

Reaching out to single parent children through filial therapy

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Abstract: Single parenthood as a common psychosocial phenomenon seems to be regarded as one of the most significant issues in the psychological domain and needs to be taken into serious consideration due to emotional, psychological, and social problems created by it. With regard to the rapidly growing population of single parents and their children experiencing relationship-based problems, interventions which deal with relational issues are worth in-depth explorations. This study was primarily concerned with the betterment of single parent-child relationships. For the purpose of this research, a case study was conducted to probe into the impact of filial therapy—a relationship-enhancement family/play therapy—on (1) reducing children’s problem behaviors, and (2) ameliorating parent-child dysfunctional relationships through improving parenting knowledge and skills. The intended data for the study was gathered through (1) pre-post play observation, (2) parent’s self-reports, and (3) the reports obtained from a kindergarten trainer. The outcomes of this one-month long case study revealed that filial therapy has the potentiality in enhancing and rebuilding parent-child relationships through teaching single parents the skills necessary for coping with the problems accelerated by the newly developed situation, which might be seen as a result of single parenthood (e.g., childhood problem behaviors, parent-child relational problems, lack of adequate parenting knowledge and skills). In the end, this article concludes a few suggestions for future studies in this field.

Key words: parent-child relationship; play in therapy; filial therapy

1. Introduction

Although the focus of family researchers on single-parent families can be traced back to the World War II due to the negative impacts of father-absence on male children (Hanson, 1986), the recent years have witnessed an increase in single-parent families resulted from situations such as divorces, separations, hospitalizations, incarcerations, desertions, out-of-state employment, and so on (Hamner & Turner, 1990). Irrespective of the fundamental reasons for developing single-parent families, the majority of this population faces various sorts of stressors and changes precluding them from experiencing a healthy life, especially those who are restricted to a very challenging situation as divorce. With respect to the high vulnerability of children of divorce against the various types of developmental conflicts, Mendell (1983) considered divorce as a “developmental interference” in the sense that it prevents children to perform their phase-appropriate tasks. A great deal of attention has been devoted to this psychosocial phenomenon by mental health researchers since many psychological, emotional, social, and economic problems can be created by it. According to Ray, et al (2000), the increased prevalence of

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this population necessitates consideration due to their increasingly recognized and poorly served needs.

In an obvious sense, parental divorce is viewed as one of the main stressors experienced by children, making it as a defining research topic due to its dramatic increase during recent years. Having a glimpse at the related statistics indicates a great deal of focus on single-parent families in the literature in general (e.g., Bumpass & LU, 2000) and in Iran in particular (e.g., Moosavi, 2004). In today's climate of sky-high divorce rates, Iran also suffers from those marriages which end in divorce. On a statistical note, for instance, Iran has witnessed a dramatic increase between years 1994 to 2002 so that the divorce rate maximized from 7.9% to 10.4% (Moosavi, 2004). In another report made by Alizadeh (2004), the divorce rate has changed from 8.24% in 1999 to 12.21% in 2004. Various factors are considered as the major roots of divorce in the nation. Based on the results reported by Holakooi, et al (2004), the reasons for divorce could be ascribed to the factors such as lack of mutual understanding between couples (83%), addiction (42%), their standard family interference (33%), financial problems (30%), and parental psychopathology (24%), indicating an unstable relationship between the family system. Of note, the last two factors are less frequent than the others reported earlier.

Among many issues that happen to families experiencing transition to a new post-divorce lifestyle, child-rearing problems, parenting difficulties, and feeling of loneliness have been reported as the major challenges faced by Iranian divorced parents who are overwhelmed by newly developed psychological demands (Holakooi, et al., 2004). This issue has always been the focus of studies in the relevant field. For instance, single parents (especially single mothers who are seen as the main victims of single-parent families) are overwhelmed by various difficulties such as: (1) taking new roles and responsibilities, (2) being absorbed with their own needs, (3) having a poor communication with their children, (4) facing a shift from old interaction patterns to the new social roles, (5) feeling lack of social support in their newly developed situation, (6) feeling more stress, (7) adopting restrictive, inappropriate, and punishing parenting behaviors, and (8) feeling social isolation (Wallerstein & Kelly, 1980; Hetherington, 1981; Colletta, 1983).

