENDED READING

"Good things come in small packages."
Don't wait for big events to enter into your child's world—
the little ways are always with us. Hold onto precious moments!

Homework Assignments:

Continue play sessions: If you stop now, the message is that you were playing with your child because you had to, not because you wanted to:

Recommended Reading:

'How to Talk so Kids will Listen & Listen so Kids will Talk'

By Adele Faber & Elaine Mazlish

Piccadilly Press, London 2001

Available from: www.bookdepository.co.uk
Price €10 approx.

OTHER THINGS TO REMEMBER

1. Reflective responses help children to feel understood and can lessen anger.

2. In play, children express what their lives are like now, what their needs are, or how they wish things could be.

3. In the playtimes, the parent is not the source of answers (reflect questions back to child: "Hmm—I wonder").

4. Don't ask questions you already know the answer to.

5. Questions imply non-understanding. Questions put children in their minds. Children live in their hearts.

6. What's important is not what the child knows, but what the child believes.

7. When you focus on the problem, you lose sight of the child.

8. Support the child's feeling, intent, or need, even if you can't support the child's behavior.

9. Noticing the child is a powerful builder of self-esteem.

10. Empower children by giving them credit for making decisions: "You decided to."

11. One of the best things we can communicate to our children is that they are competent. Tell children they are capable, and they will think they are capable. If you tell children enough times they can't do something, sure enough, they can't.

OTHER THINGS TO REMEMBER (CONTINUED)

13. Encourage creativity and freedom—with freedom comes responsibility.

13. When we are flexible in our stance, we can handle anger much more easily. When parents are rigid in their approach, both parent and child can end up hurt.

14. When unsure of what to say to child or what to do, ask yourself, "What action or words will most preserve the relationship or do least harm?" Sometimes walking away and saying nothing, or telling the child, "I need to take a time-out to cool off, and then we can talk," is best. Always remember: "Nothing at this moment is more important than my relationship with my child."
15. Live in the moment—today is enough. Don't push children toward the future.

APPENDIX D

Personal Development Material

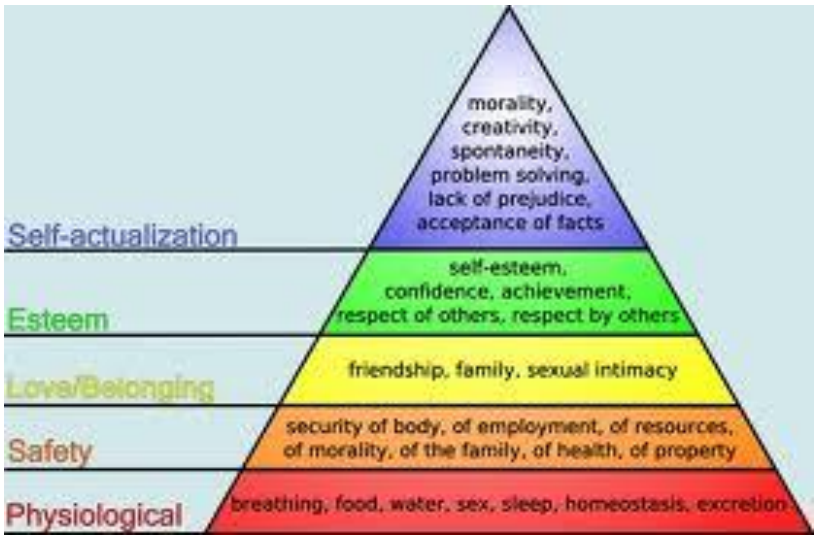
WEEK 1
WELL-BEING FOR PARENTS

Before we look at CPRT itself, we need to consider your own inner strengths and personal resources. 10 weeks is a big commitment, so it is useful to look at the kind of problems that interfere with attendance.

Maslow was an American psychologist who believed that we all want to be happy and successful, and we will naturally reach our potential if the environment provides for us.

Maslow believed that the we start at the bottom of the pyramid and work our way up, that is, we must have out basic needs taken care of before we can work on esteem needs. Is that true? Discussion.....

Maslow's Pyramid



SOME SUGGESTIONS FOR WHEN YOU FEEL UNDER PRESSURE.

5. **YOU DON'T HAVE TO BE FEELING GOOD TO ATTEND CLASS. EVERYONE HAS OFF DAYS AND FEELS DOWN OR NEGATIVE.**

6. **IF YOU DO MISS A WEEK, BE SURE TO ATTEND THE NEXT WEEK. YOU WILL NOT BE JUDGED OR GIVEN OUT TO. BECAUSE WE WILL BE MOVING SLOWLY, YOU WON'T FEEL LOST, OR HAVE FALLEN BEHIND.**

7. **FILIAL PLAY INVOLVES CHANGE. WE ALL RESIST CHANGE, SO YOU CAN EXPECT TO FEEL SOME RESISTANCE.**

8. **USUALLY, WHEN WE RESIST CHANGE, WE TEND TO FOOL OURSELVES! IF YOU TELL YOURSELF YOU CAN'T ATTEND FOR THE FOLLOWING REASONS, BE CURIOUS, AND ASK YOURSELF IF IT'S REALLY TRUE!**

    D. **I HAVEN'T TIME**
    E. **I'M TOO TIRED**
    F. **IT'S NOT WORKING**

9. **SOMETIME GENUINE REASONS STOP US ATTENDING. THAT'S OK.**

7. **FOR THOSE WHO STOP ATTENDING, LOW-SELF ESTEEM IS USUALLY THE REASON, SO WE WILL LOOK AT SELF-ESTEEM NEXT WEEK.**

WEEK 2

"Be Yourself: Everybody Else is Already Taken" Oscar Wilde

Practice telling the difference between what you want in life and what society tells you, you should want.

Avoid focusing on the past and past disappointments.

Don't care too much about what other people think of you.

Be honest with yourself. 'The unexamined life is not worth living' Socrates.

Stop comparing yourself to others.

Accept that some days you're the pigeon, and that some days you are the statue.

Exploring Motivation

- What is motivation?

- **Focuses on why people behave the way they do**
- **Motivated behaviour is energized, directed and sustained**

(Woolfolk et al., 2013)

Expectancy Theory

- We are motivated by 3 factors:
  - 1. Our **expectation** of reaching the goal.
  - 2. What is the **value** of this goal to me?

  - 3. **Cost:** the cost, in terms of expended resources, of achieving the goal may be also added to this model.

Combinations of Causal Attributions & Explanations for Failure

Rate these explanations across the following dimensions: **my fault/someone else's fault, is fixed or changable; I'm in control/I'm not in control.**

- I've low ability
- I never study
- I'm sick on day of class
- All Teachers is no use.
- It was bad luck
- The course is too hard.

APPENDIX E

Porter Parental Acceptance Scale

Parent Code #_____

Note: Parents enrolled in Child-Parent-Relationship (C-P-R) Training are asked

We are seeking information about parent-child relationships. You can help us by filling out the following questionnaire frankly and carefully. Sincere and honest answers are requested so that valid data may be obtained.
The questionnaire does not call for any mark of identification. Your answers, along with all others, will be absolutely anonymous. Furthermore, all of the responses will be treated confidentially and will be used only for purposes of scientific research.
It is essential that all questions be answered. If you do not find an exact answer to a question, choose the answer that most closely describes your feelings or actions.

General Information (Parent Information)

1. Sex: Male____Female____ 2. Year of birth_____ 3. Year of marriage_____

4. Living with spouse at present time. Yes____ No____

5. Married more than once. Yes____ No____

6. If married more than once, was previous marriage ended because of: death____ divorce____ other____ (Please state)_____

7. Draw a circle around the number of years of schooling you have completed.

1 2 3 4 5 6	1 2 3 4 5 6	1 2 3 4	1 2 3 4
Primary School	Secondary School	College	Post-Graduate

8. Religious Affiliation:
____Protestant ____Jewish ____ Catholic ____None
Other_____

9. Was your childhood and adolescence, the most part, spent in:

__open country or village under 1,000
____a town of 1,000 to 4,999
____a city of 5,000 to 9,999
____a city of 10,000 to 49,999
____a city of 50,000 to 99,999
____a city of 100,000 to 249,999
____a city of 250,000 or over

10. Present family income for (annual)

____under €15,000
____€15,000 to €24,999
____€25,000 to €34,999
____€35,000 to €49,999
____€50,000 to €74,999
____€75,000 to €99,999
____€100,000 or more

Porter Parental Acceptance Scale (continued)

11. Husband's occupation (be specific, such as computer specialist, CPA, salesperson, teacher, auto mechanic, lawyer, interior designer, etc.)_____

12. Wife's occupation (be specific, as illustrated above)_____

13. Ages of children (to nearest birthday)
Ages of boys ____; ____; ____; ____; ____; ____.
Ages of girls ____; ____; ____; ____; ____; ____.

14. Is this child your: (circle one) Biological child Stepchild Adopted child

Porter Parental Acceptance Scale (continued)

Information About Your Child

Many parents say that their feelings of affection toward or for their child varies with his/her behavior and with circumstances. Please read each item carefully and place a check in the column that most nearly describes the degree of feeling of affection that you have for your child in that situation.

	Degree of Feeling of Affection				
Check One Column For each item below	Much more than usual	A little more than usual	The same	A little less than usual	Much less Than usual
1. When my child is obedient					
2. When my child is with me					
3. When my child misbehaves in front of special guests.					
4. When my child expresses unsolicited Affection. For example, "You're the nicest Mammy/Daddy in the whole world"					
5. When my child is away from me					
6. When my child shows off in public					
7. When my child behaves according to my highest expectations					
8. When my child expresses angry and hateful things to me					
9. When my child does things I hoped she would not do					
10. When we are doing things together					

Porter Parental Acceptance Scale (continued)

Note: The following directions (in box below) are the official directions written by Dr. Porter for use of PPAS with general populations. For the purposes of C-P-R/Filial Training, parents are asked to please think only about your "child of focus" as you answer these questions.

While responding to the following questions, please think of only one child. If you have a child in the age range of 6–10 years, choose that one. If you have more than one child in that age range, choose the one nearest to 10. If your children are all younger than 6 years, choose the one nearest 6. Place a circle around the age (in question 13 above) of the one that you will be thinking of while answering the following questions about your child. BE SURE AND REFER ONLY TO THIS CHILD WHILE ANSWERING THE QUESTIONS.

Listed below are several statements describing things children do and say. Following each statement are five responses that suggest ways of feeling or courses of action.
Read each statement carefully and then place a circle around the number in front of the one response that most nearly describes the feeling you usually have or the course of action you most generally take when your child says or does these things.

It is possible that you may find a few statements that describe a type of behavior that you have not yet experienced with your child. In such cases, mark the response that most nearly describes how you think you would feel or what you think you would do.

Be sure that you answer every statement and mark only one response for each statement.
****

Note: Parents enrolled in C-P-R/Filial Therapy Training are asked to please think only about your "child of focus" as you answer these questions.

11. When my child is shouting and dancing with excitement at a time when I want peace and quiet, I:
1. feel annoyed.
2. want to know more about what excites my child.
3. feel like punishing my child.
4. feel that I will be glad when my child is past this stage.
5. feel like telling him to stop.

12. When my child misbehaves while others in the group are behaving well, I:
a. see to it that my child behaves as the others.
b. tell my child it is important to behave well when in a group.
c. let my child alone if the others are not disturbed by the behavior.
d. ask my child to suggest an alternative behavior.
e. help my child find an alternative behavior to enjoy while not disturbing the group.

13. When my child is unable to do something that I think is important for him/her, I:
a. want to help my child find success in other things.
b. feel disappointed in my child.
c. wish my child could do it.
d. realize that my child cannot do everything.
e. want to know more about the things my child can do.

14. When my child seems to be more fond of someone else (teacher, friend, relative) than me, I:
a. realize that my child is growing up.
b. feel pleased to see my child's interests widening to other people.
c. feel resentful.
d. feel that my child doesn't appreciate what I have done for him/her.
e. wish that my child liked me more.

15. When my child is faced with two or more choices and has to choose only one, I:
a. tell my child which choice to make and why.
b. think it through with my child.
c. point out the advantages and disadvantages of each but let my child decide.
d. tell my child that I am sure he can make a wise choice and help my child foresee the consequences.
e. make the decision for my child.

16. When my child makes decisions without consulting me, I:
a. punish my child for not consulting me.
b. encourage my child to make many of his/her own decisions.

c. allow my child to make many of his/her own decisions.
d. suggest that we talk it over before he/she makes the decision.
e. tell my child that I must be consulted before any decisions are made.

