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RESEARCH ARTICLE

The Expressive Arts in Intimacy Groups with Parents: Processes and Outcomes

Zipora Shechtman[1*]

1 Haifa University, Israel

* ziporas@edu.haifa.ac.il

ABSTRACT

In light of the growing needs of people for mental health services and the limited resources available, the literature calls for moving from individual therapy to group therapy. Parents of challenging children may be considered one such vulnerable population for whom the lack of professional assistance not only affects parents' mental health and functioning but also that of their children. Group psychotherapy is an efficient and effective solution for parents: Research has concluded that group therapy is equally or more effective compared to individual therapy. Yet, group therapy is not frequently used with parents, mainly because psychologists are not trained to conduct such groups. Parent groups require therapists who understand parent-child relationship and who are trained in special methods and techniques that help parents engage in the group process. The aim of this paper is two–fold: 1. Present a group therapy modality to increase intimacy in parent-child relationships that relies on the creative arts; 2. Provide outcome and process research based on four large studies, to support the validity of the intervention.

Introduction

The American Psychologist published recently a revolutionary paper suggesting that group psychotherapy may be the solution to the lack of mental health services in the US[1]. According to this review of literature, the high demand for mental health services at the time of COVID and afterwards grew from 13 % to almost 40%. Therapists who work individually cannot meet such demands, leading to long waiting lists and therapist's burn-out. Based on statistical calculations the authors suggest that increasing the number of groups by 10% nationally will increase treatment access for over 3.5 million people and save over five billion dollars. However, cost-effectiveness can't be the only reason to move to group therapy. Group therapy appears to address efficiently and effectively the most frequent disturbing issues that grew recently, such as anxiety, depression, relationships, trauma, loneliness, discrimination, and loss.[2,3,4] The excellent results of group therapy research are attributed to the unique curative factors identified by Irvine Yalom[5], since accepted by the professional community. These factors include a sense of cohesion and belonging, and an enormous amount of support, the opportunities to help others and to learn from them, the sense of universality as others have similar problems, and the sense of hope influenced by other's progress, all making group therapy equal effective to individual therapy.[6] However, despite the positive influence of group therapy, it is way underused. Clients are not familiar with the group format which they actually perceive as threatening.[7] Therapists also tend to refrain from using it because it is more challenging, and most of them are not trained well.[1] Group therapy is a specialty requiring knowledge, skills, techniques, and competency, far beyond that of individual therapists, says Weiss[8]. Moreover, special populations, such as parents, require even more training, including, unique knowledge, methods and skills.

INTIMACY IN PARENT-CHILD RELATIONSHIPS

Most parents who reach out for psychological help receive guidance; in contrast, we train parents to develop intimate relationships with their children. Many parents may object to such perception, claiming that parent-child relationships cannot be based on equality, that parents cannot loss their authority, and that they shouldn't give up their teaching and guiding roles. However, intimacy doesn't contradict parental authority; intimacy is a type of relationship, a way of life that may actually help parents be more effective.

Intimate relationships include several components: Love and liking, Emotional closeness, Sense of security, Loyalty and trust, Sincerity and spontaneity, Sensitivity, and understanding, Giving, and receiving, Mutual interests. [9]

LOVE AND LIKING

All parents say they love their child, it is probably true, but amazingly, many children do not feel it. Parents have to say it, to show it, verbally and physically, at peaceful times and during conflict, when they are happy and when they are angry. Parents are the most important people in children's lives, and children depend on their respect, admiration, and love. Many children are not easily convinced about their parents' love, particularly at times of anger and conflict. "Do you love me?" is a common question in young children's communication. Older children may not ask any more but keep their doubts silently. Parental love is the base for children's self-esteem, self- confidence, and trust.

CHILDREN NEED TO BE EMOTIONALLY CLOSE TO THEIR PARENTS.

They need to know who their parents are, what their values are and how they feel, and parents certainly should know all these about their child. Both sides should be able to share experiences, emotions, miseries and happy moments and avoid secrets, as much as possible. Such sense of closeness will encourage children to turn to parents at time of distress, and develop in children a sense of empathy and care. At the same time, it would be easier for parents to better understand the child and accept his/her difficulties.