Apart from studies conducted to highlight the negative effects of single parenting on families, a wide variety of studies are related to the negative consequences of single parenting on children (e.g., Wallerstein & Blackeslee, 1989; Amato & Keith, 1991). Viewed more generally, children experiencing negative, dysfunctional, and high-conflict home atmosphere are more likely to exhibit externalizing problems (e.g., aggression, noncompliance, conduct behaviors), internalizing problems (e.g., anxiety, depression, withdrawal), social problems, and may also develop a negative and distorted view of themselves and the world at large (Davies & Cummings, 1994). Among the main factors which appear to play a crucial role in exacerbating divorce's effect, Kalter and Rembar (1981) put a great emphasis on the child's age as one of the main factors so that the younger the child at the time of divorce, the greater its negative effects. For instance, children (esp. those between the ages of 4 and 8) whose families are deteriorated by their parents' divorce or separation experience feelings of helplessness, fear, insecurity, sadness, anger, aggression, anxiety, moodiness, and dependency because they understand more but do not have the maturity to cope appropriately with the newly developed situation surrounding them (Wallerstein, 1983; Wallerstein & Kelly, 1980). These children may also exhibit depression (Wallerstein & Kelly, 1980) and behavioral and learning difficulties (Astone & McLanahan, 1991). Also, many studies indicate that children of single-parent families are at greater risk for experiencing clinically significant levels of mental health problems (Hetherinton, et al., 1992). Additionally, children from single-parent families are more prone to encounter different problems in their future life when their problems left unnoticed (e.g., having problematic relationship with their partners, having lower educational achievement, having economic problems) (Amato & Keith, 1991;

Wallerstein & Blackeslee, 1989). A meta-analysis implemented by Amato and Keith (1991) illustrated that single parenthood was considerably associated with psychological maladjustment, low self-esteem, child misbehavior, dysfunctional relationships, and academic failure. Their study also revealed that children of divorce showed lower scores on adjustment measures compared with children of intact families.

By reviewing the literature, it becomes evident that the related experts have appealed to the approaches and practices which consider parenting behaviors and parent's emotional adjustment as mediators of the effects of divorce on children, meaning that the multiple demands placed on divorced single mothers may simply lead to inappropriate parenting (Amato, 2000). Believing in parenting problems as a major issue, Amato (1993) opines that the challenges faced by the single-parent families were multiplied by the practical and emotional demands of parenting which needs to be met. In fact, all the negative experiences obtained by single parents (esp. single mothers), according to Hamner and Turner (1996), jeopardize their standard of living and result in poor adjustment and coping, ineffective parenting, and poor parent-child relationships. This means that inappropriate parenting and parents' inability to communicate, discipline, empathize, problem solve, and to cope with the experienced stress put them in a huge risk of psychological maladjustment (Sandler, et al., 1994; Holloway & Machida, 1991). In another study conducted by Wolchik and colleagues (2007), it was recognized that replacing positive parenting techniques with negative and coercive parenting methods could result in positive outcomes in both single parents' behaviors (e.g., experiencing less stress and depression) as well as their children's misbehaviors (e.g., less aggression, positive peer relationship, high adaptability and productiveness at school, less depression). All these could logically lead to the implication that the quality of parent-child relationship needs to be looked at as a double-edged sword in the sense that dysfunctional parent-child relationship could jeopardize children's adjustment and positive and constructive relationship could maximize the mental health of parents in general and children in particular.

In actuality, single-parent families face different kinds of problems which necessitate therapeutic intervention. Based on the literature review, although the characteristics such as social support, physical/mental health, problem solving, degree of religiousness, and socioeconomic status have been documented as positive, healthy, and supportive characteristics of single-parent families (Hanson, 1986), effective parenting and parental support have been acknowledged as an important factor in assisting these families to cope with problems of single parenthood (Wallerstein & Blackeslee, 1989; Amato, 1993). Based on the concerns voiced by psychological quarters regarding the negative effects of single parenting on these families (esp. children), an important step toward improving the well-being of this population can be enhancing parent-child relationships. According to Hamner and Turner (1996), intervention strategies for at-risk population should be based on helping parents (1) learn skills necessary for effective parenting, (2) cope with specific life issues, and (3) deal with psychological and social stress resulted from single parenting.