17. When my child kicks, hits, or knocks his/her things about, I:
a. feel like telling my child to stop.
b. feel like punishing him/her.
c. am pleased that my child feels free to express himself/herself.
d. feel that I will be glad when my child is past this stage.
e. feel annoyed.

18. When my child is not interested in some of the usual activities of his/her age group, I:
a. realize that each child is different.
b. wish that my child were interested in the same activities.
c. feel disappointed in my child.
d. want to help my child find ways to make the most of his/her interests.
e. want to know more about the activities in which my child is interested.

19. When my child acts silly and giggly, I:
a. tell my child I know how he/she feels.
b. pay no attention to him/her.
c. tell my child he/she shouldn't act that way.
d. make my child quit.
e. tell my child it is all right to feel that way but help him/her find other ways of expressing himself/herself.

20. When my child prefers to do things with his/her friends rather than with the family, I:
a. encourage my child to do things with his/her friends.
b. accept this as part of his/her growing up.
c. plan special activities so that my child will want to be with the family.
d. try to minimize his/her association with friends.
e. make my child stay with the family.

21. When my child disagrees with me about something that I think is important, I:
a. feel like punishing him/her.
b. am pleased that my child feels free to express his/her thoughts and feelings.
c. feel like persuading my child that my way is best.
d. realize that my child has his/her own ideas.
e. feel annoyed.

22. When my child misbehaves while others in his/her group are behaving well, I:
a. realize that my child does not always behave as others in his/her group.
b. feel embarrassed.
c. want to help my child find the best ways to express his/her feelings.
d. wish my child would behave like the others.
e. want to know more about his/her feelings.

23. When my child is shouting and dancing with excitement at a time when I want peace and quiet, I:

a. give my child something quiet to do.
b. tell my child that I wish he/she would stop.
c. make my child be quiet.
d. let my child tell me about what is so exciting.
e. send my child somewhere else.

24. When my child seems to be more fond of someone else (teacher, friend, relative) than me, I:
a. try to minimize my child's association with that person.
b. let my child have such associations when I think he/she is ready for them.
c. do some special things for my child to remind him/her of how nice I am.
d. point out the weaknesses and faults of the other person(s).
e. encourage my child to create and maintain such associations.

25. When my child says angry and hateful things about me to my face, I:
a. feel annoyed.
b. feel that I will be glad when he is past this stage.
c. am pleased that my child feels free to express himself/herself.
d. feel like punishing my child.
e. feel like telling my child not to talk that way to me.

26. When my child shows a deep interest in something I don't think is important, I:
a. realize that my child has interests of his/her own.
b. want to help my child find ways to make the most of this interest.
c. feel disappointed in my child.
d. want to know more about my child's interests.
e. wish my child were more interested in the things I think are important for him/her.

27. When my child is unable to do some things as well as others in his group, I:
a. tell my child that he/she must try to do as well as the others.
b. encourage him/her to keep trying.
c. tell my child that no one can do everything well.
d. call attention to the things he/she does well.
e. help my child make the most of the activities that he/she can do well.

28. When my child wants to do something that I am sure will lead to disappointment for him/her, I:
a. occasionally let my child carry such an activity to its conclusion.
b. don't let my child do it.
c. advise my child not to do it.
d. help my child with it in order to ease the disappointment.
e. point out what is likely to happen.

29. When my child acts silly and giggly, I:
a. feel that I will be glad when he/she is past this stage.
b. am pleased that my child feels free to express himself/herself.
c. feel like punishing my child.
d. feel like telling him/her to stop.
e. feel annoyed.

30. When my child is faced with two or more choices and has to choose only one, I:
a. tell my child which choice to make and why.
b. feel that I should point out the advantages and disadvantages of each.
c. hope that I have prepared him/her to choose wisely.
d. want to encourage my child to make his/her own choices.
e. want to make the decision for my child.

31. When my child is unable to do something that I think is important for him/her, I:
a. tell him he/she must do better.
b. help my child make the most of the things that he/she can do.
c. ask my child to tell me more about the things that he/she can do.
d. tell my child that no one can do everything.
e. encourage him/her to keep trying.

32. When my child disagrees with me about something that I think is important, I:
a. tell my child he/she should not disagree with me.
b. make my child quit.
c. listen to my child's side of the issue and change my mind if that seems reasonable.
d. tell my child that maybe we can do it his/her way another time.
e. explain that I am doing what is best for him/her.

33. When my child is unable to do some things as well as others in his/her group, I:
a. realize that my child cannot do as well as others in everything.
b. wish my child could do as well.
c. feel embarrassed.
d. want to help my child find success in the things he/she can do well.
e. want to know more about the things my child can do well.

34. When my child makes decisions without consulting me, I:
a. hope that I have prepared him adequately to make his/her decisions.
b. wish that my child would consult with me.
c. feel disturbed.
d. want to restrict his freedom.
e. am pleased to see that as my child grows, I am needed less.

35. When my child says angry and hateful things about me to my face, I:
a. tell my child it is alright to feel that way but help him/her find other ways of expressing himself/herself.
b. tell my child I know how he/she feels.
c. pay no attention to him/her.
d. tell my child he shouldn't say such things to me.
e. make my child quit.

36. When my child kicks, hits, and knocks his/her things about, I:
a. make my child quit.
b. tell my child that it is alright to feel that way but help him/her find other ways of expressing himself/herself.
c. tell my child he/she shouldn't do such things.
d. tell my child I know how he/she feels.
e. pay no attention to him/her.

37. When my child prefers to do things with friends rather than with the family, I:
a. wish my child would spend more time with us.
b. feel resentful.
c. am pleased to see my child's interests widening to other people.
d. feel my child doesn't appreciate us.
e. realize that he/she is growing up.

38. When my child wants to do something that I am sure will lead to disappointment, I:
a. hope that I have prepared him/her to meet disappointment.
b. wish that my child did not have to experience unpleasant events.
c. want to keep my child from doing it.
d. realize that occasionally such an experience will be good for him/her.
e. want to postpone these experiences.

39. When my child is not interested in some of the usual activities of his/her age group, I:
a. help my child realize that it is important to be interested in the same things as others in the group.
b. call attention to the activities in which he/she is interested.
c. tell my child it is alright not to be interested in the same things as others in his/her group.
d. see to it that my child does the same things as others in his/her group.
e. help my child find ways of making the most of his/her interests.

40. When my child shows a deep interest in something I don't think is important, I:
a. let my child go ahead with this interest.
b. ask my child to tell me more about this interest.
c. help my child find ways to make the most of this interest.
d. do everything I can to discourage my child's interest in it.
e. try to interest him/her in more worthwhile things.

THANK YOU VERY MUCH FOR YOUR COOPERATION!

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Parental Acceptance Scale – Administration & Scoring

Introduction

This scale was developed for the purpose of measuring parental acceptance of children. It asks parents to rate themselves on a self-inventory questionnaire according to the feelings they have and the actions they take in relation to their child. The parents respond by marking one of 5 multiple-choice responses that follow each of the 40 items. The object of the scale is to locate a parent on a continuum ranging from low to high acceptance, according to the degree of acceptance that he/she has for his/her child.

Administration of the Scale

The scale can be administered to individuals alone or in groups. It is suggested that the administrator read through the directions with those about to fill out the scale. It is important that the subjects answer all the questions. Point out that there are no right or wrong answers. Our goal is to learn how parents feel and what they do in the situations described. Their honesty and frankness will determine the value of the study.

Assure the respondents of anonymity. We are not interested in individual answers but in how large numbers of parents respond to these statements.

It is very important that the parent understand that if he/she has more than one child, he/she is to use only one child (and the same child throughout) as a point of reference for his/her answers, and that he/she not be thinking of one child in some cases and a different child in others. Therefore, care should be taken that the parent clearly understands the instructions on page two of the schedule.

Some parents may remark that some of the questions are repeated. It can be pointed out that in one case they are asked how they feel in the situation and in the other case they are asked what they do.

It is important that anyone using this instrument honour the assurance given to parents that their responses will be anonymous and kept confidential.

*Note for use by CPRT/Filial Therapists: If you are using the Porter Parental Acceptance Scale (PPAS) as a pre/post measure or to give parents feedback, record the code number assigned to parent on the front page of the instrument.

Scoring of the Parental Acceptance Scale

Responses to the items have been arbitrarily weighted from one to five, with one representing low acceptance and five representing high acceptance. Attached is a scoring key with the weights listed as numbers following the letter of the responses. The total acceptance score is the sum of the numbers represented by the responses marked by the subject. The possible range of scores is 40 to 200. The higher the total acceptance score, the more accepting the parent is of his/her child.

The acceptance scale involves four dimensions of acceptance. If the subscale scores are desired, the item numbers are listed below for the respective dimensions.

A. An acceptant parent is one who regards his/her child as a person with feelings and respects the child's right and need to express these feelings.

Items: 11, 17, 19, 21, 23, 25, 29, 32, 35, 36.

B. An acceptant parent is one who values the unique make-up of his/her child and does what he/she can to foster that uniqueness within the limits of healthy personal and social adjustment.

Items: 12, 13, 18, 22, 26, 27, 31, 33, 39, 40.

C. An acceptant parent is one who recognizes the child's need to differentiate and separate himself/herself from his/her parents; to become an autonomous individual.

Items: 14, 15, 16, 20, 24, 28, 30, 34, 37, 38.

D. An acceptant parent is one who loves his/her child unconditionally.

Items: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10.

NOTE

It is recommended that anyone intending to use this scale first read the article "Measurement of Parental Acceptance of Children," Journal Of Home Economics, Vol. 46, No. 3, March, 1

Scoring Key for Parental Acceptance Scale

Responses to items 1 through 10 are scored with the following weights:

Much more than usual	A little more than usual	The same	A little less than usual	Much less than usual
1	3	5	3	1

Responses to items 11 through 40 are weighted as follows:

11 a.3 b.5 c.1 d.4 e.2	17 a..2 b.1 c.5 d.4 e.3	23 a.4 b.3 c.5 d.5 e.2	29 a.4 b.5 c.1 d.2 e.3	35. a.5 b.4 c.3 d.2 e.1
12 a.1 b.2 c.3 d.4 e.5	18 a.2 b.3 c.1 d.5 e.4	24 a.2 b.4 c.5 d.1 e.2	30 a.2 b.3 c.4 d.5 e.1	36 a.1 b.5 c.2 d.4 e.3
13 a.5 b.1 c.2 d.3 e.4	19 a.4 b.3 c.2 d.1 e.5	25 a.3 b.4 c.5 d.1 e.2	31 a.1 b.5 c.4 d.3 e.2	37 a.3 b.1 c.5 d.2 e.4
14 a.4 b.5 c.1 d.2 e.3	20 a.5 b.4 c.3 d.2 e.1	26 a.3 b.5 c.1 d.4 e.2	32 a.2 b.1 c.5 d.4 e.3	38 a.4 b.3 c.1 d.5 e.2
15 a.2 b.3 c.4 d.5 e.1	21 a.1 b.5 c.2 d.4 e.3	27 a.1 b.2 c.3 d.5 e.5	33. a.3 b.2 c.1 d.5 e.4	39 a.2 b.4 c.3 d.1 e.5
16 a.1 b.5 c,4 d,3 e,2	22 a.3 b.2 c.5 d.2 e.4	28 a.5 b.1 c.2 d.3 e.4	34 a.4 b.3 c.2 d.1 e.5	40 a.3 b.4 c.5 d.1 e.2

Filial Problem Checklist

Problems Children Typically Have and How They Apply To My Child

Instructions
The following list describes a wide variety of problems children often have. Please read each item and decide if it applies to your child of focus that you selected for your filial play session. Then, to the left of each item, indicate how serious a problem you feel this is by circling the 1, 2, or 3 in the space provided. If the statement is not true for your child, circle NA.

1 means "This item is true for my child some of the time but is not really a problem."
2 means "This item is true for my child, and it is a moderate problem."
3 means "This item is true for my child, and it is a severe problem."

Example
If item #20, "Bites nails," is true for your child but you do not view it as a problem, then you would bubble a **1** in the blank to the left.

If item #20, "Bites nails," is true for your child and you view it as a serious problem, then you would bubble a 3 in the blank to the left.

If item #20, "Bites nails," is not true for your child, then you bubble NA in the blank to the left.

If you have any questions about completing this list, please do not hesitate to ask for assistance.

