

# A Review of Filial Therapy Training for Korean Child-Parent Relationship Enhancement

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## I . Introduction

In the last ten years, interest in play therapy has greatly increased in Korea. Parents and professionals are more aware of the need and importance of therapeutic help in a child's life. Areas where help is especially needed include children with pervasive developmental disorders and abused children. Unfortunately there are an increasing number of PDD, ADHD, LD and Autistic children among those who need therapy in their early years. But still we do not know much about using play therapy skills in such applications (Kim, 1999, 2000).

Several Universities in Korea have a Department of Child Development, Child Welfare, or Special Education where they teach play therapy. However, the courses are more theoretical than practical. They do not have enough hands-on training programs and facilities. Some of the private institutes in Korea have been offering training for

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those who aspire to practice as play therapists. There are many special nursery schools, day care facilities, and welfare centers providing play therapy, but without a properly trained play therapist. Also, many child psychiatrists in Korea provide play therapy in their clinics. Not only for those children who need the help of professional play therapy but also for the children who are at home with their parents, more effective therapy could be attained if there were a way to train parents to function as therapeutic partners with their children.

Traditional Korean family values are deeply rooted in Confucianism, which emphasize obedience, fidelity and filial piety to parents, respect for elders, and duty to serve family obligations. However these values have changed in the younger generations (Kim, 1979, 1986, 1989). Also, the child rearing attitudes of own parents have become more protective and consequently children suffer from a lack of self-discipline. Such children become more dependent, lack patience and suffer from low self-esteem such that, sometimes, they can hardly make decisions for themselves.

In many ways, Korean childparent relationships are based on an emotionally entangled bond rather than reasonable discipline. Many parents are more concerned about their childrens cognitive development because they must compete for university entrance examinations. Therefore, children concerns more for achieving social success, rather than developing their competence in social interaction skills and personality development. Parents often feel that failure of parenting is defined if their children cannot or do not enter the university and enjoy social success after they grow up into the decade of their 20s. Parents expectations and childrens ability, as well as their needs, are sometimes such that they are not always able to cope with many of lifes experiences and stressful circumstances. This brings about many conflicts and problems in the child and parent relationship.

Today's modern lifestyles also cause Korean families difficulty in finding time to share with each other because of time limits. Parents often do not have enough time to spend with their children because of competition from work. Children also experience a time control since they must study so many subjects in preparation for the university entrance examinations. Very young children are forced to learn too many subjects. Changes in social and family values have resulted in significant increase in the number

of single parents. These single parents and their children especially need additional therapeutic help. Although there are several parent training and parent education programs in Korea, filial therapy training for parents, which is a developmentally found, *psycho-educational*, program based on *child-centered play therapy skills*, is a new concept.

The purpose of this paper is to describe a parent grounded child-centered play therapy skill training program for their children. The therapy is based on special play sessions in parents home. Filial therapy can help enhance the child-parent relationship as well as improve the mental health of the child. It would also give self-confidence to the expanded parents role when they are serving as therapeutic partners. Such a role could help counter the shortage of play therapists in Korea. The proposed program is based on child-centered play therapy skills (Axline, 1947; Landreth, 1991). This program would not be limited only to parents alone but it also could benefit teachers from nursery school, kindergarten, daycares, even elementary schools. It could also benefit those who want to work with children as social workers. Although such training could apply to increasing numbers of working parents and grandparents, it is relevant for any of those who must take care of children while their parents are working.

## II. Theoretical Aspects

### 1. What is Filial Therapy

Filial Therapy was developed by Louise Guerney in the early 1960s and employs both didactic and dynamic process elements in the training of parents. The root definition of filial means, blood bonded, from the Greek and Latin. Thus it implies the parent-child bond. Filial Therapy uses that bond to train parents to function as therapeutic agents in their relationship with their children. Parents are trained to manage a special style of playtime, based on the concepts and skills of child-centered play therapy. These skills are designed to nourish and enhance the childparent relationship, i.e., to nourish the

psychological and emotional bond between parents and their children.