With regard to the importance of healthy parent-child relationships in promoting mental health of families, little work has been done to explore the effectiveness of relationship enhancement therapy on the psychological well-being of the at-risk families. Therefore, to narrow this gap in the intervention studies in Iran (Alivandivafa & Khaidzir, 2008) and in the literature (Bratton & Crane, 2003; Bratton & Landreth, 1995), the present research intends to illustrate the possible effectiveness of filial therapy as a relationship-based family/play therapy on the mental health of a single-parent family.

2. Filial therapy review

2.1 Filial therapy

Although the history of parental involvement in the therapeutic process could be traced back to the 1900s (e.g., Freud, 1959), the most structured program for training parents as co-therapist in order to create a healthy family system was developed by Gureneys during the 1960s (Guerney, 1964). Filial therapy (FT) as a way to enhance and strengthen parent-child relationships through teaching parents necessary skills to become therapeutic agents in dealing with their own children's social, emotional, and behavioral problems and improve the mental health of families. Filial therapy (FT) as a relationship enhancement family/play therapy involves teaching parents necessary skills to establish and build positive and constructive relationship with their children through utilizing children's developmentally appropriate language i.e., play. Filial therapy as a psychoeducational intervention involves parents directly in their children's treatment process by training them in child-centered play therapy skills (Axline, 1947). As a student of Carl Rogers (1951), Axline translated his theory and therapeutic methods into a play therapy model useful for children. Based on Axline's child-centered play therapy, if a child is allowed to lead the way in a psychologically positive play atmosphere created by parents without any criticism, judgment, interpretation, and question, he will feel safe enough to release his self-healing powers, leading him toward psychological well-being. In simple, the primary goal in child-centered play therapy is self-directed growth and change in the child. Inspired by this method, FT aims at helping parents become the agents of change in their children's lives through conducting play therapy sessions with their own children (VanFleet, 2005). As a matter of fact, the salient goal of FT is to train parents to learn how to execute as a play therapist.

Guerney (1997) asserted that most of the childhood problems originated from parents' failure to learn how to understand their children's world and needs accordingly. In fact, the main assumption of FT rests on the fact that the parent-child inappropriate and dysfunctional relationship could be somehow regarded as the locus of child's problem which should be targeted to intervene (Guerney, 1969). Therefore, most emotional, behavioral, and social difficulties of children arise partly from a lack of parenting knowledge and skills, namely problems originate from lack of parent-child mutual misunderstanding (Guerney, 2003). FT, as an attachment-based approach, shifts the focus of attention from child as an identified patient toward the parent-child relational issues so that parents are taught some necessary skills to respond to their child's emotional and behavioral needs effectively and appropriately, rather to react impulsively. Thus, the focus of FT intervention is on enhancement of the parent-child relationship and parenting skills rather than focusing on children's problem behaviors, meaning that it is relationship-focused rather than problem-focused. This approach is based on an assumption that providing a psychologically safe and secure play climate on the part of parent(s) assists children to express their inner world in a play situation, since they are developmentally unable to express themselves verbally (Landreth, 2002).

Through FT, parents are taught four relationship-based skills (i.e., structuring skill, emphatic listening skill, child-centered play skill, and limit-setting skill) in order to help parents (1) deal with their children's problems, (2) understand their needs, (3) develop positive and constructive parent-child relationships, (4) understand the vital role of play in child life, and (5) improve their sense of competency and confidence in their everyday parenting. Accommodating such constructive skills, FT can provide a climate for parents to find a way out of repetitive cycles of unhealthy communication patterns (VanFleet, 2005). When these communication gaps are bridged, they feel more validated and will be able to master their difficulties, stress, and anxieties. Put differently, an affirmative and constructive interaction between family members (esp. parent-child relationship) can be considered as a secure base for development of psychological well-being in children and their families as well. According to Guerney (2003), the most salient objectives of filial therapy ought to be sought after in the following:

- (1) To enhance the parent-child relationship;
- (2) To reduce problem behaviors in children;
- (3) To optimize child adjustment and increase child competence and self-confidence;
- (4) To improve parenting knowledge and skills.