Filial Problem Checklist

NA	Not true for my child
1	Somewhat true
2	Moderately true
3	Severe problem

NA 1 2 3	1. Eats too little
NA 1 2 3	2. Not eating the right food
NA 1 2 3	3. Wets bed at night
NA 1 2 3	4. Gets lower grades in school than should
NA 1 2 3	5. Does not talk plainly, poor promounication
NA 1 2 3	6. Shy with other children
NA 1 2 3	7. Too few friends
NA 1 2 3	8. Feels inferior to other children
NA 1 2 3	9. Picked on by other children
NA 1 2 3	10. Has no self-confidence
NA 1 2 3	11. Nervous, tense
NA 1 2 3	12. Sad, unhappy too often
NA 1 2 3	13. Cries too easily
NA 1 2 3	14. Feel helpless
NA 1 2 3	15. Blames self too much
NA 1 2 3	16. Gets into trouble
NA 1 2 3	17. Destroyfs property of others
NA 1 2 3	18. Steals
NA 1 2 3	19. Lies
NA 1 2 3	20. Bites nails
NA 1 2 3	21. Picks nose
NA 1 2 3	22. Always late, dawdles
NA 1 2 3	23. Difficulty falling asleep or sleeping
NA 1 2 3	24. Troubled, restless sleep
NA 1 2 3	25. Slow in reading
NA 1 2 3	26. Cannot keep mind on studies
NA 1 2 3	27. Does not pay attention to teacher
NA 1 2 3	28. Restless in class
NA 1 2 3	29. Headaches for no physical reason
NA 1 2 3	30. Stomach cramps, aches
NA 1 2 3	31. Feels different from other children
NA 1 2 3	32. Easily led by others
NA 1 2 3	33. Left out by children of own age
NA 1 2 3	34. Never chosen as a leader
NA 1 2 3	35. Is self-conscious about own body
NA 1 2 3	36. Acts like a “big shot”

NA 1 2 3	37. Gets angry too easily
NA 1 2 3	38. Fear of darkness
NA 1 2 3	39. Panics when afraid
NA 1 2 3	40. Too easily discouraged
NA 1 2 3	41. Breaks promises
NA 1 2 3	42. Thumb sucking
NA 1 2 3	43. Bad table manners
NA 1 2 3	44. Untidy
NA 1 2 3	45. Has bad dreams
NA 1 2 3	46. Afraid to speak up in class
NA 1 2 3	47. Fights too much with children
NA 1 2 3	48. Blows his or her top
NA 1 2 3	49. Sulks, pouts
NA 1 2 3	50. Gripes too much
NA 1 2 3	51. Fear-ridden
NA 1 2 3	52. Unusual fears
NA 1 2 3	53. Does not do chores
NA 1 2 3	54. Takes advantage of people
NA 1 2 3	55. Disobeys parents
NA 1 2 3	56. Not close to parents
NA 1 2 3	57. Scratches self a lot
NA 1 2 3	58. Swears, uses dirty language
NA 1 2 3	59. Unable to keep to a time schedule
NA 1 2 3	60. Uses hands in un-coordinated way
NA 1 2 3	61. Restless, can't stay in one place
NA 1 2 3	62. Nonathletic
NA 1 2 3	63. Does not like to go to school
NA 1 2 3	64. Does not spend enough time studying
NA 1 2 3	65. Not interested in books
NA 1 2 3	66. Always wants revenge
NA 1 2 3	67. Irritable
NA 1 2 3	68. Teases excessively
NA 1 2 3	69. Daydreams a lot
NA 1 2 3	70. Gets too excited
NA 1 2 3	71. Does not try to correct bad habits
NA 1 2 3	72. Too stubborn with parents
NA 1 2 3	73. Continued demanding of gifts, new things
NA 1 2 3	74. Wants too much attention from parents
NA 1 2 3	75. Careless in own appearance
NA 1 2 3	76. Careless with clothes and belongings
NA 1 2 3	

NA 1 2 3	77. Selfish, won't share
NA 1 2 3	78. Does not complete work
NA 1 2 3	79. Poor memory
NA 1 2 3	80. Unsure of self in school
NA 1 2 3	81. Has had a number of accidents
NA 1 2 3	81. Has had a number of accidents
NA 1 2 3	82. Plays too much with younger children
NA 1 2 3	83. Bossy with brothers and/or sisters
NA 1 2 3	84. Jealous of brothers and/or sisters
NA 1 2 3	85. Preoccupied with own thoughts
NA 1 2 3	86. Loses temper
NA 1 2 3	87. Is erratic, unpredictable
NA 1 2 3	88. No control over emotions
NA 1 2 3	89. Fights back, talks back to elders
NA 1 2 3	90. Too dependent upon mother, father
NA 1 2 3	91. Inconsiderate of parents
NA 1 2 3	92. Bumps into furniture, trips, etc.
NA 1 2 3	93. Watches TV all the time
NA 1 2 3	94. Trouble adjusting to a new school
NA 1 2 3	95. Tries to get attention in class
NA 1 2 3	96. Fights brother(s) and/or sister(s)
NA 1 2 3	97. Gets people angry, provokes others
NA 1 2 3	98. Loses own possessions frequently
NA 1 2 3	99. Gets completely out of control
NA 1 2 3	100. Oversensitive to criticism from parents
NA 1 2 3	101. Behind other children on dressing
NA 1 2 3	102. Feels bad about own physical appearance
NA 1 2 3	103. Elimination problems (e.g., diarrhea, constipation, gas, holds urine, etc.)
NA 1 2 3	104. Dangerous habits (describe)
NA 1 2 3	105. Sex-related problems (e.g., "peeps," exposes self, etc.)
NA 1 2 3	106. Physical tension problems (e.g., hives, ulcers, colitis, sweats, nausea, dizziness, etc.
NA 1 2 3	107. Excessively passive, meek
NA 1 2 3	108. Body movement problems (e.g., clumsy, jerky leg movements, apathetic, has no energy, head banging, paralyzed, moves too slowly, has twitches, rocks all the time, etc

Filial Problem Checklist (FPC) Scoring Directions

The Filial Problem Checklist (Horner, 1974) was designed to measure the effectiveness of filial in reducing children's problematic behaviors by comparing pre-test and post-test total scores.

For use as pre-test/post-test measure: Obtain a total score by summing parent ratings for each of the 108 items. A reduction in score is desirable and indicates improvement in problem behaviours.

For use in giving parents additional feedback:
Examine change on specific items (behaviours), particularly those that parents identified as most concerning.

Measurement of Empathy in Adult Child Interactions (MEACI)

Rating Form

Rater:	Videotape Code No:

Communication of Acceptance: Verbal and non-verbal expression of acceptance/rejection

1. Verbally and Non-Verbally Conveys Acceptance of Feelings: You're proud of…, You really like…, That makes you angry…(voice tone matches)
2. Verbally Recognizes & Accepts Behavior Only (tracking, giving credit): You got it that time, You're hitting the…, You really stabbed…
3. Social or No Conversation: Mothers aren't very good at that. These are nice toys.
4. Slight to Moderate Verbal Criticism: No, not that way. You'll have to be more careful. That's cheating. You'll ruin the paints.
5. Strongly Critical/Preaching/Rejecting: (Stronger voice tone) I told you to do it the other way. How stupid! It's not nice to say…, You're being a brat.

Allowing the Child Self-Direction: Behavioral willingness to follow the child's lead (rather than control the child's behavior)

1. Follows the Child's Lead (no verbal comment necessary): You'd like me to…, I'm supposed to…, Show me what you want me…(whisper technique.)
2. Allows Child Option for Lead-Taking but asks/volunteers info, gives praise: What shall we do? "Good." You can shoot this. You did it right.
3. Adult Takes Lead (teaching child how to do): Are you sure that's how…, See if you can do…, Take your time and aim, it might work better…
4. Directs or Instructs Child (initiates new activity): Put the doll away first. Why don't you…, Let's play…, Don't put the…
5. Persuades, Demands, Interrupts, Interferes, Insists: No, take this one, That's enough, I told you not to…, Give me that!

Involvement: Adult's attention to and participation in the child's activity (may not always contribute in a positive way)

1. Fully Observant (more attention to child than to objects being used): involved verbally and with "eyes" (and physically, when invited by child)
2. High Level of Attention (attention to activity rather than child): adult is more involved in activity than attending to child's response/behavior
3. Marginal Attention: no joint activity, adult involved in own activity to degree that it interferes with attentiveness, occasionally responds to child
4. Partially Withdrawn/Preoccupied: infrequently observes but doesn't comment, fails to attend to child's needs but responds when asked by child
5. Self-Involved/Shut Off: child ignored for prolonged period, child must repeat or prompt to get a response

Directions For Scoring MEACI

Rating is made every 3minute interval for a minimum of 6 intervals: Scoring is retrosp ective.(Highest score = 1; Lowest score = 5)

Communication of Acceptance	1	2	3	4	5	6	Total Score
Score Highest Level Response							
Score Lowest Level Response							
Average Response Score							
Comments:							
Allowing Self Direction	1	2	3	4	5	6	Total Score
Score Lowest Level Response							
Comments:							
Involvement	1	2	3	4	5	6	Total Score
Score Most Characteristic Level							
Comments:							
Total Empathy Score							Grand Total Score

Notes:

This form was developed by Bratton, S. (1993) from information obtained from Stover, L., Guerney, B., & O'Connel l, M. (1971) and personal communication with Dr. Louise Guerney (April 12, 1992).

MEACI Scoring

Directions for Scoring

The MEACI is designed to be used by trained researchers and can be used during observations of live or videotaped filial play sessions. The MEACI has been used to rate empathic interactions of parents, teachers, mentors, and professionals in play session with children. Ratings are made every 3-minute interval and scoring is retrospective within each interval. (Stover, Guerney, & O'Connell (1971) recommended scoring 5-minute intervals. Bratton (1993) adapted the scoring procedure to code six 3-minute intervals).

Research on the 10-session CPRT/filial therapy model that has used the MEACI followed the procedure of Bratton (1993). Directions for scoring each of the 3 subscales include:

Communication Of Acceptance: During each interval, score the highest level of any verbal response of acceptance made by parent/adult, as well as the lowest level of any verbal response of acceptance made. Record high and low score in the appropriate space on the rating form, then calculate the average response score and record in designated space. Calculate the Total Score by summing the average response score for each interval.

Allowing Child Self-Direction: During each interval, score only the lowest level response made by parent/adult. Calculate the Total score by summing all interval scores.

Involvement: At the end of each interval, score the most characteristic level of involvement for the entire interval. Calculate the Total score by summing all interval scores.

MEACI Directions for Scoring (continued)

Note: 1 = Highest Score, 5 = Lowest Score

Communication of Acceptance of Child (Score highest and lowest level)	**Allowing Child Self-Direction: (Score lowest level only)**	**Allowing Child Self-Direction: (Score lowest level only)**
1. Verbal recognition of feeling in an accepting way (voice tone matches)	1. Shows willingness to follow child's lead (no indication to the contrary) (ex: solicited praise that child has overtly asked for would not detract from 1)	1. Full attention to child, watches child as well as activity child is engaged in. Where child shows mood, parent gives no indication of being unaware of this (joint participation or endeavors with the child where the parent concentrates heavily on the activity does not detract from a l, e.g., in role playing, certain games, etc.)
2. Verbal recognition of behavi our only (in an accepting way)	2. Child has option for lead-taking. Follows child's leads but mitigates in some way (e.g., invitations, suggestions with choice genuinely left to the child, gives solicited aid or instructions, gives unsolicited praise, volunteers information, asks for information)	2. High level of attention, but parent concentration almost exclusively on activities, per se, rather than child.
3. Social conversation or no conversation	3. Parent takes lead without giving child an option (e.g., unsolicited instruction on how to do or accomplish something, "teaching," praise accompanying a suggestion, question with intent to guide the child)	3. Marginal attention. Involved in own activity to a degree that partially interferes with attention to child. Not "providing company."
4. Slight or moderate verbal criticism stated or strongly implied	4. Directs or instructs child to do something (no previous sign of inertia or resistance shown by child); initiating new activity	4. Partially withdrawn or preoccupied (but responds promptly when alerted or questioned by child)
5. Verbal criticism: argumentat ive"preaching," openly rejecting feelings or behaviours, abusive. (stronger voice tone)	5. Persuades, cajoles, demands, pushes (implicit is resistance, other involvement, or inertia on the part of the child, which the parent is seeking to overcome); interrupting or interfering in child's activity other than to end the session. Insisting on new activity.	5. Completely preoccupied, self-involved, or shut off (child ignored, must repeat or prompt to get responses from)

This form was developed by Bratton, S. (1993) from information obtained from Stover, L., Guerney, B, & O'Connell, M. (1971) and personal communication with Dr. Louise Guerney (April 12, 1992).