A client-centered method offers the idea that the therapist needs to impart to the child (or adult) client, the feeling that, the child/client is completely understood, and is deeply and warmly accepted as a worthwhile person by the therapist. In this approach, no view or feeling expressed by the child would change this climate of permissive understanding and accepting attitude of the therapist. This attitude, once conveyed to the child, becomes the foundation element that empowers and enables the child to choose self-expression as the child learns to trust the interpersonal behavior within the therapeutic situation. Such conditions enable him or her to overcome his or her emotional difficulties to most fully develop the potentialities in the situation (Hart, Tomlinson, & Guereny, 1970.)

For the last 25 years filial therapy has grown and developed filial therapists roles have expanded to provide training for parents in these techniques. Garry Landreth and his students at the University of North Texas have developed and researched a 10 week model to serve relatively large parent groups from different populations: parents of chronically ill children (Glazer-Waldman, Zimmerman, Landreth, & Norton, 1992; Tew, 19 ; VanFleet, 1992), single parents (Bratton & Landreth, 1995), two-parents families (Glass, 1986; Guerney, 1976), foster parents (Guerney & Gavigan, 1981), incarcerated mothers (Harris & Landreth, 1997), incarcerated fathers (Landreth & Lobaugh, 1998), parents of different nationality (Glover, 1996 ; Chau, 1997; Yuen, 1997; Jang, 2000), parents of mentally challenged children (Boll, 1972), parents of children demonstrating conduct problems (Clark, 1996), and parents of children with learning difficulties (Kale & Landreth, 1999).

Variables assessed by research instruments in studies of the effectiveness of Filial Therapy with these populations include: parental empathy, parental acceptance, parental stress, parental perception of positive changes in the family environment, parental self-esteem, parental perception of child adjustment, parental perception of child's behavioral problems, child self-concept, and changes in a child's play behavior (Rennie & Landreth, 2000; Guereny, 2000). White, Flynt, and Draper (1997) used filial therapy in school settings, which they called Kinder Therapy. In this application, teachers also acted as therapeutic agents. Landreth and Lobaugh (1998) also worked with incarcerated

fathers. The results of these study the effectiveness of Filial Therapy training as an effective intervention. Parents benefit from the preventive, educational, and clinical implications of the process as they learn the skills necessary for a healthy parent-child relationship.

The most recent research into the practice of filial therapy can be found in *Effectiveness of Filial Therapy For Korean Parents* by Mikyung Jang (2000). She demonstrated that filial therapy had a positive impact on Korean parents. It helped to improve the child-parent relationship, especially in developing a parents empathic behavior with their children as well as with other family members. Chau and Landreth (1997) reported on the use of Filial Therapy with Chinese Parents. Their positive results were similar to the findings with other populations including single parents and incarcerated parents (Bratton & Landreth, 1995; Harris, 1995; & Lobaugh,1991). Yuen (1997) found that filial therapy for immigrant Chinese parents in Canada produced significant changes in enhancing the parent-child relationship. Glover and Landreth (2000) used filial therapy with Native Americans and the results of their study indicate that Filial Therapy training is an effective method for enhancing empathic responsiveness in parents and for increasing desirable play behavior in children. These results have shown that the Filial Therapy has worked for different ethnic groups.

Rennie and Landreth (2000) found that filial therapy is a powerful intervention for increasing parental acceptance, self-esteem, empathy, positive changes in family environment, and as a consequence, for the childs adjustment and self-esteem. They reported that filial therapy acted to decrease parental stress and childrens behavioral problems. Filial Therapy is effective in helping parents learn basic child-centered play therapy skills that can equip them to become effective therapeutic agents in their own childrens lives. Achieving such systemic family outcomes are the most important objectives of filial therapy.

Guernsey (2000) indicated in her article that by extending Filial Therapy into the 21st Century, parental training skills will become more acceptable. A trainer will teach the skills of the play therapist to parents, then help the parents to transfer and generalize these skills from the playroom to their real-world life with their children. Filial Therapy fits right in with communication and social skills training for families and students in

order to improve problem behavior. It has become clear that filial therapy is a remarkably robust approach that can be applied in various time frames, used either in groups or with individuals, in upscale private practices or in low-income community mental health centers, and with children who have special needs (Ginsberg, 1984; Sywulak, 1984.)