Through filial therapy, parents are taught to conduct play sessions both deductively and dynamically, namely the teaching process needs to be transformed into practice under the direct supervision of the therapist (VanFleet, 2005). This combination of teaching-learning process has set the FT apart from other parent-training programs. There are some major differences between filial therapy as a psychoeducational model and other parent-training approaches. For instance, the main focus of the filial therapy as a didactic/dynamic approach is on training parents as co-therapists in some FT skills in order to understand their children's behavior. Another major distinction which can be attributed to FT is that "play" is given a high premium in a sense that it is approved to be a developmentally appropriate way to approach children. Landreth (2002, p. 14) advances an argument for the application of play in child therapy, stating that "play is the children's natural medium of communication. Children express themselves more fully and more directly through self-initiated, spontaneous play than they do verbally because they are more comfortable with play". He goes on to add that play is the best way for children to resolve their problems and communicate their feelings. Put it in other words, since play provides a context in which children feel more comfortable, and tend to show their real selves while engaged in self-initiated and spontaneous play. In fact, play is the natural language-like medium for children to get their meaning across, to express themselves, and to contact within their immediate surroundings. Landreth (2002) argues cogently that verbal communication with children transients their zone of comfort. In other words, to communicate with words is like having children adjust beyond their level of development.

The efficacy of filial therapy as a therapeutic intervention has been shown through research and over 40 years of clinical use (VanFleet, 2005). According to VanFleet, et al (2005), FT has been used successfully as a preventive program to strengthen families and also as a therapeutic intervention for many child/family problems such as anxiety, depression, abuse/neglect, children with ODD, ADHD, conduct behavior problems, obsessive-compulsive disorder, social difficulties, bipolar disorder, trauma, grief, single parenting, adoption/foster care/kinship care, attachment disruption, high conflict divorce, traumatic events, anger/aggression problems, chronic medical illness, step parenting, relationship problems, multi problem families, etc (VanFleet, 1994). The results of a meta-analytic review done by Bratton, et al (2005) reveal the positive outcomes of filial therapy which involves parents fully in the treatment process.

In being so, as VanFleet (2005) postulates, filial therapy as a relationship enhancement play-based approach can be looked at as a developmentally appropriate approach in decreasing children's symptoms, developing coping strategies, increasing positive feelings of self-worth, self-confidence, self-esteem, and positive perception of children as well as their parents about each other's feelings. That FT is built on such perspectives has caused FT to be a widely used approach in specialized populations in general and single-parent families in particular.

2.2 FT and single-parent families

Based on dynamic systems theory, families are changing entities (continuous morphogenesis) rather than a morphostatic state (Scanzoni, et al., 1989). Single parent families create single-parent families in which the family enters the process of restructuring family unit by altering their functioning over time (Hetherington, 1979, 1988). In simple, children' adjustment is affected by the quality of this process so that the more the protective factors, the more adjusted the children will be. Thus, a positive or negative change in one family member often penetrate into

the entire system, meaning that if only one parent is willing to work on improving communication, the parent-child subsystem is going to be remedied. This perspective helps one to see divorce as a change in the restructure of family relationships, rather than an end to them.

In addition to the studies emphasizing the negative outcomes of single parenthood on children and their single parents, recent years have seen a growing acceptance that negative factors linked to single parenting could result in distorted parent-child subsystem (Nichols, 1985; Glazer & Kottman, 1994; Ray, et al., 2000). In other words, problems stemmed from single parenting develop a difficult situation for single parents to sustain healthy parent-child relationships which in turn lead to more negative child behaviors. Thus, the psychological well-being of single-parent families is strongly associated with the quality of parent-child relationships (Wallerstein & Kelly, 1980). According to Peterson and Zill (1986), dysfunctional parent-child relationships could maximize the likelihood of psychological maladjustment in both parents and their children. On the one hand, single parents overwhelmed by their own needs are relatively unable to respond to their children's wants and behaviors effectively (Hetherinton, 1981). On the other hand, children of single-parent families have negative attitudes toward their parents and may also be plagued by negative psychological feelings such as sadness, fear, insecurity, lower social competence, distractibility, dependency, and withdrawal (Wallerstein & Kelly, 1980; Hetherinton, 1988; Amato & Keith, 1991). These negative interaction patterns developed among single-parent families has been elaborately mentioned by Satir (1972). Satir notes that single-parent families are more prone to develop a skewed picture of family relationships, that is, they are handicapped by the inappropriate messages conveyed between the children and the remaining parent (usually mother).