MEACI DIRECTIONS FOR SCORING (CONTINUED)

Scoring Examples

Communication Of Acceptance To Child

1. Verbal recognition of feeling: Examples: You're proud of how you fixed that; That makes you feel good; That made you angry; You feel better already; You're enjoying that; You really feel like smashing that.

2. Verbal recognition of behaviour only: Examples: You got it that time; You really stabbed him; You're getting a workout; Bam, bop, etc.; You're hitting the mother doll.

3. Social conversation or no conversation: Examples: I'm not so good at building toys; Mary's been away most of the summer; Mothers aren't very good at that; These are nice toys.

4. Slight or moderate verbal criticism stated or strongly implied: Examples: That's cheating; The head you made is too big; You'll ruin the floor; That's not fair; You'll have to be more careful; Watch what you're doing; No, not that way.

5. Verbal criticism: argumentative, "preaching," openly rejecting feelings or behaviour, abusive language: Examples: It's not nice to feel that way; You're being a brat; I'm talking to a dope; You're not so hot yourself; I told you to do it the other way.

Allowing Child Self-Direction

1. Shows willingness to follow child's lead (no indication to the contrary, i.e., there need be no verbal comment; behaviour compliant with the child's directions or lead is sufficient).
   Examples: You want me to do it for you; I'm supposed to pick them up (or simply moving to do so); You'd like me to play catch with you (or simply doing so at the child's request).
2. Child has option for lead-taking: Follows child's leads but adult mitigates this in some way (e.g., with invitations or suggestions but choice genuinely left to the child; gives unsolicited praise; volunteers information; asks for information).
   Examples: What shall we do?; What would you like me to make?; You did that right; Shall we pretend it (the phone) rings?; It's under the table; You can shoot this if you want; Good ("good" reinforces a certain type of activity and therefore represents a degree of parental control); What's that?
3. Parent takes lead without giving child an option (e.g., unsolicited instruction on how to do or accomplish something, "teaching," praise accompanying a suggestion, questions with intent to guide the child).
   Examples: Play with what you have; You have to keep practicing; Maybe the best way is to take the crayons out of the box; Take your time and aim it; See if you can do it again just like that; Are you sure that's the way it goes?
4. Directs or instructs child to do something (there has been no previous sign of inertia and/or resistance shown by the child; initiating new activity).
   Examples: Put the tinker toy away first; Why don't you paint something?; Let's play with clay; You'd better put him back together; Don't squeeze water in there.
5. Persuades, cajoles, demands, pushes, interrupts, interferes in child's activity,

insists on new activity (resistance by the child is implicit, or there is other involvement or inertia on the part of the child, which the parent is seeking to overcome).
Examples: You've got to play with something else now; You'd better give me one; You can't do that anymore; I told you not to turn out the lights; That's enough of that; No, take this one.

Adult's Involvement With Child

1. Watches child as well as objects child is using; gives no indication of being unaware of child's behaviour. The parent is fully attentive to the child more than the objects or stimuli. Such attention is not necessarily sympathetic or constructive. Where the parent is involved in a joint activity, e.g., role-playing games, parent participates in an active way, physically as well as verbally, where it is appropriate.
2. High level of attention, but parent concentration almost exclusively on activities, per se, rather than child's behaviour. Not absorbed in anything other than that which also involves the child. Joint activities, such as card playing and dart shooting, lend themselves to "2" scores when the parent is keenly interested in the game itself, (e.g., the cards that turn up), without paying attention to the child's reactions and behaviour.
3. Marginal attention: involved in own independent activity to a degree that interferes somewhat with attention to child. No joint activity. Parent preoccupied with own activities to the extent that he is not always providing company, e.g., briefly primping in the mirror, briefly attending to own attire, inspecting nails. May occasionally remark spontaneously on the child's activity.
4. Partially withdrawn or preoccupied (but responds promptly when alerted or questioned by child). Parent may be constructing own tinker toy or clay model, infrequently noting child's activity but not commenting spontaneously. Parent may be so involved in his/her own role (e.g., in independent play) that parent fails to attend to the child's apparent needs. Responds promptly, however, when alerted by the child.
5. Completely preoccupied, self-involved, or shut off (child ignored and must repeat or prompt to get a response from parent). Completely absorbed with an independent activity or parent's own thoughts for prolonged period, or engaged in prolonged self-grooming. Seemingly unaware and uninterested in child's behaviour.

This form was developed by Bratton, S. (1993) from information obtained from Stover, L., Guerney, B, & O'Connell, M. (1971) and personal communication with Dr. Louise Guerney (April 12, 1992).

Compass of Shame Scale (CoSS)

(Version 5)

Name:_____ Gender:_____ Age:_____ Date:_____

Directions: Below is a list of statements describing situations you may experience from time to time. Following each situation are four statements describing possible reactions to the situation. Read each statement carefully and circle the number to the left of the item that indicates the frequency with which you find yourself reacting in that way. Use the scale below. **Please respond to all four items for each situation.**

SCALE

1	2	3	4	5
NEVER	**SELDOM**	**SOMETIMES**	**OFTEN**	**ALMOST ALWAYS**

A. When an activity makes me feel like my strength or skill is inferior:

1 2 3 4 5 1. I don't let it bother me.

1 2 3 4 5 2. I get mad at myself for not being good enough.

1 2 3 4 5 3. I withdraw from the activity.

1 2 3 4 5 4. I get irritated with other people.

B. In competitive situations where I compare myself with others:

1 2 3 4 5 5. I criticize myself.

1 2 3 4 5 6. I try not to be noticed.

1 2 3 4 5 7. I feel ill will toward the others.

1 2 3 4 5 8. I ignore my mistakes.

C. In situations where I feel insecure or doubt myself:

1 2 3 4 5 9. I shrink away from others.

1 2 3 4 5 10. I blame other people for the situation.

1 2 3 4 5 11. I act more confident than I am.

1 2 3 4 5 12. I feel irritated with myself.

SCALE

1	2	3	4	5
NEVER	**SELDOM**	**SOMETIMES**	**OFTEN**	**ALMOST ALWAYS**

SCALE

D. At times when I am unhappy with how I look:

1 2 3 4 5 13. I take it out on other people.

1 2 3 4 5 14. I pretend I don't care.

1 2 3 4 5 15. I feel annoyed at myself.

1 2 3 4 5 16. I keep away from other people.

E. When I make an embarrassing mistake in public:

1 2 3 4 5 17. I hide my embarrassment with a joke.

1 2 3 4 5 18. I blame myself for not being more careful.

1 2 3 4 5 19. I wish I could avoid being noticed.

1 2 3 4 5 20. I get mad at whoever embarrassed me.

F. When I feel lonely or left out:

1 2 3 4 5 21. I put myself down.

1 2 3 4 5 22. I pull away from others.

1 2 3 4 5 23. I blame other people for excluding me.

1 2 3 4 5 24. I don't let it show.

G. When I feel others think poorly of me:

1 2 3 4 5 25. I feel like being by myself.

1 2 3 4 5 26. I want to point out their faults.

1 2 3 4 5 27. I deny there is any reason for me to feel bad.

1 2 3 4 5 28. I am aggravated by my mistakes.

SCALE

1	2	3	4	5
NEVER	**SELDOM**	**SOMETIMES**	**OFTEN**	**ALMOST ALWAYS**

SCALE

H. When I think I have disappointed other people:

1 2 3 4 5 29. I get mad at them for expecting so much.

1 2 3 4 5 30. I cover my feelings with a joke.

1 2 3 4 5 31. I get down on myself.

1 2 3 4 5 32. I remove myself from the situation.

I. When I feel rejected by someone:

1 2 3 4 5 33. I soothe myself with distractions.

1 2 3 4 5 34. I repeatedly think about my imperfections.

1 2 3 4 5 35. I withdraw from the situation.

1 2 3 4 5 36. I get angry with them.

J. When other people point out my faults:

1 2 3 4 5 37. I get frustrated with myself for having them.

1 2 3 4 5 38. I feel like I'm shrinking.

1 2 3 4 5 39. I point out their faults.

1 2 3 4 5 40. I try not to feel bad.

K. When I feel humiliated:

1 2 3 4 5 41. I isolate myself from other people.

1 2 3 4 5 42. I get mad at people for making me feel this way.

1 2 3 4 5 43. I cover up the humiliation by keeping busy.

1 2 3 4 5 44. I get angry with myself.

SCALE

1	2	3	4	5
NEVER	**SELDOM**	**SOMETIMES**	**OFTEN**	**ALMOST ALWAYS**

SCALE L. When I feel guilty:

1 2 3 4 5 45. I push the feeling back on those who make me feel this way.

1 2 3 4 5 46. I disown the feeling.

1 2 3 4 5 47. I feel unworthy of being around other people.

1 2 3 4 5 48. I want to be alone.

1 2 3 4 5 49. When an activity makes me feel like my strength or skill is inferior, I think of ways to improve myself in that area.

1 2 3 4 5 50. In situations where I feel insecure or doubt myself, I try to evaluate my abilities realistically.

1 2 3 4 5 51. When I make an embarrassing mistake in public, I remind myself that everyone makes mistakes.

1 2 3 4 5 52. When I feel lonely or left out, I talk to a friend.

1 2 3 4 5 53. When I feel others think poorly of me, I try to understand why they may think that way.

1 2 3 4 5 54. When I think I have disappointed other people, I consider whether there is something I should do to make things right.

1 2 3 4 5 55. When I feel rejected by someone, I spend time with other friends.

1 2 3 4 5 56. When other people point out my faults, I think about how I might change.

1 2 3 4 5 57. When I feel humiliated, I think about what I can do to change the situation.

1 2 3 4 5 58. When I feel guilty, I try to make amends.

CoSS Scoring

(Version 5)

Situation	Avoidance	Attack Self	Withdrawal	Attack Other	Totals
A	1.	2.	3.	4.	
B	8.	5.	6.	7.	
C	11.	12.	9.	10.	
D	14.	15.	16.	13.	
E	17.	18.	19.	20.	
F	24.	21.	22.	23.	
G	27.	28.	25.	26.	
H	30.	31.	32.	29.	
I	33.	34.	35.	36.	
J	40.	37.	38.	39.	
K	43.	44.	41.	42.	
L	46.	47.	48.	45.	
Scale Totals					

Scale Totals are calculated by adding the scores in each column. Enter the scale total in the box below each column of items.

Situation Totals may be calculated by adding the scores in each row. Enter the situation totals in the box to the right of each row of items.

For most uses scale totals are of primary interest. When comparing scale totals it is important to note that these are raw scores. They cannot be compared directly. Situation totals may be used to determine which situations are especially troubling to an individual. Due to the wording of the situations, it is natural that some situations will elicit higher scores than others.

Rosenberg Self-Esteem Scale (Rosenberg, 1965)

The scale is a ten item Likert scale with items answered on a four point scale - from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle SA. If you agree with the statement, circle A. If you disagree, circle D. If you strongly disagree, circle SD.

1.	On the whole, I am satisfied with myself.	SA	A	D	SD
2.*	At times, I think I am no good at all.	SA	A	D	SD
3.	I feel that I have a number of good qualities.	SA	A	D	SD
4.	I am able to do things as well as most other people.	SA	A	D	SD
5.*	I feel I do not have much to be proud of.	SA	A	D	SD
6.*	I certainly feel useless at times.	SA	A	D	SD
7.	I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.*	I wish I could have more respect for myself.	SA	A	D	SD
9.*	All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10.	I take a positive attitude toward myself.	SA	A	D	SD

Scoring: SA=3, A=2, D=1, SD=0. Items with an asterisk are reverse scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self-esteem.

The scale may be used without explicit permission. The author's family, however, would like to be kept informed of its use:

The Morris Rosenberg Foundation
c/o Department of Sociology
University of Maryland
2112 Art/Soc Building
College Park, MD 20742-1315

References

References with further characteristics of the scale:

Crandal, R. (1973). The measurement of self-esteem and related constructs, Pp. 80-82 in J.P. Robinson & P.R. Shaver (Eds), Measures of social psychological attitudes. Revised edition. Ann Arbor: ISR.

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Wylie, R. C. (1974). The self-concept. Revised edition. Lincoln, Nebraska: University of Nebraska Press.

APPENDIX F

Semi-Structured Interview Questions

We are now at Week 10 of our twelve week programme. How have you found it, so far?

It is different from what you expected? In what ways?