It seems that practitioners who have gained experiences with this method, either through courses or professional workshops, are inspired to extend its use to those populations of interest to them. Filial Therapy can work with different populations of parents and children when clinicians think that it would be appropriate. Including a parent in the play session in a therapeutic role can bring about changes in both parent and child in ways that cannot be achieved so quickly and completely via standard [orthodox] methods of working with parents independently, even while in some parallel manner. While including the play sessions seems like a natural next step in the transition from parallel forms, as Baruch (1949) and Moustakas (1959) concluded, it is obviously an entirely different phenomenon when parents are defined *from the outset* as potential helpers instead of threats or harmers to their children. This technique also finds support as being consistent with established systems approaches to family therapies. Moustakas (1959) mentioned that both the trends and proficient advocates of Filial Therapy have come together to make it possible for interested practitioners to offer parents a solid, robust, empirically valid, pleasant to take, and rewarding therapeutic experience (p. 12-13.) Above all, the research results have shown the effectiveness of Filial Therapy, that it can be safe and applicable to Korean parental training, and would therefore benefit and enhance Korean parent-child relationships.

## 2. Objectives of Filial Therapy

The early form of Filial Therapy was a method of teaching parents of emotionally disturbed children how to relate empathically to their children for prescribed periods of time. The goal of the play period is to enable the child to work through his/her emotional problems with play in a therapeutic atmosphere of parental empathy, reflective listening and unconditional acceptance. Through Filial Therapy training

sessions, parents learn to become a constructive force for changes in their children's play behavior by means of special weekly play sessions with their children. The goal of Filial Therapy is to facilitate the emotional and interpersonal development of children, particularly those who have experienced problems in these important life areas. Parents are to serve as facilitators in order to establish and maintain an optimal relationship between themselves and their children (Guerney, 1969, 1970, 1976, 1980, 1982, 2000.) Filial Therapy is the program that can teach and train parents to not only cope with emotionally disturbed children but also to enhance a healthy child-parent relationship.

Filial Therapy is intended to allow the child to communicate his/her thoughts, needs, and feelings to the parents, by means that bring to the child a greater feeling of self-respect, self-worth, self-esteem, self-direction, self-responsibility and self-confidence. Filial Therapy also recognizes that as they grow, children need to differentiate and separate from their parents in order to mature in a healthy manner. During the play session, parents change their perception of themselves and their role. They develop a positive and accepting attitude toward their children as well as themselves. The therapy sessions develop a parent's self-confidence and improve a parent and child's self-esteem. Parents are not playing with children just for fun, or just to develop the cognitive aspects of early childhood education. Filial therapy achieves long-term goals for the child's emotionally healthy future. Parents are working and playing to improve the eventual mental health of the teenagers and adults their children become (Guerney, 1964; Erikson, 1963; & Glover & Landreth, 2000.)

### **3. Filial Therapist**

Filial therapists use a psycho-educational framework to teach parents to conduct specialized child-centered play therapy sessions. This training prepares them to integrate 30-minute play sessions once a week with one of their children using the special toys in their home. This training also helps the parents to develop parenting skills and improve their self-confidence about handling their children. Rise Van Fleet (1994) has mentioned as follows in her book about filial therapists:

Filial therapist must be competent and experienced as child-centered play therapists because they demonstrate play sessions for the parents and then train and supervise parents as they learn to conduct them. In other words, filial therapists must be able to practice what they preach. They must also be well versed in child and family development, therapy, and training and teaching skill<sup>374</sup>)

As in any other play therapy sessions, the role of a filial therapist is an important factor serving as a catalyst within the parents group dynamics. A therapists personality and maturity of experience is an important factor for ensuring positive Filial Therapy results.