Although effective parenting is considered as a challenging task for all families, single parents are in great danger for parenting difficulties (Hamner & Turner, 1990). The fact of the matter is that most of the single-parent families experience suffering caused by lack of appropriate and healthy parenting and relational skills (Landreth, 2002). This issue has been elaborately stated by Landreth's (2002, p. 366), expressing that "the nature of the parent-child relationship is of primary importance to the present and future mental health of children". It would follow from this that one of the most effective ways of improving the mental health of single-parent families can be related to the parent-child relationship enhancement strategies.

The underlying reason of utilizing FT as an effective intervention for single parent families relates to its major goal of enhancing parent-child relationship (Guernsey, et al., 1985), the issue which has been in the focus of parent-based interventions in the literature (e.g., Wolchik, et al., 2007). Based on the FT research review, FT has shown positive impacts on children and their parents in various problematic family situations such as incarcerated parents (Lobaugh, 1991), adolescent parents (VanFleet, 2003), incarcerated mothers (Harris, 1995), and single parent families (e.g., Bratton & Landreth, 1995). Therefore, as it is obvious, single-parent families could be regarded as one of the target population for implementing filial therapy due to their relational and parenting difficulties that they face. FT with families undergoing divorce has shown to have very positive effects, for instance, on (1) improving parental acceptance, empathy, and stress (Bratton & Landreth, 1995), (2) improving parenting skills in communication, discipline, and self-esteem (Glazer & Kottman, 1994), (3) improving adjustment problems of single parents of young children attending in community colleges (Ray, et al., 2000), and (4) solving parent-child post-divorce difficulties and fostering healthy parent-child relationships (Bratton & Crane, 2003). According to Glazer and Kottman (1994), for instance, promoting positive, healthy, and powerful parent-child relationship in a caring and unconditional climate created through play by trained parents is regarded as the most important element of FT in helping single-parent families move toward developing healthy family system.

3. Case study

The present study aimed at showing the doability and feasibility of a very least-talked-about field in Iran, termed as filial therapy on improving the mental health of one single-parent family. This study primarily focused on training one single-mother in basic filial skills through using play as children's developmentally appropriate language in order to enhance constructive and positive parent-child relationship. The names and identifying information of this family in the following case study have been disguised in order to protect their privacy.

3.1 Family information

Linda was a 5-year-old girl exhibiting some problem behaviors. She was referred to the treatment by her kindergarten's trainer and administrator due to her tantrums, anger, moodiness, poor peer-relationships, and manipulative and crying behaviors. Her mother (34 years old) agreed to participate in the FT program along with the therapist, although she provided a completely different picture of Linda. Based on her description, Linda was a special child in that she behaved beyond her age. For instance, she talked about Linda as a child with high self-esteem and self-control behaviors. She also described her as a child who was very intelligent, polite, kind, appreciative, dependable, responsible for her personal things, and respectful of others' rights. The mother behaved, in a sense, as a perfectionist mother with high and developmentally inappropriate expectations, as noted in her responses in the intake interview session: "We are both perfectionists", and "While we are together, we feel perfect", and "I cannot tolerate her inappropriate behaviors, which, of course, there are not any". She also emphasized on Linda's high willingness to be an independent person, the point which contradicted her claims made later. Attempting to talk about her major and inner worries (that she claimed that she had never talked about them with any other person to date), she had doubts about what she was going to say. After trying hard to highlight her child's positive behaviors, she finally gave up and decided to point out the negative features of her child's behavior. She initiated her talk stating that Linda was very dependent on her even in making a very simple decision. Also, she said that Linda showed ambivalent and conflicting feelings toward her father, so that she sometimes showed hatred and sometimes she expressed a desire to see him. She also added that Linda was most often disobedient and angry, but she considered these behaviors as positive points and referred to them as independence.