CHILDREN NEED TO FEEL A SENSE OF SECURITY.

Home should be the safest place for them, where they are always supported and defended. They should know that no harm can happen there, no harsh punishment, no rejection, whatever happens. Related to this is the sense of loyalty and trust. Children should feel that no matter what happens parents will remain loyal to them, and vice versa. Trust is a major component of self-confidence; if one can trust his/her parents

he/she may develop trust in friends and other people. To develop a sense of trust parent-child communication should be based on sincerity and spontaneity. Both parents and children must be able to talk openly to each other, be authentic and sometimes spontaneous, in their communication. This is possible in a climate of trust and should further increase the sense of trust in children and parents. Not everything can be said. Parents and children should be sensitive to see the hidden issues that bother their partner: the frustration, sadness, anxieties, fears, and try to understand them. Recognizing the unspoken emotions by a parent increase the senses of being acknowledged and understood and serves as a door opener to a good and open conversation. Being heard and understood will take away the sense of fear and shame from the child and permit him/her to receive help when needed. It will also help the parent to ask and receive help when needed. Finally, mutual interests accelerate intimacy. When two partners have common interests it leads to spending more time with each other, provides a sense of being liked and loved as they are worth of the time they invest in each other.

The eight components are interrelated of course, but dealing with them separately provides a better understanding of what intimacy is. The question that rises is whether parents want to be intimate with their children or can they really be intimate? Many parents will not accept the concept, because they had been raised to think that family is a hierarchical structure, thus children and parents cannot be equal in status and power. Moreover, they perceive their main role as educational, hence, teaching and guidance is their main goal, thus, clinging to their authoritative or authoritarian parental role. I am suggesting that intimacy doesn't take away from parent's power, it actually adds to it. Rather than using their authority to educate, they are using intimate relationships to achieve their educational goals, which is even more powerful. Still other parents would not accept the intimacy concept just because they themselves have difficulties in functioning intimately. These parents are not intimate with others, have a few or no friends, lack a language of peelings, and are not capable of sharing personal information. Whether they have a background of insecure attachment, or they are influenced by cultural restrictions, they need assistance in becoming more intimate with their children. For them, group therapy is a suitable solution.

THE EXPRESSIVE ARTS IN GROUP THERAPY

Group therapy is the place where people can sense intimacy and learn to be intimate. Group processes require self-expressiveness, self-disclosure, sharing personal experiences, and empathic listening. Such behavior is accelerated through certain therapeutic factors: identification with others, learning from others' experiences, imitating others' behavior. In a cohesive group participants are heard, accepted, understood and supported. Participants express feelings of liking and love, loyalty and trust, sensitivity and understanding, all of these processes increase trust in self and others, resulting in an intimate group climate. These processes ease self-expressiveness and self-exploration, leading to insight and to behavior change.[6]

However, not all psychotherapy groups become automatically an intimate place. Establishing the right climate for intimacy development depends on two elements: the group composition, and the therapist. A positive group composition relies on the number of participants who are motivated to do therapeutic work: the more such members, more effective is the group process, and better are the outcomes. In this respect, a group of parents, by definition is problematic. Parents do not perceive themselves as patients who need therapy. They tend to see themselves as people who need guidance. They want to know how to help their child. According to this perception the child is the client not the parent, thus, the beginning stage of the group becomes quite challenging. The group has to agree on unexpected norms and mutual goals. Parents immediately focus on the difficulties of the child, and how those difficulties affect their lives. They ask for quick ways to control disturbing behaviors and expect the therapist to provide knowledgeable answers. The therapist needs to find the balance between parents' expectations and the therapeutic goals. This is a fine line to walk on, as at the same time the therapist has to reduce the level of anxiety and increase trust in the group. One way to do this is to lead the group towards emotions: "How do you feel about those uncontrolled difficulties?" The therapist asks, following which a different conversation begins. "I feel frustrated and helpless when a six-year-old controls my life", says a father. "I realize that I am a poor mother

who doesn't know how to help my child" says a mother. "I am warried about his future" says a third one. All the three people spoke actually about their own feelings and difficulties, which opened the door to an intimate conversation. "I mostly feel shame; I keep his ADHD as secret and am angry most of the time".