### III. Implications

In this paper, the filial therapy training model program applied will be that of Landreth (1985, 1993, 1997,1998, and 2000) which utilizes two hours of training week for 10 weeks. The groups of parents studied include those who have children between two and 10 years of age. The parents groups in the proposed program will be defined by seven different categories of membership: (1) one group of non-working parents; (2) one for working parents; (3) one for parents with difficulties such as PDD, ADHD, LD, autism being suffered by their children; (4) one group only for mothers; (5) one only for fathers; (6) one group for both parents; and (7) one group for a single parents. In addition the parents who cant or didnt want to attend in a member of a group will serve as a control for comparing the effects of Filial Therapy among the seven group sessions.

First, working and non-working parents group will be compared for the effects of filial therapy for the parents and children. Then mothers and fathers group will be compared as to the effects of filial therapy. The play therapy training program will be given during the week end, one and half hours in length for 10 weeks. The parents will prepare for the sessions in the use of a special kit of selected toys to provide 30 minutes of structured playtime, once a week with their child. Each parents group will



take a pretest and be interviewed one month before the training, and a posttest and interview one month after the training is over. Tests will be given to the children as well by the same schedule. However, after three months, follow up sessions will be given in addition.

Researchers will plan to give the first filial therapy training in Korea with Cheju National University employees simply because they have younger children and also because it is logistically convenient for them to participate in this experimental process. All of the sessions will be videotaped. The testing instruments to be applied are: Measurement of Empathy in Adult- Child Interaction (MEACI) for the Empathy in ParentChild Interactions is a direct observational scale (Stover, B. Guerney, & OConnell, 1971). For the parenting skills, the Porter Parental Acceptance Scale (PPAS) (Porter, 1945), Parenting Stress Index (PSI) (Abidin, 1983; Chau & Landreth, 1997), Filial Program Checklist (FPC) (Homer, 1974; Sywulak, 1977) to be given in order to measure the effectiveness of filial therapy in reducing problematic child behavior (Rennie & Landreth, 2000). Eventually, the filial therapy training program will be open to preschool teachers and social workers, and for people who work in the orphanage or group home in order for them to receive the benefits.

#### IV. Discussion

In general, parenting in Korean culture is quite different compared to Western ways of parenting as to child play concerns. Most of the parents in Korea have more interest and concern about their childrens cognitive development, rather than in their social and personality development. Furthermore, the Korean family system is very much more closed to the outside environment, but there are fewer boundaries within the parentchild relationship. This absence of well-defined boundaries within the Korean family often causes frustrations and conflicts among family members. Koreans are very emotional and if parents can learn to recognize their childrens emotional needs while they give these play sessions, this insight will help to build a healthier parent child bond and relationship.

Thus, filial therapy training may make possible the long-term effectiveness of

parent-child relationship enhancement, as well as changes of parental perceptions of their role through: (1) the 10 weeks of didactic experiences within the group; (2) the 30 minutes spent with the special kit of selected toys; and (3) the special play time with their children. Parents perceptions will be changed by means of receiving the feedback from the other parents, as well as from training therapists supervision after observing via a videotape recording made during their special play sessions. Parents groups will be very supportive of and become more open with each other in terms of sharing their common problems through this process. They may also recognize their own problems as parents and become more motivated, even eager, to resolve them for their own childrens future. Within the filial group, parents will develop the same common goal--to nurture their childrens optimum mental and emotional health by means of their own improved parenting skills.

Filial Therapy is based on child-centered play therapy. By this means children will develop heightened self-responsibility through giving leadership within the play and therapeutic limited setting. Furthermore, they will learn more self-discipline during their play sessions with their own parents in their home laboratory. Parents themselves also will learn self-discipline through the play sessions in the therapeutic setting. There they can learn to accept that their child is capable of leading the play. Through filial therapy, both parent and child will each grow as the unique human beings they are.

The research results from the Korean parents groups can be compared with the Chinese parents groups. The Chinese groups have shown more effectiveness in achieving outcomes as revealed by the selected measurements scales. This difference is most likely due to the different cultural settings for selecting the samples of participants. The Korean parent groups were selected from families who live in Korea and are thus fully embedded in their native culture. The Chinese parents groups were selected from families who live in the United States and thus are somewhat displaced from their native culture. Glover and Landreth (2000) found that Native American groups have shown an measurable impact of the therapy. Future studies of Filial Therapy for Korean parents, both those who live in America, and those American parents who have adopted Korean children, suggests the possibility of additional interesting and meaningful comparisons.