What aspects of CPRT did you like most?

What aspects of CPRT did you dislike?

How does CPRT compare to other (parenting) courses that you have done?

What have other people at home and friends thought of CPRT?

Do you think it might be better to get individual training?

Would it help if all the play sessions were done here in the school?

How does the CPRT language like, 'empathy,' and 'You figured it out,' sit with you?

Does it bother you that CPRT is based on play therapy techniques?

Would you recommend any changes in the presentation of the programme, such as length of classes, number of classes?

APPENDIX G

Parent Journal Guidelines

Reflective Journal

The following questions are a guide to keeping a journal of your personal experience as you undergo training in filial play. You may, and should write whatever you feel is important to you at the time. The questions below are intended to help you get started when you feel that you have nothing to write about. Remember that it is common to resist writing, so if you find yourself avoiding the journal, there is no need to feel guilty or criticise yourself.

- **Filial Play**
    - What aspect of Filial Play do I find most interesting today or this week?
    - Is there any part of Filial Play I find different or strange?
    - How do I feel about not telling my child what to do in play sessions?
    - Do I tend to see child-rearing in terms of solving problems?
    - What do I think of 'empathy'? Were there examples of empathy in my life today?

- **My Self**
    - How do I feel right now?
    - How do I feel about myself as a parent?
    - How do I feel about myself as a person?
    - What things are most important to me in life?
    - How close to I feel to loved ones and relatives?

- **Group Interaction**
    - How do I feel talking in the group?
    - Do I compare with others? How so?
    - Do I experience the group as being supportive or threatening?
    - Am I afraid of being judged?
    - Do I feel ashamed or guilty for no good reason?

APPENDIX H

Coded Interview Sample

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 Case Study G4			**A = Attitude** **B = Belief** **V = Value**	
This is KAREN and we are doing our first case study interview. On the 24th of May, 2012. So, thanks very much again for agreeing to this, you know.				
No bother.				
It is great; I have been swotting up on my case study research stuff in the meantime. So, just to get the most out of this…				
Is it an area that you would be interested in doing like in the future?				
Filial play as such or the research?				
No, the research.				
Yes, I would say probably I will be always doing some bits of research, you know. Because when you are in education now like, when you work in a college, you are expected to be always doing some bit of research and whatnot.				
Keeping on top of things…				
Yeah, you have to keep fresh, you				

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
know. But there was one thing I just wanted to check with you about when we did your play – coached play session. I have a habit, at the end of the day; I review what I have done. And I – sometimes things pop up and I said 'Oh, it might have been [1m 16s] made a mistake there, I didn't do that right. And the thing that I thought of was – when you were doing your session and I'm pretty sure it was yourself I said at one point 'No questions KAREN' didn't I?				
That's right.				
And I realised when I was doing my mental review of the day that that sounded abrupt or strict or…				
No, not at all because I was trying to focus on not doing the questions and the opposite was happening to me because it's just a habit with your children, you know. So that's part of the filial play that you have to learn these things. So no, I didn't take any notice of that.	YOU HAVE TO LEARN THESE THINGS I WOULDN'T LIKE TO BE A SENSITIVE TYPE	RESILIENT OR DENIAL? DISOWNING SENSITIVITY	A = OPEN TO LEARNING V= VULNERABILITY IS DENIED	WILLING TO LEARN DENIAL OF VULNERABILITY
Yeah you didn't take offence...				

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
Absolutely not, I wouldn't be a sensitive type like that.				
That's good. Normally I'd say something like "Try not to ask questions."	IT'S VERY HARD FOR YOU TO DO THAT	CONSIDERATION OF OTHERS	B = PUT OTHERS FIRST	OTHER ORIENTATED
Yeah but you were focusing on us and it's very hard for you to do that and feed us the questions and watching us. I've done it myself before, I've said something and I realise afterwards and think "God did I say that badly?" No, not at all, never even came up in my head, no.				
Okay well then in general you can tell me your thoughts on this, my thoughts were the rationale for the case study is to get a deeper, more meaningful understanding of parents doing filial play and dependent on what problems and difficulties arise when doing filial play. So, I'm fairly well used to the problems and the difficulties on the surface level, you know, but it has been difficult to get parents to elaborate really on what's going on with them. Mainly, it's not necessarily a criticism them now,				

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
it's mainly because they don't have the awareness and usually the language and the psychological kind of stuff. They don't have the kind of jargon and language to make sense of it. So, it's not that they refuse to tell me it's that they wouldn't be able to, they wouldn't be clear on it themselves. So, obviously when we had our last interview you mentioned adoption and a couple of other things which straight away caught my attention about attachments and bonding and…				
How did it actually come up?				
I don't know.				
I was trying to think how that actually came up in our interview but anyway, it came up somehow.	YOU WERE HITTING THAT AREA	FEELING VULNERABLE		VULNERABILITY
It did, it did. Well you said something and I probed a little bit and then you said a bit more.			B = THE PAST IS MY VULNERABILITY	
Yeah I think, you were hitting that area…				
There was some little hint that				

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
there was more under the surface. So, I mean my feeling – of course, you know doing research of any kind from an ethics point of view there has to be a rationale and a reason. Like I can't just start doing case histories just to fill space or make work, like stuff to write about just for the sake of it sort of thing, there has to be rationale and that's the rationale really. Because a lot of people have trouble finishing the training, the filial training and that's really my original research question, how can we change this so that we can maximise the uptake.				
You can have personal reasons behind it all as well?	PROBLEMS WITH THE PARENTS THAT YOU'RE NOT DEALING WITH	ACKNOWLEDGING UNDERLYING ISSUES	B = NEED TO WORK ON UNDERLYING ISSUES	UNDERLYING ISSUES
Yeah.				
So, that's what I feel, you know you're focusing on your child yet there's a lot in here that there's problems with the parents or the parents and you're not dealing with yourself.				
There is a lot of it in yourself…				

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
Yeah, absolutely.				
I slowly realised that myself because in a way I suppose when I started doing this I saw it as a way of helping parents help their child. So the child was the focus you know, even though it was a parent child relationship so there's other people involved. But I was seeing the parents as a way of getting to the child in a positive way and I started to realise that the parents need as much…	PARENTS NEED AS MUCH AS THE CHILD DOES	AWARENESS OF NEED FOR SELF CARE	B = OTHER PARENTS NEED HELP	OTHERS NEED HELP
As much of it as the child does.				SPLITTING
Yes, if not more...		BRACKETING		
Yeah because if they're not settled in themselves how can they help the child?	I'M BLOCKING OUT WHAT'S WRONG WITH ME FOCUSING ON FILIAL PLAY		B = SPLITTING IS NECESSARY	DANGER
Yeah.		FEELING UNSAFE		
They're only doing, what I find is what I'm doing with My second child is I'm blocking out what's wrong with me and I am focusing on the filial play for that half an hour and then the half an hour's over and	WE GO BACK TO SHOUTING AT EACH OTHER WHEN YOU LEAVE THAT SAFE PLACE		V = THE WORLD IS A DANGEROUS PLACE	

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
everything's back to normal and we'll go back to shouting at each other or giving out and I kind of go "Why do that half an hour?" Do you know, when you're leaving that safe place and then the child is giving out to you again.		SELF-CRITICISING		LOW SELF-ESTEEM
So, it's setting up a contrast [6m 15s]. It's interesting isn't it?	I DON'T WANT TO BABBLE ON TOO MUCH		B = I'M NOT IMPORTANT	
Yeah it is, it's very interesting because myself and my husband have a different, we have a routine with us. I go out and he goes out because of my younger child – I don't want to babble on about that too much but I'll just give you the idea of what's happening. When My son was born, My son's very attached to me, he's my second child and so I go out in the evening time when it's bath time. So that he'll have them bathed and in bed by the time I come home because if I'm there when this is happening My son wants me to give him all the attention which is not on because I've two children to attend to and My second child gets upset over that. So, rather than being there I let My husband deal with that, it works	MY SON'S VERY ATTACHED TO ME	FEELS PRESSURED		FEELING UNDER PRESSURE
	MY SON WANTS ME TO GIVE HIM ALL THE ATTENTION		B = PEOPLE MAKE DEMANDS OF ME	OTHER FOCUSSED
	I'VE TOO CHILDREN TO ATTEND TO	FOCUSING ON OTHERS		
	I SEE A CHANGE IN MY HUSBAND		B = MUST BE AWARE OF OTHERS	
	HUSBAND IS UPSETTING MY SON	TAKING ACTION		ASSERTION

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
out well but now I see a change in My husband because My second child is going through whatever he's going through and he's upsetting My son and the whole routine is upset. So My second child's coming downstairs four or five time's at night, My husband's there "Get up the stairs." This kind of thing, so last night it just came to a standstill, I was there, they weren't in bed when I got home and I was there and I took My husband aside and I said "My husband how am I supposed to try and help My second child with what I'm doing on this course if you're going to be shouting at him and giving out to him." I said "Please just walk away for a few minutes and let me deal with this." So I sat My second child on the stairs and he was crying and I calmed him down and we spoke about different things and then he was on the level where he could go to bed peacefully. I just said "Wait there." And I went off to his Dad and I said "My husband please we'll talk about this together when I come down stairs but please stop shouting at him." And that's what I did, so I'm building that bond slowly with	I TOOK MY HUSBAND ASIDE I'M BUILDING THAT BOND SLOWLY WITH MY SECOND CHILD	BUILDING RELATIONSHIP	V – STANDING UP FOR SON V = INTIMACY IS IMPORTANT	INTIMACY

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
My second child. It is helping me in a lot of ways, absolutely, I'm getting great feedback from it. But this is what I tried to before this was introduced as well but it didn't work out for me because I wasn't myself, I was up and down. I was going through a lot of myself.				
Yeah, so you needed to be grounded and solid yourself.		GAINING TRUST		UNWORTHY OF TRUST
Yeah.				
Yeah I agree that's important.				
A parent needs to be on a certain level to deal with the children	I'M TRYING TO BUILD THE TRUST		B = TRUST MUST BE EARNED	
And do you know why he's coming down a lot in the night; is there any particular reason or is it just insecurity?	UP	FEELING UNLOVED		FEELING UNLOVABLE
I think it's just insecurity. I think, I'm trying to get to the pinpoint of it because again I'm trying to build the trust up in My second child to trust me that he can come to me with anything, and his father of course. But it seems to be more me he wants to talk to which is great. But there is	I WANTED THE ATTENTION ALL THE TIME	TAKING RESPONSIBILITY	B = I AM UNLOVABLE	FEELS RESPONSIBLE

Text	Initial Coding	Process Coding	Values Coding	Themes
Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
a lot of insecurity there and I don't know where it's coming from as of yet. He tends to play a bit as well on those feelings but that was me too when I was a child. I grew up with three other siblings and I was the middle of those three and I wanted the attention all the time and because I didn't get that individual love and attention I think that's where I am now. So I can see it, the breeding come out with, you know it's My second child now, I'm looking at myself in the male form of My second child going "My God I used to do things like that." But my mother never dealt with it so this is where I have to do it, it's my turn.	I DIDN'T GET THAT INDIVIDUAL LOVE AND ATTENTION MY MOTHER NEVER DEALT WITH IT, I HAVE TO, IT'S MY TURN		B = I MUST TAKE RESPONSIBILITY WAS DEPRESSED	DEPRESSION 'HAD' DEPRESSION
Yeah, so childhood, I suppose if you don't mind then starting at the beginning. There was a couple of things you mentioned I think that you were adopted and that your mother had postnatal depression, did you say that to me?	I HAD POSTNATAL DEPRESSION			
No. I had it, I had it with My second child.				ADOPTION
You had it.			RELYING OF OTHER'S	

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Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
			INFORMATION	
Yeah.				
So, at what age were you adopted?				
I was a baby.				
Straight away.				B = MY PAST IS UNCERTAIN
Well it was a couple of weeks before. I suppose I was born in the KAREN and my parents got me I think the end of May because in between that when it was actually, when they actually, what would you say? The adoption went through - my Mother's brother died so she had to go to England for the funeral, so I was left there for a couple of weeks but my biological mother was with me until I was taken away. So this is what I've been told.	I WAS TAKEN AWAY (ADOPTED)		DENYING OWN SHAME?	SHAME
So, you were adopted more or less…				
About six weeks after, yeah.				
You didn't spend any significant time with your biological mother as such?				V = BEING FORGIVING