As is evident, her statements reveal contradictory points, indicating her fears, worries, and her emotionally struggling behaviors. According to her story, Linda's father left them when she was 4 years old. After his leaving, they were living with her maternal grandparents. She described her husband as a mentally ill person by saying that "He suffers from multiple personality disorder, although he had not showed any symptoms until their baby's birth". She believed that their family interactions changed negatively when Linda entered their life in such a way that some severe marital conflicts developed. The improper father-child relationship was also the point that she often put an emphasis on. It appeared that she blamed her husband as the main cause of Linda's problem behaviors. All these challenges forced her to give up her job (computer business). The absence of her father along with the negative attitudes shown by Linda's mother and grandparents caused her to experience some conflicting feelings towards her father, which in turn resulted in her challenging behaviors.

3.2 Family play observation

During the intake interview, the mother-child play observation session was conducted to (1) evaluate the quality of mother-child relationships, (2) target the inappropriate interaction patterns, (3) highlight the mother-child relational strengths, and (4) ensure the accuracy of FT as an appropriate intervention. Conducting 30-minute mother-child play observation revealed some relational and parenting flaws in their interaction patterns.

The mother, for instance, paid a close attention to her child in order for her child to act properly. Every move that the child made was controlled by her mother. The mother could not tolerate her child's request which were not agreeable to her. Because of the mother's idealistic behaviors, she was judgmental to any single act of the child. This was also evident in the mother's statements made during the interview session. For example, she praised her child and tried to cover up her inappropriate behaviors. Such behaviors on the part of the mother made the child wait for her mother's contentment, support, praise, and approval for any single action that she made. It seemed that Linda had been restricted in her mother's developmentally inappropriate and unrealistic expectations. These behaviors were evident in her mother's explanations of her child stating that "Linda is not an ordinary child, but she behaves and thinks as adults".

The play observation led the therapist to the conclusion that Linda's misbehaviors on her mother could be attributable to her mother's inappropriate parenting styles and unreal expectations, which in turn, could stem from her own unfulfilled emotional needs. That is to say, she had difficulties meeting her own needs developed after her husband's leave. It seemed that some of the Linda's dependency and inappropriate behaviors were her responses to the mother's extremely controlling behaviors, in that she could not bear any developmentally improper behaviors of this age (e.g., anger, disobedience) from Linda. Therapist-mother intake session also showed that she had some negative and conflicting feelings toward her life, her husband, and Linda as well, so much that she was extremely willing to participate in the FT program suggested by the therapist.

Overall, analyzing and interpreting all the data obtained from the intake sessions revealed two very salient issues: (1) disallowing the child to feel safe enough to express her inner feelings and world, and (2) decreasing mother's developmentally inappropriate expectations, and increasing her parenting skills and knowledge regarding her child's and her own needs as well. In fact, it was thought that reestablishing and creating an appropriate, understanding, empathic, and positive mother-child relationship could help them express their feelings in a more proper manner. That is, expressing both positive and negative feelings in an accepting, nonjudgmental, and nonthreatening environment preclude the development of inappropriate and negative behaviors and feelings, the point which has been greatly emphasized by FT interventions (VanFleet, 2005).

3.3 The FT process

The 8 one-and-half-hour FT sessions (in eight consecutive weeks) were conducted at the clinic designated for filial therapy purposes by the present researcher. Prior to implementing the actual FT intervention, one mother-therapist intake session was held in order to glean the related information. This session was comprised of (1) trainer-mother interview regarding child-related and family-related issues, and (2) a 20-minute play-observation session in order to have a clear view of the quality of the mother-child relationships. Attempts were made to adhere to the basic tenets of the FT program, therefore the following overall procedures were taken:

(1) Explaining the rational and methods of FT to the mother, and answering her questions regarding the FT process. The first session initiated discussion on the basic principles and potential benefits of the program for the mother. Then, the therapist (trainer) provided an overview of FT process and made a clear explanation of the role of play in the child's life. Also, efforts were made to explain to the mother how child-centered play therapy is used for assisting children to gain a sense of mastery of self. At the end of the session, the mother was provided with a handout about the significant role of play and mother-child relationship in children's psychological well-being.