## References

- Axline, V. M. (1964). *Dibs in search of self*. New York: Ballentine Books.
- Axline, V. M. (1969). *Play Therapy*. New York: Ballentine Books.
- Bratton, S. C., & Landreth, G. L. (1995). Filial therapy with single parents: Effects on parental acceptance, empathy, and stress. *International Journal of Play Therapy*, 4(1), 61-80.
- Bratton, S. C., & Landreth, G. L. (2001). *Filial Therapy Leaders Manual*. Unpublished Documents.
- Bratton, S. C., Ray, Dee & Moffit Kevin (1998). Filial/Family Play Therapy : An Intervention for Custodial Grandparents and their Grandchildren. *Educational Gerontology*, 24:391-406,
- Chau, I., & Landreth, G. L. (1977). Filial Therapy with Chinese Parents: Effects on parental empathic interactions, Parental acceptance of child and parental stress. *International Journal of Play Therapy*, 6(2), 75-92.
- Cleveland, J. & Landreth, G. L. (1977). Childrens perceptions of filial therapy. *TCA Journal*, 19-30.
- Costas. M., & Landreth, G. L. (1999). Filial therapy with nonoffending parents of children who have been sexually abused. *International Journal of Play Therapy*, 1(8), 43-66.
- Fuchs, N. R. (1957). Play therapy at home. *Merrill-Palmer Quarterly*, 3, 89-95.
- Ginsberg, B. G. (1989). Training Parents as Therapeutic Agents with Foster/Adoptive Children Using The Filial Therapy. In C. E. Schafer & Briesmeister(Eds), *Handbook of Parent Training : Parents as co-Therapist for Childrens Problems* (pp. 442- 478) U. S. A: John Wiley & Sons.
- Glover, G.J. & Landreth, G. L. (2000). Filial therapy with Native American. *International Journal of Play Therapy*, 2(9), 57-80.
- Guernsey, B. G, Guernsey, L. F., & Andronico, M. P. (1970). Filial therapy. In J. Hart & T. Tomlinson (Eds.), *New directions in client-centered therapy* (pp. 372-385). Boston: Houghton Mifflin.
- Guernsey, B., Jr., Guernsey, L. F., & Stover, L. (1972). Facilitative therapist attitudes in training parents as psychotherapeutic agents. *The Family Coordinator*, 21 (3),

275-278.

- Guernsey, L. (1976). Filial therapy program. In D. H. L. Olson, (Ed.), *Treating Relationship* (pp.69-91). Lake Mills, Iowa: Graphic Publish.
- Guernsey, L. (1979). Play therapy with learning disabled children. *Journal of Clinical Child Psychology*, 242-244.
- Guernsey, L. F. (1980). Filial therapy. In R. Herink (Ed). *The psychotherapy handbook*. New York : The New American Library.
- Guernsey, L.F. (1983). Introduction to filial therapy: Training parents as therapists. In P. A. Keller & L. G. Ritt (Eds.), *Innovation in Clinical Practice : A Source Book*. Vol. 2. Sarasota, Fl : Professional Resource Exchange.
- Guernsey, L, & Guernsey, B., Jr. (1989). Child Relationship Enhancement : Family therapy and parents education. *Person-centered Review*, 4(3), 344-357.
- Guernsey, L. (2000). Filial therapy into the 21st century. *International Journal of Play Therapy*, 2(9), 1-17.
- Hoffman, B. R., Jennings. G., & Landreth, G. L. (1996). Filial therapy perceptions of the process. *International Journal of Play Therapy*, 1(5), 45-58.
- Jang, M. (2000). Effects of filial therapy for Korean parents. *International Journal of Play Therapy*, 2(9), 21-38.
- Kale, A. L., & Landreth, G. L. (1999). Filial therapy with parents of children experiencing learning difficulties. *International Journal of Play Therapy*, 2(8), 35-56.
- Kim, Yang Soon (1977). A Study on the Domestic Family Life in Cheju Island. *The Journal of Korean Home Economics Association*, 15(1), 55-69.
- \_\_\_\_\_ (1979). A Structural-Functional Approach of the Theory of the Korean Family. *The Journal of Korean Home Economics Association*, 17(3), 61-69.
- \_\_\_\_\_ (1986). A study of the Korean family interaction. *Cheju National University Journal*, 23, 419-429.
- \_\_\_\_\_ (1989). A study on the shamanism and family life in Cheju Island. *Cheju National University Journal*, 28, 277-298.
- \_\_\_\_\_ (1998). A study on the influence of music upon the playing of emotionally disturbed children. *Cheju National University Journal* 14, 343-360.
- \_\_\_\_\_ (1999). A study of therapeutic education for autistic children. *Korean Journal of Play Therapy* 2, 97-114.