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No, no because I was her third adoption.				
Yeah, you mentioned that as well.				
Yeah she had two more so I don't know if it was easier for her or if she was at the same level, I don't know.	IN THOSE DAYS IT WAS ALL ABOUT SHAME			
Why did she have her first two children adopted do you know?	WE ALL HAD DIFFERENT FATHERS			
She had us all adopted because in those days I suppose it was all about shame.				
She was unmarried then?				
Yes, she was unmarried and we all had three different fathers and she went to three different homes to have us because the first girl who was Sister 1, she was born in Midlands town, have you seen the programme on these homes?			UNDERSTANDING	NEED TO KNOW
No I don't watch things like that…				
Right, well I do. Well, it is depressing but because of that I watch them. So, Sister 1 was born	THE REASON SHE DID		V = NEED TO KNOW	

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in the Midlands town one, which was St x's, you'd see it if you were going through Midlands town, she was the first. Then she got pregnant three years after that and she had a girl called Sister 2 and she went to Y for that one. Then she had me and I was born in St X House on the X Road which is no longer there. So I think, looking back, I think the reason why she did that was because of the shame. She didn't want the nuns seeing her coming in to the one place all the time, that's what I think. She never told me this, I just see that myself. But the first place she went to in Midlands town was a horrible experience that was the worst. It got easier as I came along.	THAT WAS BECAUSE OF THE SHAME I JUST SEE THAT MYSELF			
Was that because the nuns were judgmental there? Yes, very judgmental because Sister 1 was born in the sixties and she was actually born after the time that they were giving the babies that injection.				
Thalidomide? Yes, so Sister 1 didn't get that injection.		FEELING POWERLESS		SOCIAL JUSTICE

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Because of that?				
Because it was abolished at that stage.				V = DENIAL OF RIGHTS
Jesus that was lucky. Linked with polio is it?				
Yeah.				
Yeah sorry Thalidomide is a drug that…	GIVING THE INJECTION WITHOUT			
Yes that's right. It was for the morning sickness wasn't it?	THE PERMISSION OF THE PARENTS			
You are talking about a vaccine… Yes it was.				
That was a tablet.				
Do you mean the vaccine for the child?				
Yes that is right. They were giving the injection without the permission of the parents, that's what it was. And a lot of kids that had that became sterile; they couldn't have children of their own. It did different things to the children, so it			VALIDATING ADOPT. FAMILY	LOYALTY TO FAMILY

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Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
affected them in different ways.				
		STRUGGLING		
So, the shame then would have been a big thing for you mother then?			B = MUST HONOUR FAMILY	FREEDOM THOUGH WORK
Yeah.				
You said that you made contact as an adult?				
It took a long, long time.			B = HARD WORK NECESSARY	
What age were you roughly when you did that?	I HAD A FANTASTIC (ADOPTIVE) FAMILY			
It was only about, what am I now, 40 now. I met her when I was about, I think it was only nine years ago, it was about that. I think I was 31, 30-31; it took over 16 years to even get that far.	I HAD TO DO AND AWFUL LOT OF RESEARCH INTO IN			
Was it something kind of at the back of your mind always?				
It was from a very young age. Not that I didn't have a great childhood, I had a fantastic family. It was the, more the curiosity than anything else and I suppose as I got older as well for more medical reasons and if				

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I ever had children myself which I do now, I'd like to know the background. So that was, I had to do an awful lot of research into it.				
To find your mother?				
Yes, to find my mother.				
The churches I suppose covered up those things.	I HAD NO FEELINGS (MEETING MOTHER)			
They did.				
There was a lot of secrecy about it, records and that.				
Absolutely, yes.				
What was it like meeting her for the first time?				
To be very honest I had no feelings because it's the way it happened, it happened so fast, it wasn't through the adoption agency that I met her. There is such a long - I can shorten the story for you.				
No don't…				
Okay right, do you want me to start				

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– when I was 16 years of age I had to gone into hairdressing. My career, I was heading to be a Ban Garda and I wanted to go into the drug squad and I wanted to be a detective that was my ultimate dream. But in my day when I was going for the Garda, there was height restriction and unfortunately I haven't got the height for it so I didn't know where I was going with a career. One day myself and my mother that adopted me, I was 16 and I was about to do my Inter Cert and I was studying and we went to Dublin for a break, we just travelled up to do a bit of shopping.			QUESTIONING	CURIOSITY
			A = WANTING TO KNOW	
			NOT SUPPORTED	SELF-SUFFICIENCY
From where?				
From Eastern town, so it wasn't that far. My mother used to say "Take a break from the studying, we'll go to Dublin for the day." And we went up to Dublin and we were walking past Natural father 1 Marks and they were advertising for people to come in and train. So, my mother looked at me and she said "Would you be interested in doing hairdressing?" It never crossed my mind. She said "It might be an option because you		WHERE WAS I ADOPTED FROM		
			A = HAVING TO DO IT ALONE	

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Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
couldn't get into the guards." So she went in and she enquired and I got a summer job out of it and she said "If you like it take a year out of school, because you're still young and if you don't like it you can go back to school and continue your studies." So, it's something I took up. So while I was in Dublin I knew I was adopted from Dublin. So I was questioning my adopted mother, where was I adopted from? And I was adopted from a place called X Street up Y Street, it's halfway up. So I decided to put pen to paper and write to them. And I did, I wrote to them and I was living at home for the first year because I had gone into the hairdressing, I was doing my apprenticeship. But I didn't discuss it with my mother because I thought she might be angry with me for doing this. So I went behind her back but what happened then was there's these letters coming back to my mother in my name and they were typed and it was a brown envelope with my name typed. I got a couple of these letters and she was curious where were these letters coming from. She found them and what the letters had in them was - it	I WENT BEHIND HER (MOTHER'S) BACK I WAS DISAPPOINTED IT TOOK A LONG TIME FOR ME		FEELING LET DOWN BLAMING SELF B = I AM ALONE B = I'M AT FAULT	UNSUPPORTED SELF- BLAME DISAPPOINTED

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was a lady called Adopt Counsellor, not [17m 35s], I can't remember, it was Adopt. counsellor [17m 40s], sorry. This lady she was a councillor and she was working for the adoption agency in X Street and she knew by my writing, the way I wrote, that I was very young – now I had explained to her – but that I wasn't at the mature stage to receive all this information. So her letter back to me was "Look you're only 16 years of age, maybe you'll get in contact with us again when you're 18." So I was disappointed, so I kept at it and then when I was 18 I did it again and they wrote back to me again. You see, it took a long time for me to mature and I think for the reason is the way I was reared, number one and I'll get to that at some other stage, I will explain that to you. And my insecurities in life. So I was disappointed again but I wasn't giving up. So eventually, when I was 21 I wrote to them again and a new lady had taken over, Adopt. Counsellor [18m 41s] had gone and retired. So this lady called Adopt. counsellor 2, always reminds me of Oliver, Counsellor 2, wrote to me and she said that she was taking	TO MATURE MY INSECURITIES IN LIFE I WAS DISAPPOINTED AGAIN I WAS 17, LIVING IN DUBLIN		CONSIDERING OTHER	OTHER ORIENTATED

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over Adopt. counsellor's case and it would be a couple of months before she could get to me but she would write back to me. So she wrote back to me, she invited me up to X Street, now I was living in Dublin, I moved out of home eventually when I was 17 so I was living in Dublin because my wages were a little bit better. But on the condition that I went home every weekend so my mother would feed me right and do my laundry for me.				V = OTHERS COME FIRST
So that was fine, I went and I met her on a Monday and we had sat like yourself and myself and she just basically talked, she asked me questions about me, not necessarily giving me the information that I was looking for. She was slowly going into it because she wanted to see how I would…	SHE (MOTHER) DIDN'T WANT TO MEET ME THIS IS A SHOCK FOR HER			
How you'd handle it. Absolutely and so we had a couple of interviews and then eventually she told me the story which is - I always thought that I was the only child that my mother had and was adopted. I had this Sister of a different woman in my head altogether of my biological mother.				

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So, when she was saying to me "KAREN, your mother…" She didn't want to meet me. But Counsellor 2 wasn't telling me why at the time. She said 'Maybe she's not ready for it…' But there was something behind it, I knew this, I knew there was something. So I said "Okay fair enough, this is a shock for her." So, after a couple of interviews there was no success on getting a meeting with my biological mother. She did not want to meet me and it wasn't because of me it was because of the secrecy, because she was married. She had gone on with her life and she had nine children of her own and she obviously hadn't told them.			NOT IN CONTROL	CONTROLLED BY OTHERS
12 altogether.				
There's more. You see this is where the confusing part comes so brace yourself. So anyway she said to me "There's something I need to tell you." She had to bring it to the adoption board before she could tell me this information. "You weren't the only girl adopted." I was sitting like this and I was listening and I sat myself up straight and went "Right." Shock! She	I WAS KIND OF DISAPPOINTED		B = OTHERS KNOW BEST	

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said "The reason why I kept this from you is because I needed to know what type of a person you were. Now, you're 30 at this stage, probably 31." And she said "I can see you're mature and I think you would be able to take this." So she said "There's two more." And I went "Two more?" And I didn't register and she said there's two more sisters that were adopted, half-sisters. She said "I've told you there's nine of her own children, eight girls and one boy." So now there's another two plus me, so that's 9, 10, 11 you were right 12, 12 of us. I was kind of disappointed in one way but I was relieved in another way because I could see where she was going. Because My mother refused to meet me she was going to set up a meeting with one of these two girls to meet me. So, she decided that she was going to go for the middle girl who was Sister 2 and the reason being is because Sister 2 hadn't met the biological family, Sister 1 had, the eldest girl. And she was protecting me for another bit. So she asked me would I want to do that, through writing first. But I had to send the letter that I wrote to the adoption agency and then she'd forward it on to Sister 2. Now Sister 2 never knew	SHE WAS PROTECTING ME		DISAPPOINTED THINKING TO OTHERS DENYING	SADNESS SELF- DENIAL V = ACCEPTANCE OF CIRCUMSTANCES SELF-DENIAL B = SELF COMES LAST

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Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
anything about having a family of 9 siblings, plus Sister 1 didn't know about it, I was the first to find this out.	WE NEVER MET			
Were you?				
Yes and the reason being why I was the first was because she looked at the 16 years that I was going through without any information at all so she said she had to give me something. So I was delighted, I wrote to Sister 2 and Sister 2 wrote back to me and this went on for a while and then we started speaking on the phone and then it was up to us to have a meeting. But Sister 2 wasn't ready for that, now she's in Dublin, Sister 2 is married, she has two boys and she was an only child reared by her adoptive parents. Her adoptive parents couldn't have children so she was an only child. So, she spoke quite a lot, she was very fond of her father but unfortunately after a few sessions with Sister 2 we never met, we never met face to face. What happened was her father got sick so she decided to end this sister relationship, whatever kind of a friendship we had and she wrote to me and she even rang me and said it to me and I understood that. It was very hard for her; all of a sudden	IT WAS VERY HARD FOR HER I WAS FINE WITH IT			B = MUST PUT OTHER'S FIRST

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Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	

being an only child having to accept maybe 12 siblings. It was too much information for her.

What was it like for you?

Fine.

You were okay with it?

I was fine with it, absolutely fine because I can understand people have other lives that they have to deal with. But why I was fine was because we were going to the next level which was meeting Sister 1 and Sister 1 was the one that had a relationship with my biological mother and siblings when she was a child. So, I knew that I was going to get this information from her.

So, she had a relationship with your biological mother as a child?

She did, Sister 1 did. Her parents had 12 children and her mother that had these 12 children, not her biological mother, her adopted mother was an orphan herself. When she had her 12 children she said to her husband "When our

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children are old enough I want to either foster or adopt a child." Because of where she came from and this is where Sister 1 came in and Sister 1 was adopted by her family, are you confused yet?

No, no. So Sister 1's adoptive mother decided to make contact because she knew what it was like to be an orphan and she thought it was important that Sister 1s had contact with her biological mother.

Exactly, we're getting there, even though I haven't said but you've got it. When Sister 1 was I suppose 12 or 13, I could have the age wrong, her mother and father asked her would she like to make contact, would she like to start off with the adoption agency and try and make contact with her biological mother and Sister 1 said yes. So they arranged a meeting with Adopt. counselor at the time, not Adopt. counselor 2, because Adopt. counselor was the original…

She was [25m 53s] at that time, yeah.