Being intimate requires a language of emotions, therefor we use the Emotion Focused Therapy (EFT)[10] as our basic modality. Accordingly, it is not the story or narrative that is important, but rather the emotions behind the story. To understand the real issue, one often need to dig deep under the spoken words to understand one's narrative. Sara complained about her lazy daughter who lives with her but doesn't help. They are having daily fight over emptying the trash, so she is very angry. Anger is relatively easy to express. However, digging further revealed that she is extremely anxious about her future, as she is over 40 years old, never dated a man, and incompetent in many ways. She is unable to talk to her about the real problem, so the garbage became the link to stay connected. It is not easy to delve into deep feelings when people are not ready; here comes in the skillfulness of the therapist.

To stimulate and engage novice clients such as parents in therapeutic processes, one needs some extra methods. We employ the expressive and creative arts in psychotherapy. Sam Gladding, a leading proponent of creative arts in counseling and psychotherapy suggests that the arts provide a channel for expression that weaves greater variety into the fabric of the group milieu.11 The positive energy of creativity, the multiple levels of communication, and its playfulness, all make these an excellent method for treatment. We use often the following methods: bibliotherapy (the use of literature), art therapy (the use of visual art), and phototherapy (the use of photos), to help participants engage in the therapeutic process. These are all projective techniques that speak directly to the inner self of the participant through the process of identification. Here is a further illustration of each method mentioned above.

BIBLIOTHERAPY

Beyond the creativity it generates, bibliotherapy has additional unique qualities. There is a great amount of psychological wisdom incorporated in books. Yalom[12] argued that psychotherapy started long before the advent of scientific methods, with novelists such as Tolstoy. As Kottler[13] stated, "without Shakespeare's plays, Dostoevsky's novels, or Jame's short stories, our knowledge of anguish and conflict would be hollow, our self-revelation would be one-dimensional" (P.35). Quality literature presents a wide range of human thoughts and emotions that readers can identify with, learn from, and apply to their own lives. People tend to identify with literary figures, its pain, suffering, fears and anxieties. Through this identification process the person experiences catharsis, sharing feelings and conflicts with the character. Perhaps, the most important aspect of bibliotherapy and the other creative arts is their indirect nature; the literature provides a necessary distance between the client and his/her difficulties. As such, the difficulties become less threatening and easier to face. Moreover, the fact that other people beyond the group have similar feelings and difficulties provides a sense of universality, comfort and legitimization to their feelings and thoughts.[11] Poetry, in particular, expresses subtle and overt psychological insights about life situations, which clients may come to personalize into their own lives. Moreover, poems are short and yet intense and rich, which makes it suitable to be used in short sessions.[14] Here is an example:

When

When every dream
Has turned dust
And your highest hopes
No longer soar…..
When every night
You close your eyes
And long inside
For something more…..

This part of the poem was presented to a group of mothers of children with learning disabilities (LDs) and attention deficit hyperactivity disorders (ADHDs) at the third session. In the first two sessions, they complained about the children's disruptive behavior, low achievements, and trouble with school personnel. After the therapist read the poem there was a heavy silence, then one mother said: "for me it was a real tragedy the day I received his diagnosis. My family and my culture cannot accept it, so I keep it a secret. They blame him for being rude and misbehaved, and I end- up defending him repeatedly". "For me, it is the fear of the future. I see her struggling

in third grade, what are her chances in life" wonders another mother. "I feel mostly guilty and helpless", said another one. The session continued with high levels of self-expressiveness including feelings of frustration, worries, anxieties, and dreams. Experiencing catharsis through the process of identification, and encouraged by massive support in the group, led to self-exploration and self-understanding in the next sessions. The conversation became more optimistic with every session. Group members accepted reality, showed more compassion toward themselves and their child, and understood that they need to adjust their expectations and change their relationships with their children.

