

# PSYCHOLOGICAL SUPPORT FOR THE FAMILY GROUP

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Marital and family psychotherapy in PCA is not a practice considered to have been undertaken by Rogers.

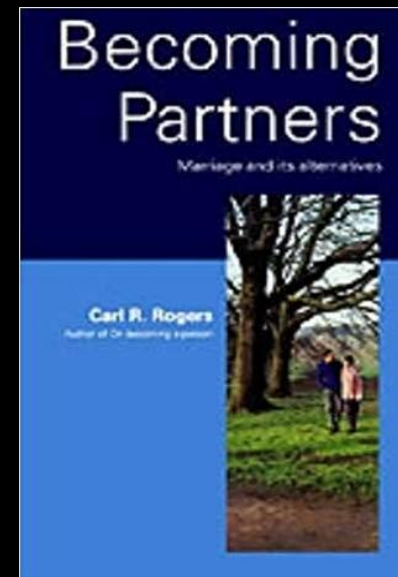
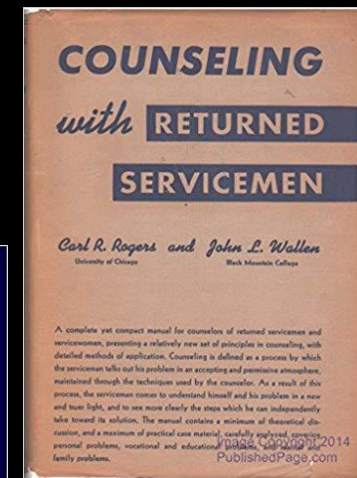
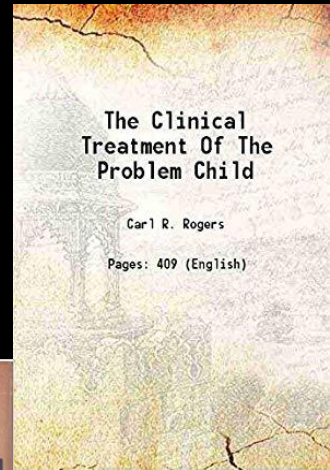
The literature on couples and family psychotherapy in PCA is understood to be composed mainly of the production of Rogers' followers.

The works of his followers from the period 1960-2000 are critically reviewed in: ALVES, Vera (2002). Psicoterapia Conjugal na Abordagem Centrada na Pessoa: Panorama e Reflexões. A Pessoa como Centro. Revista de Estudos Rogerianos.9/10, 33-43. [Marital Psychotherapy in the Person Centered Approach: Panorama and Reflections. The Person as Center. Rogerian Studies Journal].



Rogers provides indications in earlier works:

- 1939 THE CLINICAL TREATMENT OF THE PROBLEM CHILD
- 1946 COUNSELING WITH RETURNED SERVICEMEN
- 1972 BECOMING PARTNERS: MARRIAGE AND ITS ALTERNATIVES



The review by Alves (2002) classifies the literature found into 3 groups according to the different working postures and theoretical conceptions of the authors :

1. Family group authors from a pedagogical perspective - offer training programs for parents and couples.

They justify this option: for the active role of educator in both psychotherapy and training programs.

[Gordon (1970); Guerneys (1989); Karlsberg (1984)]

2. Authors that aggregate aspects of other approaches, notably Systemic Theory.

They justify this option based on the idea that the therapist, when attending the family group:

a) feels compelled to be more active;

b) should not remain at a superficial level of understanding of the strategic communication that permeates the family and

c) PCA and Systemic Theory postulate democratic action with respect for the client.

[O'Leary, 1989; Warner, 1989 e Snyder, 1989]

3. Authors who translate the principles of individual psychotherapy in PCA to the care of families.

- a) empathic response to family members also to the relationship;
- b) family concept analogous to the concept of self and
- c) Family group as a growth-oriented living system.