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Yeah and Adopt. counselor brought them into the adoption agency and they discussed what would happen and then she also had to find out if My mother was willing to do this and My mother was, because she was her first child. So they arranged a meeting, My mother came up from Midland's town, up Heuston, and Sister 1 and her parents came from, they were living in Dublin town, I think it was Dublin town. Anyway some part of Dublin and they met in Dublin in Heuston Station. Now the adoption agency Counselor 2 or Adopt. counselor had nothing to do with this, this was them meeting themselves. They met her and they took her for something to eat and they had a beautiful day out but the first thing that Sister 1 noticed was My mother said to her "Do you want to know about your biological father?" Not about her, her biological father and Sister 1 was mature enough to say "No, I want to know about you. What is your life?"			SELF DOUBT	SELF –DOUBT
A lot in one go, alright…				

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Absolutely. So, they kept the relationship up to this day, now they've had fallings out, don't get me wrong, because there's a lot of stuff, but we'll get to that at another stage. And then when I knew I was meeting Sister 1 my counsellor said to me, Adopt. counsellor 2, she said "Now Sister 1 knows a lot about your biological family but she's not allowed to discuss it with you. You have to get to know each other first and then somewhere along the line we might be able to set up a meeting with your biological mother." But that was not the case, right. So we met, Counsellor 2 rang Sister 1 and asked her to come in and see her and Sister 1 was told that she had three sisters but Sister 1 was very upset over it because she knew My mother knew about me because the adoption agency had been in touch with My mother for me but My mother was told to tell Sister 1...			B = AM I GOOD ENOUGH? FEARING REJECTION	INADEQUACY
	WILL SHE LIKE ME? I WAS SO NERVOUS			
			B = I AM NOT GOOD ENOUGH	
But she hadn't. But she didn't. So, Sister 1 got awful upset because it's the first time she heard this and she only buried her mother at the Christmas	IT WAS THE LONGEST 10			

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and this was the February or the March. So, there was a lot of mixed feelings there about it. So, she had to deal with this and Counsellor 2 said "Would you like to meet KAREN?" "Oh absolutely." She said, she's a real Dub, "Absolutely." So they arranged a meeting between the two of us and the feelings, I was so nervous, this was more nerve wracking because I was thinking "Will she like me? Have we got the same personality? What if she's different?" You know all these things - so when we had that meeting she arranged for Sister 1 to come in first and me half an hour after so we wouldn't bump into each other at the same time. She had me in one room and Sister 1 in another room and she brought me into the office and she said to me "Sister 1's here." I could hear my heart, and she said "She's in the other room." And she said "I just want to have a chat with you, how you're feeling about it. You don't have to meet her if you don't want – if you've changed your mind." And I said "I wouldn't be here otherwise if I didn't want to meet her. I'm all excited but nervous at the same	MINUTES OF MY LIFE WE HAD A GREAT RELATIONSHIP			RELATIONSHIP

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time." So she brought me, it was the longest 10 minutes of my life, so she brought me over, it was a really old building and it still is, you know high ceilings and whatever. She opened the door and I walked in and there's Sister 1 sitting and she got up straight away and she said "Jesus, how are ya?" And I said "How are ya?" And she actually broke the nerve and I said "How are you, nice to meet you." And she said "Yes, it's lovely to meet you. God Almighty what's all this." So we sat down and we were told to bring photographs of each other and our families. Counsellor 2 left us, we had one hour together and in that hour we did show our photographs but Sister 1 turned around to me and she says "I'm not supposed to tell you anything but I know you're eager to find out. So, if you want to know any information I'm your woman." And I said "Right, we'll leave that for now but we might go for a coffee afterwards." So the meeting went really well, it was fantastic, we bonded straight away so we did. She told me I was the Sister 1 of a certain ones and whatever. So, we went for a coffee

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then afterwards and it just all came out. So, we decided to keep in contact and it was great, we had a great relationship and she came down here. She met My second child, he was only a baby at the time, I met her little girl, NAME…

Brilliant.

Yeah it was just fantastic but there's so much more to tell you but – getting to meet My mother – you want to know about that. Oh my God how will I explain this? Okay, it's so confusing. Sister 1 was great friends with one of my sisters, her name is Sister 3 and Sister 3 happened to be living in Dublin suburb as well, in a different estate and Sister 1 was very afraid of when I went up to Dublin suburb on my usual weekend breaks that I was going to bump into Sister 3 and something would be said, or Sister 3 might recognise that I look like one of them. Do you know this is what Sister 1 was dealing with? So I said "Sister 1, don't worry about it. If it happens it happens, we'll deal with it at the time." So Sister 1 said "No, we have to tell her, we have to tell

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her who you are. But we won't do it straight away." So, what Sister 1 did was she brought me over to Sister 3's house, but Sister 3 is very, it's a horrible thing to say, she's a typical X person, she wouldn't cop on to these things. So, when we were in Sister 3's house she had a little boy called name, so this was my nephew and then how I was introduced to Sister 3 was Sister 1 said that I – you see Sister 1 did hairdressing too. So, Sister 1 said to Sister 3 "This is my friend KAREN from my hairdressing days." So it was great, we got away with it and then the photographs started coming out of the families. So, I saw a photograph of my mother which I was shocked with because I had a completely different person in my head altogether and I saw all the siblings and I was going "Oh my God above like..." So after I suppose a couple of weeks this was getting in on Sister 1's head and she said "KAREN I can't do this anymore, I really can't do this, I have to tell Sister 3 who you are." I said "Yeah but you have to think of Sister 3's feelings." "She'll get over it, I know her for so long, leave it

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with me." So, one particular weekend I went up and Sister 1s said "I'm going to tell her today." Because Sister 3 had accepted me as Sister 1's friend and we got on great. She liked me so I think it would have been easier, if she didn't like me, no hope I would be accepted. So Sister 1s sent me out for a while and even my heart's beating saying this, and I went for a drive for a while. So Sister 1, she told me then afterwards how it was for her. Sister 3 was sitting at the table and they were talking and Sister 3 said to Sister 1 "You're not yourself today what's wrong?" And she said "Sister 3, there's something I have to tell you." She said "And I´m sorry but like I have only found out about this in the last couple of months. And she said "What?" And Sister 3's would be very paranoid, right. She said "What name, what's going on?" And she goes "You have to realise this is very hard for me." "Go on just tell me what you want to tell me." She said "You know KAREN?" She said "Yeah, what about KAREN?" She said "She's your half-sister." And she went "What? How can she		THIS IS GOING TO BE VERY HARD FOR <u>YOUR</u> (MY) MOTHER	DISTANCING SELF FROM MOTHER B = MOTHERS CAN'T BE TRUSTED	INTIMACY IS DANGEROUS ANXIETY

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Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
be my half-sister, what do you mean she's my half-sister?" So, Sister 3 started panicking and she said "My mother, our mother, had KAREN after, there's another one in the middle." She said "But she had KAREN as well and gave her up for adoption." "Oh Jesus." She said, Sister 3 had to walk off and started drinking.				REJECTION OCD
Did she?				
Yeah, to get her head around it. She was very, very confused so she was because as far as the siblings were concerned Sister 1 was the only one.				
It would be a major shock for them.	WE WERE RATTLING WITH NERVES			
Absolutely so after a while Sister 3 calmed down after a few drinks and she smoked as well and Sister 1 rang me, she said "You can come back, it's fine, she's fine." And I went "Are you sure?" "Yes, she's fine." "But I'm not fine." I said. So, when I came in Sister 3 got up, looked at me and came over and gave me a hug. And then we told her the story where I came in but there was also a	THE REJECTION I FELT			

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Interview 1 **Case Study G4**			**A = Attitude** **B = Belief** **V = Value**	
middle one. So, anyway we had a bit of a session that night and when we got up the next day Sister 3 said "Mammy has to meet you. My mother has to meet you." She said "I love you, I've accepted you, Sister 1's accepted you, she has to meet you." I said "Calm down a little bit here Sister 3." I said "This is going to be very hard for your mother because your mother knows that I know everything now because she knows I met Sister 1." So I said "We have to approach this with sensitivity as well as caution." So I said "I wrote a letter to your mother." And I said "I actually have it with me." And I said "If I ever met your mother this was the letter I was going to give to her." And she said "Well, why don't we go down." Now I had my own business at the time so I was able to take my own time off but I had to check that I had no clients so I did have time off and she said "Why don't we go down to Mum, I'll talk to Mum first, yourself and Sister 1 stay in the car, go somewhere and we'll see what happens from then." So I said "Fine." Well there wasn't one word going down in the car between the	OCD; THAT IS WHERE I GET IT	AVOIDING OWN FEELINGS	B = OTHERS COME FIRST	AVOIDANCE

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three of us, we were rattling with nerves, rattling and I was the one driving. So, I had to concentrate on this drive from Dublin to Midland's town. So, we got to the top of our mother's road and Sister 3 said "I'll give you a ring." So I started smoking, my nerves. I think I was more nervous for her than it was for me because of, I think, the rejection I felt it was rejection but it wasn't, on My mother's part because, I'll come to that in another stage. I'll tell you why I felt that. But within half an hour Sister 3 rang back and said - see my mother suffers with OCD as well as – that is where I get it - and she hadn't cleaned the house and there was too many kids around and everybody else was around and she was in a panic. But when Sister 3 went in, Sister 3's very close to her mother and she said "Mam, I need to talk to you." So any discussions that the family had were down the back garden because there was too many ears so they walked down the back garden and she said to Sister 3 "What's wrong Sister 3? I know there's something wrong." And she said "Mam, I know about KAREN." That was my original		SISTER 1, CALM DOWN		

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name, that's what she named me because I was born in KAREN and she said "What do you mean?" And she knew instantly what she meant, she said "Mam you know what I mean, KAREN. I know about her." And My mother just went "Oh my God." And started panicking and she said "I have letter here from her. She's here in Midland's town." "Oh Jesus. No Sister 3 I can't. I can't meet her today of all days, the house is up in a heap, there's too many people around." "Mam she's after travelling all the way down from Dublin to see you and I promised her that you'd see her." "No Sister 3, no Sister 3 I can't do it." So Sister 3 rang and said "Mother's not ready for it." And of course Sister 1 lost it and I said "Sister 1 calm down, it's okay, she's not ready." But she went round there and she got around to My mother and I remember driving down the road, it was only a very short drive but it felt like eternity. Go up to the gate and My mother's standing at the gate and I couldn't look and Sister 1 and Sister 3 got out the car and I got out the car and she didn't look at me, I didn't look at her, I put my head	SHE WOULDN'T LOOK AT ME	BEING DECEIVED	EARNING	BEING DECEIVED LOW SELF-

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down and I went up to the gate and she just lifted her head and she said "Hello KAREN." And I went "Hello My mother." And we were brought into the kitchen, all the kids were taken out of the kitchen, they were told to go out into the garden right, and any of the siblings that walked through I was introduced as Sister 1's friend from hairdressing. And My mother was standing there, they have a breakfast counter, I was sitting on a chair here and she was over there and she was standing there, she's quite a large woman right, but small. She's brown hair, brown eyes, I have her nose, I have her ears and I have her personality and her walk. She wouldn't look at me, she was looking straight ahead, she wouldn't look over here at me and I could see that she was giving me the third eye. I was offered a cup of tea, I had the tea and she had saucers out with it, do you remember watching Mrs. Bucket where your woman was shaking like this? That's the way I was and there was a lot of disruptions. So in the end Sister 1 decided that she'd leave the two of us alone and they took the kids out and kept the kids away	IT WAS ALL LIES GIVE IT ONE YEAR…TO ACCEPT ME	ACCEPTANCE	B = I'M NOT GOOD ENOUGH	ESTEEM

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from the house and whatever. So, we sat down, and the first thing she said to me was "Do you want to know who your biological father is?"

Funny that isn't it?

It is funny, she said it to Sister 1 as well and I said to her "No." I said "That's not the reason why I wanted to meet you My mother." I said "The reason why I wanted to meet you is because I had this picture in my head of who my biological mother would be and here I am sitting in front of you and that's all I wanted today." I said "If you want to know my about life I'm very open to telling you." And she said "No I'll tell you about your biological father." But what she told me about my biological father and it was all lies, but that's another story. I kind of believed her until I met him and then I didn't believe her because I knew it wasn't and then she told me the story about the home that she was in. My grandmother was alive at that stage, I didn't have the pleasure of meeting my grandfather who was meant to be a gentleman,

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all my uncles and aunts were still alive, she came from a family of 12, she's the eldest and it's all big families so it is. And I felt from her that she felt that it was her duty to tell me but I know there was no love there and there was no like "I'm so sorry for giving you up for adoption." But then again that didn't matter to me because I had a beautiful family, I was happy but it was the curiosity of seeing her face to face. So, we built up a relationship and I didn't want her to tell the family who I was when this relationship built up. I said "Give it one year." Until I get to know them all individually and let them accept me as a person.