It was clear that it is the poem that triggered such emotional sharing in the group, in a quite early stage of group development. Moreover, people who refrained from engaging in the group process in earlier sessions also joined the group. The poem clearly accelerated the therapeutic process in this group as it was widely open in the variety of emotions. Each person could vision his or her own dreams and frustrations.

We also use short stories and films, which are usually more directed to a specific issue, conflict, and behavior. They are mostly effective when a group team comes up, then we can use a relevant story or film, or part of it, to start the therapeutic process. In a story or film, beyond the identification with characters and situations involved, we also find coping strategies and problem-solving methods from which clients can learn. For example, we used a group intervention based on films with adolescents who were identified as in high conflict with their parents. Each session started with part of a film that focused on parent-child conflict, followed by emotional sharing, a discussion of the issue, and ending the session by focusing on coping skills.[15] Another program was designed for aggressive youth. Each session started with a poem, song, short story, or film, all helping children become engaged in the therapeutic process, without realizing that they are actually in a therapy session.[11] Bibliotherapy, is more than reading and listening, often involving writing. Self-expressiveness in writing is very often used, demonstrating high healing power.[16]

Medical doctors were actually the first to identify the therapeutic power of literature. At the beginning of the 20th century, doctors cooperating with librarians, left books for patients to read with the option to discuss them later, which they found extremely healing. Dr. Croths[17] labeled this method- bibliotherapy.

ART THERAPY

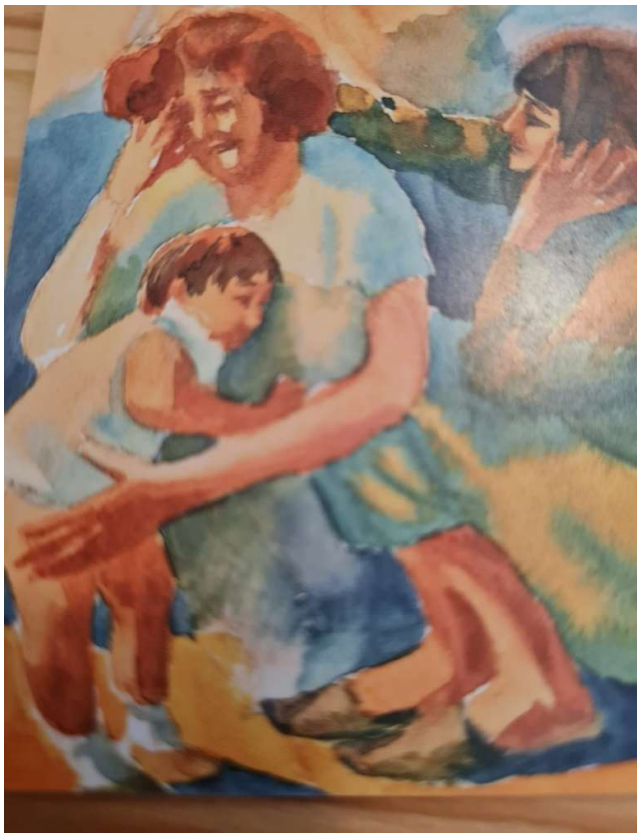
Art is a fundamental form of human communication, in which metaphor, imagery and symbolism help clients connect to their feelings.

Looking at a picture or drawing pictures, constitutes a projective space where internal content can be externalized.[18] The American Art Therapy Association describes art therapy as a mental health profession in which clients facilitated by the therapist use art media, the creative process, and the resulting work, to explore their feelings, reconcile conflicts, foster self-awareness, develop social skills, reduce anxiety, and increase self-esteem.[19] Pictures provoke feelings and thoughts, thus accelerating participants' engagement in the therapeutic process. It serves as an entry point where therapist and clients can begin a verbal dialogue.

This particular picture was presented to a group of mothers of children with ADHD. A mother of four boys all diagnosed with ADHD responded spontaneously "this tree looks as if a hurricane hit it, and this is how I feel at the end of every day". This response stimulated further her self-expressiveness, which was a highly healing process for her as well as for other group members.

At another occasion in a group of divorced mothers we presented a series of cards to the group, where members were asked to choose a card that they identify with. One mother selected the following card saying: "I know they need me,

but I only can focus on my own misery. They look so helpless, and so am I". This was a door opener for further emotional exploration.