[Gaylin, 1990 e 2001; Anderson, 1989; Mearns, 1994; Van der Veen, 1964 e Bozarth & Shanks, 1989]

# INDICATORS - BECOMING PARTNERS: MARRIAGE AND ITS ALTERNATIVES

From conversations with interviewees about their experiences it is possible to examine:

- What Rogers would have done as a couple psychotherapist: offer an empathic response to each partner that expresses an empathic response to their relationship.
- What Rogers would have considered as the expected result of marital psychotherapy: a progressive, meaningful communication of complex and present, tender, loving, and also hostile feelings.
- What Rogers came to understand about marriage and the marital relationship: marriage has shifted from an institution to an experience that “enhances and develops the experience of both” (p. 18).



## **Casamento [Wedding] - Adélia Prado**

There are women who say:

My husband, if you want to fish, fish, but clean the fish.

I will not. At any time of the night I get up, help to scale, open, shred and salt.

It's so good, just us alone in the kitchen, sometimes our elbows bump into each other,

He says things like “this was hard” “silvered in the air flapping its tail” and makes the gesture with his hand...

The silence when we first met crosses the kitchen like a deep river

Finally, with the fish in the dish, we sleep.

Silver things explode:

We are bride and groom.

# INDICATORS - COUNSELING WITH RETURNED SERVICEMEN

- The book aims to offer parameters to trainee counsellors

## Partners must be attended to separately

- Joint care for the couple would require a greater degree of therapist self-control.
- However, the proposal to meet spouses separately must come after an interview in which both spouses must be together.
- By this - he understood something similar to group care and, therefore, also of progress towards the relationship, since the couple would have their attitudes, even if contradictory, reformulated in the session in order to clarify them and make it possible to find new ways of adjustment.

Rogers THINKING ABOUT GROUP CONJUGAL CARE = BENEFICIAL.  
THINKING FOR BEGINNING THERAPIST = INDIVIDUAL CARE

# INDICATORS - THE CLINICAL TREATMENT OF THE PROBLEM CHILD

- Rogers considered the importance of family attitudes as a causal factor in children's behavioral difficulties and as an aspect of necessary treatment to help them.

*“if we were to gamble on the outcome of the treatment in the case of a problem or delinquent child and had to base our gamble on one item alone, we would do best to disregard the child entirely and investigate simply the way in which the parents behave toward the youngest and the attitudes which they hold toward him” (p.182).*

Parenting counseling should not be in the form of guidance.

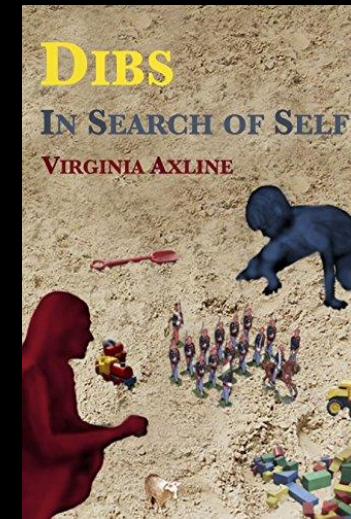
- The process needs to be experienced.
- Only offered to parents who are willing
- Parents need to be accepted before they can express their feelings.
- Trust in how parents deal with children
- The effect of this care is the clarification and acceptance of one's feelings
- How the professional deals with them will be used to deal with children
- The goal is not to solve their children's behavioral problems, but to enable parents to mature their ability to deal with their children.

## All three books value customer experience.

- In a "temporal inversion", Rogers would be "responding" to his followers that attention to this social group should not be given through education and that, although family group care involves many more elements than individual care, it is not necessary to approach this group in any way other than focusing on them and offering them a facilitating climate so that they can accept themselves.

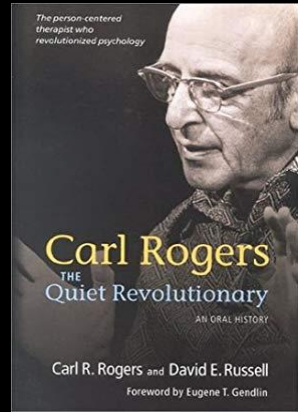
# INSTIGANT

What happened to Rogers's attention to the social context, which advocated disregarding the child if he could not attend him and his parents, when years later he guides Virginia Axline's work that disregarded parents?