There's just one thing to clarify, when you say there was lots of children around the house?

Grandchildren, sorry, I should have explained that. Grandchildren, so my nieces and nephews.

INTUITION

Yeah, wow that was an amazing experience I'd say.

Absolutely, do you want me to tell

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the bit where I met my father?

Yes, I want to hear all of it.

Yeah, we won't have enough time to cover it all because there's so, so much. Anyway…

Yeah, whatever you feel is next.

When she told me about my father I got his name, his name was Natural father 1, yes Natural father 1 because on my adoption birth cert, you see I have two birth certs and the original birth cert wouldn't have been given to my parents because there was information of my mother and my father on it. But on the adoption birth cert, what was on it, not the adoption birth cert – you see it's very confusing when it comes to adoptions. When I was looking for my baptismal cert when I was getting married, I was getting married abroad, my mother couldn't find my baptismal cert because she didn't baptise me, my biological mother didn't baptise me, my adoptive parents didn't baptise so I was confused who baptised me. It was the home, the nuns. My mother

I KNEW HE WASN'T MY REAL FATHER

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picked the name for me, she picked KAREN My mother but I didn't know that was my name because I didn't have my original birth cert. So the birth cert I do have is my adoptive birth cert and on it is KAREN Patricia. So, my biological parents named me KAREN Patricia, I don't know how they could have because they didn't baptise me, so I think it was the nuns that asked my biological parents what did they want to name me. It's very confusing.			FEELING RESPONSIBLE FOR OTHERS	CARRYING A BURDEN
It is yeah, I always thought you only had one birth cert.				
No two, I could commit a crime and get away with it like. I could go back to being KAREN My mother if I wanted to but no, I'm happy being KAREN Patricia, KAREN because they like the name and Patricia because it's my mother's original name, my adoptive mother's. Even though she goes by another name, name, that's another story.			B = I AM RESPONSIBLE	
So many stories.				
Absolutely. Right so she told me				

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my biological father's name, that was fine, he was from Midland's town, he had a X business, so he did. When Sister 3 found out, my biological sister, when she found out who he was she decided to go ahead herself without my consent to tell him. He wanted to meet me so I was angry that she had done this, but this is Sister 3, Sister 3 thinks she's doing good for you but she's actually doing more harm, she has a good heart. So I met up with him and the minute I met with him I knew he wasn't my father. I'm a good judge character, I've a great sense of, or I can tell straight away if I don't like somebody.

I HAD TO APOLOGISE ON HER BEHALF
I WAS EMBARRASSED OVER IT

What colour were his eyes?

Blue.

Blue, okay so that wasn't a giveaway.

No, I knew by him, just something came over me and I said "He's not my father but I'm not going to say anything." So, we met up on a couple of occasions and on the last occasion, he even brought me down

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to his house, he was separated, he had sons and he had a few daughters as well. His mother was in a home and I just wasn't interested in it but for his sake I was being very sensitive and very cautious and the last time we met he turned around to me, thank God, and said to me "KAREN, I think you're intelligent enough to know and I'm sorry for saying this but you're not my daughter are you?" And I went "Thank God."		DIDN'T WANT THE SHAME		
So, who you thought he was originally, he just took My mother's word for it?				
He didn't take My mother's word for it because it was Sister 3 that told him. It was me that had to ask the awkward question "Did you have a relationship with my mother? Did you sleep with my mother?" It was horrible.				
And had he? I presume he had.				
He had, yeah. You see this is where the funny part comes in, so anyway I had to apologise on her behalf, I was embarrassed over it. But I was so				

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relieved, so I had to go back to My mother and I had to say to My mother "He's not my father, I got a DNA done." Which I didn't and she said to me "Okay, okay." And she told me this story, she said to me in those days, yes, she did have a relationship with him. But she also had a relationship with my biological father whom she fell in love with but he wasn't interested in having a relationship as in furthering or pursuing a relationship with her. They slept together and when she found out she was pregnant she didn't tell him because he didn't want to continue the relationship. But she was with this guy –

Right so she told him…

No, he didn't even know about it, he did not know that she was pregnant because when she had got pregnant her mother put her into this home. So, throughout her pregnancy, they actually locked her in her room first of all and then when she got to a certain stage, you see her mother as very proud, it wasn't her father that they locked in her room. Her mother was a very proud woman

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and didn't want the shame of people on the outside. So, when she got bigger they decided to put her into this home. So nobody knew she was pregnant and she had me then and she came out again and she was back to her normal life.

Why did she tell you he was your father?

Right, this is where I'm going to go to. When I came to deal with the birth cert, for me, the mother said to Sister 1 "There is no way your father's name is Natural father 1 Sheridan, Natural father 2, sorry, Natural father 2." And he was best friends with my uncle who is My mother's brother and there's no way that Natural father 2 would get a woman pregnant, he was a lovely man and he came from a very good background. So she said "We will put Natural father 1's name on the birth cert." Because to her he was, the grandmother, he was whatever. Sure they didn't think of the consequences that this would cause later on in years. So, Natural father 1 is on the birth cert and My mother, my mother.

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So, Natural father 1 Sheridan is non-existent is it? Natural father 2…				
Sorry, Natural father 1 –				
The X business guy.				
Yeah – the X business, sorry.				
So, they put his actual real name on the birth certificate even though he wasn't, they knew he wasn't your father.				
No.				
That's a very serious thing to do.		DENYING PAIN		SECOND PLACE
Absolutely, there's more. I'm telling you there's much, much more. So, anyway when she told me this I was great friends with her brother, his name's name and I told Her brother and Her brother said "Of course your Natural father 1's daughter - you are the image of him, we have to sort this out." Natural father 1, Natural father 1, I'm getting mixed up with the names. "Of course you're Natural father 1's				

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daughter." Because Her brother said to me when he first met me there was something about me that he couldn't click but he knew there was something. He didn't know I was My mother's daughter at the time, he was just, again he was introduced to me as Sister 1's friend but then when he did find out, when Her brother found out that I was actually his niece and I told him that Natural father 1 was my father he put two and two together and he went "You're Natural father 2's daughter. Of course you're Natural father 2's daughter." So, he was able to tell me where Natural father 2 was. So he said "I'm going to help you meet him." So he did, unfortunately it was on a day, he was from Country town 2, I think it was Country town 2, we drove to Country town 2 because he knew Natural father 1 was around for a short break. But unfortunately it was on the day of his brother's funeral, he'd just buried his brother. But Michael went ahead, Her brother went anyway into the house to pay his condolences and brought him outside and he said "I know this is probably the wrong time for you		IT WAS A LOT FOR HIM TO TAKE IN		INTUITION OTHER'S FIRST

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but…" And he filled him in on the story and he said "Of course I'll meet her." So, he came out and he was a 6ft 2 man with mousy coloured hair, glasses and a kind of a belly on him. I was there "Oh my God." But I didn't see any resemblance, any resemblance. So I went up to him anyway, I remember getting out of the car, looking up at him and I went "Hi, how high up are you?" Being so short and he said to me "Her brother was telling me about you being my daughter." And I said well, I said "That would have to be done through DNA obviously but this is what My mother told me." And again I said "I have to ask the awkward question, did you sleep with my mother?" He said "I did." "Did you have a relationship with her?" "No, not really." How my mother met him was my grandfather had a hotel in Midland's town and my father, my biological father was a chef and he was doing the chefing and My mother got a job there as I suppose a chamber maid or making beds and doing the hotel and she fancied him and she slept with him and obviously she got pregnant for him but she never told him. He said		I HAVE A GREAT INSTINCT		

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"Now it's not that I don't believe you because I became infertile." My father did, and I said when and he said "It was late in the eighties." And I was born in '72. So he said "I've no other children. I live in England, I have my own bar and restaurant, I have a relationship with a woman who has two kids from a previous relationship but we've been together a long, long time." "But…" He said "I am so willing to have that DNA done if you want one." And I said "Fair play to you. But it's not something I'm going to look at the moment, but you know who I am, you can pick up the phone to me." So, we didn't swap numbers, he didn't seem overly excited by the prospect that he might have a daughter because I suppose he was grieving. So, it was a lot for him to take in. That was three years ago, and my own father that reared me died in the meantime after that. So, I wasn't ready to do this DNA, but I'm actually doing it this year, I'm going to set it up this year. I'm ready now, I needed my own father to rest, you know I needed to get over that myself. You know you never get fully over it but I know

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he's given me his permission to do that now.

What's your feeling, your gut feeling was spot on the first time.

IDEALISING

HAPPINESS IS IN THE FUTURE

That's because I have a great - I was told I have a great instinct for gut feeling. When I know something's wrong I know it's wrong.

And Natural father 2, what's you're feeling about him as to whether or not he's your father?

I know he's my father.

Do you?

Yes, straight away I know he is. He's a lovely, lovely man and I felt comfortable with him straight away and he had, I had a mole under my eye at the time and he said to me he pointed at it and he said "I had one of those, I got it removed." And I got my removed last year, it was getting too big.

B = FURTHEST HILLS ARE GREENEST

In the same spot?

Yes, absolutely. Little things you

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notice and he was blonde, like I'm blonde blonde. My mother is completely dark.

Is that right, and you were born…

Born blonde, absolutely.

I'D LOVE TO ADOPT MYSELF; A FOREIGN CHILD

That's nice isn't it? Well, it is an amazing story so far. I'm just mindful of the time now, I'm not in a rush but I suppose we said an hour. I suppose it's not good to overdo it in one go, you know. But it is a, I mean you were not exaggerating; it is a fascinating and very complex story.

There's so much more, so, so much more because of the six years I had that relationship with my mother, with my biological mother, so much happened in those six years, yeah you've a lot more to get.

Well it is fascinating and you're very clear in explaining it.

Really, you know what it is with me is I say something to you and then I go "Well I'll tell him this bit." And then I go back, so yeah it's…

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It is a kind of a mosaic; it's hard to keep it in a completely straight line because there are too many…

Absolutely.

Well, will we maybe look at arranging the next meeting?

Absolutely. What I wanted to ask you is what do you want me to pay you for doing this?

Pay me?

Well, can I cover petrol expenses or something like that, I don't…

No.

This is your time.

Yeah but it's a mutual, it's a mutual benefit though isn't though.

I don't want you to be just coming up from Limerick to see me.

Well, I mean we're fine, I'll arrange it around the times I am

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here anyway for the next few weeks. But no, it's a great help to me to have all this in-depth information. That will be payment in itself.

Yeah, because like adoptions in Ireland aren't looked at really any more now, the youngsters are keeping their kids, its more adoptions from abroad. Sister 1, now a sister she's looking into fostering now as well and she's done the course and she's just waiting for a child. So I'd love to adopt myself, I'd love to adopt. A foreign child.

I think this Hague Convention has there was a lot of iffy business going on in places like Vietnam and places like that where kids were being bought and sold. But the Hague Convention was supposed to eliminate that and only countries that are approved by the European Union or whatever they are through this Hague Convention, like Ireland can only adopt from countries that meet the criteria. So I've a feeling that more adoptions now will be coming online from

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abroad.

Yeah well the road I was reared on, we
lived in a very small cul-de-sac, they still do, my mother is still there…

Is it Eastern town?

It's Eastern town yeah, it's a lovely private, it is not an estate, it's a cul-de-sac and I was the first adopted then my sister was adopted, then the house next door they had two biological children and they adopted two children and the house next door on this side to my mother, they couldn't have children so they adopted two children. The house across the road up here a little bit; there was only four houses and a woman she adopted two children from abroad. And then this couple here they died and everybody moved away and the next couple that moved in there, his wife was adopted. So it's all – it is gas – adoption lane.

There's a lot going on. So, there's just one other thing now I'd like to ask you. I've started getting a

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typist service to type up my interviews, it's kind of a confidential, professional kind of agency sort of thing. Is it okay for to have these typed up that way?

Yeah, absolutely.

So I'm sure like meeting once a week is plenty. That is the general thing. Let me see then, so next week, well I'm here on the Wednesday obviously. What's your Wednesdays like?

Excuse me, I work from 10 to 5:30 but I'm sure I can take an hour.

Yeah, so let me think then, I've arranged to do a coaching session after training with Pat and Samantha, next Wednesday from 12 till 1:00 so we could do it from 1:00 till 2:00.

Will I check and see if the room is free, that's what I'll do, from 1:00 to 2:00; I'll go and get the book. Yeah perfect, 1:00 to 2:00 I'll just put it in, I'll just put down Coílín - meeting with client.

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