PHOTOTHERAPY

"Photographs are footsteps to our mind, mirrors of our lives, reflections from our hearts, frozen memories we can hold in stillness in our hands-forever, if we wish".[20] Phototherapy is an interactive system of therapy techniques that makes use of client interactions with ordinary photographs, such as their own personal snapshots and family album, as well as photos taken by others. Its purpose is to help clients connect with feelings and memories too deep or complex to be fully reached or encompassed through words alone. Phototherapy is different from art therapy because the person is personally involved in the photo, it has unique meaning to him/her. Toren,[21] a clinical psychologist who works with photos tells a story about a man who shared with the group the feeling that his father never touched him. But when the group explored the five pictures he brought, in two of them the father was in physical contact with him. This was a reviling experience to him. In another case a mother brought in three pictures of her family. She was surprised to discover that in all the pictures the family is involved in eating. She didn't know why she chose these pictures, but later attributed it to her being second generation Holocaust survivors. "For me, food means that we are ok," she said.

All three methods used help engage client in therapy and accelerate the process. As we work in short-term groups, with clients who didn't expect to be clients and use a type of intervention that focuses on emotions, these accelerating methods are not only helpful but a must.

THE GROUP PROCESS

All groups start on some level of anxiety; group members are strangers to each other, they face the unknown, and they are afraid of self-disclosure, of being criticized and rejected by other members and the therapist.[7] It is crucial to reduce the level of anxiety and provide the group members with a sense of security. Thus, the first sessions focus on establishing cohesion, a language of feelings, and mutual group norms. We use some structured activities to get acquainted, expressing emotions, and discuss group norms. It is a positive and playful process necessary to build thrust, but also a crucial one, as group relationships and group cohesion is key to group success.[2,6]

The working stage starts with supporting the parents. We mostly focus on identifying the parents' strengths. When parents are eager to describe the child's difficulties and their own mistakes, we look for the positive aspects of their behavior. For example, we ask each parent to reward themselves for some positive things they did with or for the child. We ask them to identify their own strengths that may help them cope in difficult situations or share with the group some successful responses to difficult situation. These steps prepare the ground to also deal with their own difficulties and deficiencies. We also explore their childhood and how it might have affected their own response to their children.

At one session we brought therapeutic cards (art therapy), Dina selected a card on which a little girl sat in the corner of the room, explaining: "this is me, I was sad like her, and most of the time alone". This continued with her understanding that actually she is not different from her mother, that she also is an absent parent, always busy with work. "I always complain to her that she doesn't have friends, I blame her for not initiating

a friendship, but actually I model to her the same behavior. It is my self-frustration that I project on her". This insight was important and led to looking for change.

Most of the working stage is devoted to understanding the difficulties they experience in their relationships with their children. The parents talk about misbehavior, lack of discipline, of motivation, and of disabilities. The therapist listens but also leads toward the relationship and feelings. There is always some frustration, helplessness, shame, or guilt hiding somewhere behind the story. Group members were asked to bring a photo of the challenging child. One mother saw mainly the long ears of her boy which caused a constant fight over using a hat. Another father was frustrated because his son did not like to play sports. A third mother couldn't accept the beauty of her daughter because she draws all the attention in the family, and another father could not accept the disability of his son, because of his sense of guilt, as he too suffered from ADHD as a child.

In one session the therapist used phototherapy. One mother brought several pictures from the family album, but the identified child did not appear in any of them. When the therapist asked who was absent, she realized that this one boy is never in the pictures. The therapist asked her how she feels about this and she said: "I feel terrible, it's hard to explain. He always tried to interrupt a good picture so my husband asked him to get out. He must feel terrible". She decided to talk to him at home about how she feels. During the intimate conversation the child took out a picture in which he was smiling next to his grandparents. They never asked me to be nice, he said, that's why I could smile, he said.

At termination the members sum up their gains following the group experience, discuss unfinished business, set goal for the future, and most importantly, say goodbye to each other. Here are some gains which parents expressed:

"These sessions mostly shift my attention from the negative to the positive aspects of my daughter. I am more in peace with myself and see the future for her in brighter colors".