(2) Demonstrating play sessions while she was watching and recording questions. The discussion session was held later. The second session started with reviewing the homework assignment. The overall focus of this session was on demonstrating child-centered play sessions in the presence of the mother. All questions regarding the

session were discussed later on. At the end of the session, the mother was provided a translated version of FT skills overview for increasing her basic knowledge in this regard.

(3) Training the parent in the four play session skills. Sessions three and four followed the same pattern. Having discussed the homework assignments and parent's questions, the trainer began to discuss the rationale of FT skills. The four basic skills which were elaborated on were as follows: (a) structuring (parents learn how to manage the overall structure of the program), (b) empathic listening (parents learn how to understand and accept their children's needs), (c) child-centered imaginary play (it helps parents to engage in pretend play in a child-like manners), and (d) limit setting (parents learn how to conduct the rules of the play sessions and help children understand their boundaries). Also, each skill was completely explained and practiced through mock play sessions in which the trainer pretended to be a child and the parent practiced the four basic skills.

(4) When the trainer ensured the parent's ability to conduct play sessions without much difficulty, the parent prepared herself to start filial play sessions with her own child under the direct supervision of the trainer. Every practice was followed by the mother-trainer discussion and the parent was given the necessary feedbacks. This practice took one full session.

(5) The next three sessions followed somewhat the same pattern. When the trainer made sure that the parent had no significant problems in conducting FT program with her child, filial play sessions were transferred to the home setting. The general format of the remaining sessions was based on (a) discussing the quality of home-play sessions, and (b) discussing the play themes recognized by the parent, and helping the parent maintain and generate the skills necessary for the everyday life.

3.4 Linda's play themes

Although a number of themes were identifiable in Linda's play, the family-related (family relationships) theme was the one that mostly repeated. For example, Linda often played with the family doll house, trying to put the whole family close to one another. Her feelings during the play session were consistently fluctuated between joy, fear, and anger. Her joy was evident in her requests. She kept on asking her mother not to end the play session. Hitting on a bop bag with her hand or a sword was the most salient features that showed her anger. With regard to her mother's critical character, the whole session was, in a sense, interwoven with a feeling of fear on the part of Linda, so that she couldn't express her negative feelings freely.

Control was another main theme detectable in her play. She liked to create a family situation in which she could take control of every action that her mother made (just like what she did when Linda played). In simple, although she experienced a great fear of losing her mother (which was evident in her frequently hugging behaviors that, of course, was not acceptable behavior by her mother), it seemed that she liked to have more freedom till she could be herself without any dos and don'ts.

On occasion, she tested limits in order to see her mother's reactions. The feelings of joy and fear were associated with her limit-testing behavior. Linda's mother had great difficulties setting limits in the appropriate time and manner. The way she behaved in the play session indicated her struggling to accept Linda's behaviors which had been already considered as improper behaviors.

Linda's willingness to be independent was completely visible in her play behavior. Although it appeared that she was sensitive to her mother's reaction in any movement she made, she loved playing alone. For instance, when Linda preferred to be in her own world playing alone, her play was interrupted by her mother asking her to explain what she was doing. In fact, it seemed that Linda's behavior showing dependence was rooted, in a sense, in her mother's inner desire to make Linda a mother-dependent person. This obviously revealed the mother's own

unsatisfied needs and her fear of losing her child as well.