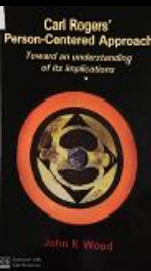
# ANSWER – *The Quiet Revolutionary*

- From the research project: “The component-factor method of case analysis”. He researched the different aspects of the background and current situation of children and adolescents in order to come up with a future plan for this child. He also included an internal factor which sought to know:
  - The child's degree of self-understanding, self-insight, realistic acceptance of self, realistic assessment of his/her situation, and acceptance of responsibility for him/herself.
  - And he found that this was the most relevant aspect of predicting the child's future behavior rather than the social and family influence as he had previously believed.



So he decided to bet on what he considered as having discovered: it would work to strengthen the child (person), regardless of the environment in which s/he lived.

- We are left to regret the option for a path that, if not exclusionary, has less integration of the intrinsic aspects of human experience; after all, it is not disconnected from the social context in which it is inserted. [Client-centered therapy has helped people become aware of themselves as unique individuals. however, it has not noticeably helped them to realize that they are also not unique. Wood, 2008, p. 226]



- For children, working to withstand harsh conditions by becoming mature enough to alter family dynamics can be a cruel stance if, before or during, an attempt is not made to facilitate the maturation of their surroundings.



# HOW I HAVE BEEN WORKING:

## WITH COUPLES

- SUPPORTING COUPLES WITH BOTH PRESENT.
- I BELIEVE SUPPORTING COUPLES IS TO OFFER A SPACE TO TAKE CARE OF THE RELATIONSHIP. EACH ONE MAY HAVE HIS INDIVIDUAL PSYCHOTHERAPY (WITH ANOTHER THERAPIST).
- I UNDERSTAND THAT SUPPORTING COUPLES IS TO OFFER A NON-THREATING SPACE WHERE THEY CAN OPEN UP TO EACH OTHER, KNOW EACH OTHER IN ANOTHER WAY AND SEEK ALTERNATIVES FOR THEIR RELATIONSHIP

# FOR PARENTS SEEKING PLAYTHERAPY FOR CHILDREN:

- I do not give guidance
- Instead of focusing on the child's problems, I prefer to focus on the parents in front of me, with child-related suffering.
- I understand the time we have together as a space for them to think about how they are parenting this child
- I do not judge their behavior towards their children. We seek to understand together what they mean, what they provoke.
- I seek to understand how and what they perceive in their child.
- If I realize that the child's difficulty, reported by them, is something important, requiring urgent attention, I refer the child to a therapist.

# WHY DO I NAME IT SUPPORT AND NOT COUNSELING OR PSYCHOTHERAPY - for Couples, Families and Parents

- I do not propose psychotherapy. Only with each session will we know if there will be another session.
- It is a service also inspired by PSYCHOLOGICAL GUARD SERVICE
- This form of care can and should be performed in any setting and not just the clinical one and involve other professionals, such as in institutional care.

## **This is what in public health in Brazil is called Expanded Clinical Practice, both in medicine and in psychology:**

*An expanded and shared clinic is based on listening and recognizes people's knowledge, desire and interest, questioning them about the senses of what they are living. It is a less prescriptive and more negotiated practice that does not disregard technological advances nor the importance of technical qualification and evidence-based recommendations. But it also assumes that, regardless of standards and regularities, and even being influenced by cultural and socioeconomic backgrounds, diseases and risks are ultimately embodied in concrete subjects. Thus, both prevention and therapy should be based on evidence and risk assessment to negotiate with people in terms of harm reduction: what is possible in this case for this patient in this context? [...] the exercise of the expanded and shared clinic presupposes the existence of collective spaces in which professionals, as a team, can exercise their ability to analyze and intervene together, reflecting as to the effects of their practices, as to what passes in the relationship between the team and between the team and the users, and acting collectively on this ” (Campos et al, 2014).*

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