

## Dynamic Parenting Therapy - A Current Review of Psychodynamic Parenthood Therapy (PPT)

Dror Oren\*

\*Continuing Education Unit, Faculty of Social Welfare and Health Sciences, School of Psychotherapy in Psychoanalytic Orientation, University of Haifa, Israel.

Received September 23, 2019; Accepted October 15, 2019; Published March 29, 2020

### ABSTRACT

There are various types of therapy models for working with parents and even models of parenting therapy. Our model, Psychodynamic Parenthood Therapy (PPT), differs from other models in that it focuses on the parent and parenting, rather than on the child or for the sake of the child. This psychotherapy method is effective for parents who are experiencing emotional suffering, in the context of their parenting. In this approach, having accessed the needs of the family, the therapist needs to control and tailor the way they approach the parents for the psychological intervention to be effective. We will discuss the principles of the PPT working model, in which situations it is an appropriate treatment intervention, and the main issues and focal points therapists address when using this therapeutic model. Dynamic parenting therapy may be the appropriate method of working with some parents, particularly at a time when parenting is central to one's sense of self-realization and identity and influences one's well-being.

**Keywords:** Parenting therapy, Child psychotherapy, Parenthood, Psychodynamic therapy, Therapeutic models

### INTRODUCTION

As we broaden our experience using PPT, we continue to learn more from the parents about how to adapt the model to their needs [1-10]. We have found that even if parents come to therapy because of difficulties with their children, they still need a safe environment where they can have an open dialog about their dilemmas and difficulties as parents. PPT does not contradict the need for counseling during child psychotherapy, "parental guidance" and other therapeutic interventions. We focus on those parents who are experiencing difficulties with internal emotions, who have transitioned to parenthood, and who might be forced by their child to deal with feelings that they had avoided in the past. The therapy focus on the gaps between their feelings about themselves as parents and the desires and values that influenced these feelings. To those, we designate parenting care that focuses on them (PPT), not as a means of improving the relationship or conduct with and in front of their children, but with the emphasis on them as human beings, whose parenting and emotions inherent in their parenting are an important part of their identity [11-14].

Parents naturally strive to give their children the best, emotionally and developmentally [15]. However, sometimes their distress is disproportionate to the difficulties they experience with their children. Concern stems from their

feeling of failure, from the awakening of difficult emotions from their past or from life patterns, feelings associate to unresolved conflicts. In these cases, "child therapy" or other interventions may be ineffective. The focus of the work of PPT is the inner world of the parent, whose empowered expression is sparked by an incident in the past or a pattern that is being repeated in his/her parenting. Parenting Therapy or Parenthood Therapy deals with the here and now, in regard to the parent's distress with the child in the present, as well as through a past perspective: intergenerational transmission, representations of the parent's family of origin and personality patterns, all within the context of parenthood. Our children frequently force us to confront intense emotions, such as love, excitement, joy, and satisfaction on the one hand and worry sadness and pain,

**Corresponding author:** Dror Oren, Ph.D, Continuing Education Unit, Faculty of Social Welfare and Health Sciences, School of Psychotherapy in Psychoanalytic Orientation, University of Haifa, Ela 17 St., Lotem, Bik'at Beit Hakerem, Mobile Post 20124, Israel, Tel: +972-52-2829862; E-mail: dr.dror.oren@gmail.com

**Citation:** Oren D. (2020) Dynamic Parenting Therapy - A Current Review of Psychodynamic Parenthood Therapy (PPT). J Psychiatry Psychol Res, 3(2): 160-163.

**Copyright:** ©2020 Oren D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

on the other. At times, they force us to confront the aggression we have learned to circumvent, the helplessness that we have managed to avoid in our adult lives thus far, and a wide range of personal emotional reactions that are difficult for us to manage [2]. When therapists are open to the question of who the patient is—the parent, the child, the relationship or a combination there of—they are closer to being able to provide the clients with an appropriate therapeutic response.

The concept presented in this article is that when adults ask questions about their parental identity or express acute concern about their child, the most appropriate treatment might be to focus on parental identity. We will discuss who PPT applies to and the therapeutic principles. The first question to answer is: In which situations is PPT an appropriate treatment?

### **CRITERIA FOR USING PPT**

PPT is appropriate if one or more of the following is met:

1. Parental expression of negative feelings about his or her parenting;
2. Intense negative emotions towards the child, such as shame, anger, rejection, disappointment, detachment, disgust, hate, etc., that seem evident in the behavior of one or both parents and which the parent(s) have expressed over some time;
3. Intense negative parental emotions with regards to the child, such as worry, frustration, sadness, unfathomable lack of understanding which are disproportionate to the problems which are described;
4. Discrepancy between the environment's evaluation of the child's difficulties or qualities and the evaluation of the parent(s), meaning that the parent(s) sees the child in a much worse light than does the outside world;
5. A significant gap between desirable functioning as a parent and actual behavior and feelings. In this case, the parent wants to behave in a certain manner but is compelled not to do so or finds an inner barrier that holds him or her back.