3.5 Intervention and follow-up results

On the base of the FT intervention, the quality of mother-child relationships changed positively. The results of the FT effectiveness were evident in not only the mother-child post-play observation, but in the therapist-mother interview during the final assessment session. Moreover, the desired outcome i.e., an increase in the mother's parental acceptance was observable in the mother-child post-play session. For instance, sitting comfortably in one corner of the playroom and watching her child's play enthusiastically, she tried to apply the FT skills in an appropriate manner. According to the mother, it was totally a new experience for her to have a mother-child relationship without criticizing and correcting behaviors. In addition, her limit-setting problems which were evident in the beginning session were clearly minimized, so that she could understand the actual meaning of appropriate parental control without hurting child's feelings. Based on her statements, she was completely restricted in ambivalent feelings and personal needs hindering her to have an effectual parenting. She also added that her conflicting feelings did not allow her to make the right reaction against Linda's inappropriate behaviors or misbehaviors. She went on stating that "I had never noticed the differences of our worlds, the point which become clear to me through play, which ultimately allowed me to enter Linda's inner life".

The other advantage of this intervention is related to the changes occurred in the mother's overall perspective. Based on her own words, "I considered Linda totally different child from others. I never thought that she possesses a special world of her own and also very different needs which need to be fulfilled. When I come to think of it, I realize that she had never been allowed to be herself in her own world".

According to the kindergarten's report, Linda's misbehaviors decreased remarkably so much that she showed willingness to participate in the required activities, the point that her teacher had always complained about. Based on their report, she enjoyed being in the kindergarten and did not show crying behaviors any more.

Since they had been required to continue the weekly home-play sessions for at least five or six consecutive months, a four-month-follow-up study was conducted to examine the maintenance of the obtained outcomes. Based on a phone-conversation, the mother-child play sessions continued and they experienced very positive changes in their relationships. The grandmother who they lived with was also thankful for the mother-child positive and constructive changes, making their life more delightful. It should be, therefore, noted that such a subjective evaluation by others could be used as a way of showing the applied importance, or rather the clinical significance of the intervention. This is because the effect of the treatment has also been noticed by significant others; in fact, such people have a critical role in identifying the changes that take place after the treatment.

4. Conclusion

As is well known by now, the major intention of this study was to examine the effectiveness of FT on an Iranian single-parent family and also to find out what contributions it could possibly make. In the light of the obtained results, FT as a relationship enhancement family/play therapy could convey effectual positive outcomes for the child, mother, and the family as well. In fact, it was not only effective in ameliorating the child's problem behaviors, but it could increase parenting knowledge and skills and parental awareness about (1) her own unsatisfied needs, (2) the importance of play as the child's developmentally appropriate language, (3) the child's psychological needs, and (4) the quality of parent-child relationship in developing and escalating most of the children's problem behaviors. It could also effect changes in the mother's unrealistic developmental expectations

by which most of Linda's conflicting feelings and misbehaviors were justifiable. In closing, it is worth noting that the present-day single-parent families can possibly lead a life devoid of some waxing problems with appropriate contributions offered by psychological professionals who attempt to see into the unseen. It is hoped that the research of this kind could pave the ground for those who design and evaluate effective interventions and for practitioners who implement them.

5. Implications for further research

Regardless of any results obtained from any psychological research, it has always been a thoughtful idea to interpret outcomes cautiously, in that different researchers might come up with different results in different contexts. Logically, this weak point could be greatly strengthened by implementing further research. Likewise, this study suggests a need for further research so as to gain a better understanding of the intervention effectiveness. The most defining issues requiring research-based attention are summarized as follows:

(1) Based on the research lacuna felt in the area of relationship-based and play-oriented interventions in the nation (Alivandivafa & Khaidzir, 2008), it will be instructive if this study is duplicated with a larger sample.

(2) With regard to the original basis of FT treatment program, implementing FT in a group-based format will facilitate examining its potentiality in helping divorced parents to fulfill their psychological needs. Additionally, it could be highly cost-effective when the program is implemented in groups.

(3) The length of the intervention in this study was determined by the mother due to her familial problems; the duration of the FT program and also the length of sessions are important therapeutic issues which require to be studied.

(4) With regard to the fundamental objectives and goals embedded in FT and the current outcome of this study, it seems that it has potential to be conducted in other single-parent or diverse populations.

(5) The participating mother may have shown a strong response to the intervention if the duration of the follow-up study had been longer than that provided in this study.

(6) Last but not least, there is also a need to conduct a quantitative study to have numbers support words.

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