"The now feel more capable as a mother, in general I became a warmer person, so say my friends".

"In general I am less stressful and put less stress on him"

"I became more involved in my son's life, we talk more and I love to spend time with him".

"I became less criticizing, pointing more to the positive things".

WHAT DOES OUR RESEARCH SAY ABOUT THE EFT GROUPS?

The following section presents outcome and process research of four large-scale studies to support the validity of the suggested groups. All participants were mothers of children with LDs and ADHDs. They were recruited by the school personnel because of their children's challenging behaviors, such as moodiness, helplessness, anxiety and depression, disruptive and aggressive uncontrollable behavior, lack of motivation, and difficulties adjusting to school norms. Mothers came from a variety of socio-economic backgrounds; all of them were anxious and quite helpless, expecting to receive quick solutions in a guiding format. The process offered 10-12 weekly one-hour sessions, in small groups (8-12 participants) conducted in the school or community, by group leaders trained in the EFT model.

OUTCOME RESEARCH

All studies were designed as pre-post comparisons and included some type of control conditions, as well as follow-up measurement. The statistical analyses were nested (parents in groups), to take into consideration the impact of the small group and the therapist. The review of literature suggests that parents of challenging children demonstrate high levels of stress and anxiety, which in turn affects their response to their children's difficulties.[22] In our intervention we aimed to address parents' tension and stress, hence a measure of stress was used in several of the studies.

In the first study,[23] we compared outcomes of participants in the EFT- groups with psycho-educational groups. The educational groups employed experts in LD and ADHD, each session was delivered with a different expert. Both treatment conditions were equal in size, (56 mothers). Results suggested a significant reduction in stress only in the EFT groups, with an increase in stress in the psycho-educational groups. The mothers in the EFT-groups also

showed a decrease in the perceived difficulties of their children. These results were sustained up to 9 months after groups terminated. Interestingly, we used the same questionnaires to examine also change in the fathers' feelings and perceptions, although they were not involved personally in the interventions. Surprisingly, the same tendency of outcomes was seen for the fathers; less stress and less perceived difficulties, compared to participants in the control groups. The clear reduction of mothers' level of stress in the experiment-groups may be attributed to the unique therapeutic factors in these groups, where people could express feeling, be supported, and learn from others. In contrast, in the psycho-educational groups, mothers were passive listener, learning about disabilities without the support they needed. The unexpected gains of fathers who were not actually treated, suggest the wide influence of the EFT groups.

A similar result was found in another study comparing EFT groups with individual treatment.[24] In this study were involved 169 mothers, 45 in individual therapy, 93 in small groups, and 31 in control (waiting-list). Results indicated that mothers in the group condition showed a reduction in perceived stress, while mothers in individual treatment showed an increase on the level of stress, and the difference between the two conditions was significant. In this study we also measured the mothers' behavior. We used the Parent's Reaction to Children's Negative Emotion Scale[25] which measures mother's reactions to children's stressful situation. The scale contains three positive responses (support, focus on emotions, focus on the problem) and three negative responses (distress, punishment, minimizing). It is important to increase positive responses that express understanding and empathy and decrease negative ones which are presented in criticizing behavior, rejection, and punishment. Results of the Danino and Shechtman study[24] indicated decease in parents' negative response and increase in positive responses, in both experimental conditions but not in the control condition. We used the same scale in another study,[26] in which mothers were compared in three different conditions: Mothers who participated in group, mothers and their children who participated in group, and no-treatment mothers. Mothers who participated in both treatment conditions showed increase in positive responses and decease in negative responses, while no change was found in mothers in the no treatment condition. Moreover, in this study children's aggressive behavior was also measured. Results showed that the level of aggression decreased in both treatment conditions more than in the no treatment group. Moreover, gains on this scale were correlated with mothers' improved responses. That is, there was a positive relationship between mothers' and their children's improvement. The more mothers improved their responses to their children, the more children's behavior improved.