- \_\_\_\_\_ (1999). Effects of the expressive arts therapy for the behavior modifications of an autistic child. Unpublished Doctoral Dissertation, Dongkook University, Seoul, Korea.
- Kim, Y. S., & Jung Duk, L. (2000). Effects of the expressive arts therapy for the behavior modifications of an autistic child. *Korean Journal of Play Therapy* 3 (2), 23-40.
- Kim, Yang Soon(2002). A Case Study of Filial Therapy Training for Child- Parent Relationship Enhancement ; based on Developmentally Disordered Children and their Siblings. *Korean Association for Play Therapy*, 5(2), 3-13.
- Kraft, A., & Landreth, G. L. (1997). *Parents as therapeutic partners : Listening to your childs play*. Northvale, NJ: Jason Aronson.
- Landreth, G. L. (1993). Child-centered play therapy. *Elementary School Guidance & Counseling*, 28(1), 17-29.
- Landreth, G. L. (1991). *Play Therapy : The art of the relationship*. Muncie, IN: Accelerated Development.
- Lobaugh, A. F. & Landreth, G. L. (1998). Filial therapy with incarcerated fathers: effects on parental acceptance of child, parental stress, and child adjustment. *Journal of Counseling & Development*, 76, 157-165.
- Moustakas, C. (1959). *Psychotherapy with children: The living relationship*. New York: Happer & Row.
- Rennie, R. & Landreth, G. L. (2000). Effects of filial therapy on parent and child behaviors. *International Journal of Play Therapy*, 2(9), 19-37.
- Van Fleet, R. (1994). *Filial Therapy: Strengthening parent-child relationships through play*. Sarasota, FL: Professional Resource Exchange.
- Van Fleet, R. (1994). Filial Therapy for Adoptive Children and Parents . In. C. E. OConnor & Schafer (Eds), *Handbook of Play Therapy: Advances and Innovations* (Vol. 1), (pp.371-385). U. S. A: John Wiley & Sons.
- White, J., Flynt, M., & Draper, K. (1997). Kinder therapy: Teachers as therapeutic agents. *International Journal of Play Therapy*, 2(6), 33-49.
- Yuen, T. C. (1997). *Filial Therapy with immigrant Chinese parents in Canada*, Unpublished Doctoral Dissertation, University of North Texas, Denton, TX.

<Abstract>

## 한국의 부모-자녀 관계 증진을 위한 부모-자녀 놀이치료 훈련 효과에 대한 이론 고찰

김 양 순\*

이 논문은 한국 부모들에게 Filial Therapy (부모-자녀 놀이치료) 훈련 프로그램 개발을 위한 이론적 고찰이다. 아동들이 정신적으로 건강한 성인으로 성장하기 위하여 부모들이 가정에서 직접 놀이치료를 실시할 수 있도록 아동중심 놀이치료 기술을 배움으로서 자녀들을 이해하고 대화하는 새로운 틀을 만들어 부모와 자녀가 함께 성장하여 건강하고 행복한 삶을 영위할 수 있도록 하기 위한 것이며, 건강한 사회를 만들어 나갈 수 있는 기초를 만들기 위한 것이다. 또한 추후에 Filial Therapy에 대한 연구를 하게 될 분들을 위하여 이 분야의 최근 이론들을 고찰하였다.

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