In a later study,[27] mothers' behavior was explored by a different scale, measuring three types of parenting styles: Free, Authoritative, and Authoritarian. The authoritative style resembles the positive responses, and the authoritarian style resamples the negative responses. Authoritative parents are involved in their children's life; they are empathic and supportive, without restricting the freedom of their children. Authoritarian parents tend to control their children's life, they tend to reject, criticize, and punish. Results of this study indicated no pre-post change in the freestyle, a significant reduction in authoritarian behavior, and an increase in authoritative behavior, only in mothers in the EFT groups. These positive outcomes support the results of the earlier studies showing improved mothers' responses.

Because parents of challenging children struggle a lot and tend to be lonely, we also studied perception of support in two of the studies. Increase in perception of support was found in two studies: In the study that compared individual and group treatment, mother's perception of support increased in both treatment conditions, with no change in mothers in the control group.[24] Also in the Ziperfel and Shechtman study[27] mothers showed an increase in positive perception of support. In this later study we also measured the sense of mothers' self-efficacy, that is, the extent mothers feel capable of coping with their children's difficulties. Results indicated increased self-efficacy in mothers who were treated in groups compared to no-treatment mothers.

In this last study we also measured outcomes in the children following their mother's treatment in group. Although children were not involved in treatment, they showed impressive outcomes in

self- efficacy and improvement in behavior. Moreover, many of the parents' outcomes were correlated with children's outcomes in behavior. That is, mothers' improvement in behavior had a direct impact on their children's feelings and behavior.

In sum, the progress in the level of stress, self-efficacy, and perception of support, along with change in parenting style and supportive behavior, all support the construct validity of the intervention. The EFT groups are effective and efficient. To show the content validity of the intervention we measured process variables, which indicate those factors that influence the outcomes described above.

PROCESS RESEARCH

To study processes we applied two measures: First we used the four therapeutic components developed by Dennis Kivlighan,[28] based on the 11 therapeutic factors identified by Yalom. These factors explain what is unique about group therapy and what makes it an effective intervention. The factors were identified through analyses of session transcripts. Results of our studies consistently show that group cohesion, self-expressiveness, and interpersonal learning, are the factors most frequently mentioned by group participants[24,23], as in many other studies.[6]

In a third study, we used a set of components borrowed from individual therapy,[29] which were identified based on interviews. Results revealed three components that were most frequently mentioned as helpful, by participants: change in perception of the problem, enhanced self-awareness, and improved perception of self. Change in the perception of the children's difficulties is presented in a more positive and optimistic view of them. "I now better understand what he is coping with; I feel more compassion than anger and frustration". Change in self-awareness is presented in a better understanding of self, and the realization that they may be part of escalation in their relationships. "I understood that my son needs me to be more tolerate with him and softer, and that my stress makes him actually more stressful". Positive perception of self is presented in parents' gains on self-confidence and self-efficacy. "I don't see myself as a bad mother anymore, actually, I can also see my strengths as a mother".

Conclusion

• The parent, not the child, is the focus of therapy. Parents need to reduce stress, their challenges need to be acknowledged, they need encouragement and support, and they need more self-compassion. When parents' needs are addressed, they become more open to learn about themselves, to develop insight, and become more motivated to make changes in their behavior. The goal of treatment is to increase intimacy in parent- child relationship, to help them become emotionally closer, to be empathic and supportive of their children. We do not suggest teaching, giving advice, or guiding them in problem-solving procedures. We do suggest using more the language of emotions, to be attuned to feelings of self and of their children, to base the relationships on mutual love, respect, sincerity, loyalty and trust.

• Group is the most effective way to increase intimate capabilities, as group processes rely on intimate behavior. Group members are expected to share their personal experiences, to listen with empathy to their group fellows, to help and support each other. Group members learn a language of emotions; self- disclosure develops a sense of trust, participants learn from others' experiences, and become emotionally wiser. The wide clinical experience and the research outcomes indicate that the EFT groups are effective and efficient.

• As mental and physical state is interrelated, medical doctors may want to encourage such groups, parallel to their work. In this way, it may be possible to reduce the burden of both physicians and psychologists. Group therapy may be the solution to the unmet needs of these many people, as suggested in the recent American Psychologist.[1]

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