If one or more of these criteria appear, the psychologist might consider offering to the parents a therapeutic contract for PPT. The realization that there is a need for PPT might result from issues that surfaced in a couple therapy or as a result of a referral made specifically for the child. Hence, according to the view presented in this article, when a child is referred for treatment by a parent or others, the therapist's initial role is to evaluate who is the patient: the child, one parent, parents, parenthood, the parent-child relationship or a combination of all of the above, and to plan the treatment accordingly. Without a serious attempt at such an evaluation, therapists might inadvertently impose their preliminary theoretical concept, onto the patients as the treatment

medium [16] and might overlook other important considerations.

If parents come to therapy and immediately or during the process, raise intense emotional issues concerning their child, such as disappointment, revulsion, distancing or repulsion, a sense of having missed something, misunderstanding or deep sadness, then parenthood therapy might help them. Parents who feel hatred, disgust or fear toward their child or who are troubled over a long period, turn to therapy to deal with their parenthood. In such a case, one of the parents might be the primary client, while the spouse is an important witness for those discoveries. This might slide into marital issues or very personal themes, but the emphasis is on deepening and improving the parenting experience.

Every parent is different and unique and every family is a culture to learn. Therefore, every parent needs a process that is tailored to his/her abilities and needs. There are common elements of effective parenting programs; some of the concepts that are repeated in most psycho-dynamic care work processes are summarized below. PPT relies on principles of dynamic therapy, short-term dynamic psychotherapy and family therapy perceptions (for example, some principles of Bowen [17]).

### **THE BASIC ELEMENTS FOR WORKING WITH PPT**

#### **Emotional pain in parenting**

Negative emotions towards oneself as a parent or towards one's children that persists over time and causes frustration, distress, guilt and emotional pain associated with parenting.

#### **Emotional touch**

Creating a genuine need for an authentic encounter with the therapist, an "enabling space" and curiosity and interest to explore one's parental identity and emotions in the context of the past and the present. Where the parent is feeling and experiencing emotion in the context of his/her life or child's life, now, in the present. A feeling of excitement and positivity may be experienced during this encounter, which might be a novelty for the parent and which may inspire hope and mobilize the parent toward a process of observation of him/herself and the situation.

### **THE MAIN TOPICS THAT ARE GENERALLY DYNAMIC WHEN WORKING WITH PARENTS**

#### **Corresponding age**

Often, a parent comes to therapy because of non-accidental, age-related or developmental difficulties associated with his/her child. The experiences of the father or the mother when at around the same age as his/her child, dealing with more or less the same issues, are triggered and serve as a basis for understanding the extreme barriers, worries or distress that exist in the present.

### Comparative parenting

Expanding the questions about the course of development of the other children – age, subject matter or issues with other children in the family – in a comparative context.

### Reconstruction of childhood home

To encourage the expression of the atmosphere, feelings and memories remembered from the childhood home and what was taken from parents, brothers, and sisters. For example, I wanted to be...It was important for me to be/do differently...In retrospect, there is a realization that these are family patterns or those of the parent's own father or mother, that exist and trigger (positively or negatively), feelings, thoughts, actions and parenting attitudes towards their own children.

### Generational stories

Allowing significant family stories, passed down through the generations, to be told. Sometimes events, relationships or perceptions and beliefs originated in the grandparents' generation and events that actually happened before we were born affect the entire family. These stories are relevant in the therapeutic process.

### Fantasies and wishes

What were the dreams about being a parent, what home was imagined for my family?

### Expectations

What were the expectations about having children? What was the expected behavior towards them and relationship with them? What was never expected to happen, but happened?

### Pain and grief

To enable working through the sorrow and regret about the mistakes made and the parent one could have been. Recognizing, and taking responsibility, through healthy coping with guilt and trying to work toward forgiveness and repair – with the parent's parents and the parent him/herself.

The role of the therapist is to encourage dealing with all these issues to help a leading parent see and know the parent one had (past), the parent one wanted to be (fantasy and rectification), the parent one is to one's children (comparator), and the parent one was not (expectations). Recognizing, seeing, understanding and experiencing with the help of another helps lead to the processes that are created and occurring while dealing with parenting.

## THE EMOTIONAL PROCESSES THAT THE THERAPIST ASPIRES

### Pause and stay

Speech, inquiry and recall are not always enough. After reaching an important point, related to the basis of emotional

pain, it is necessary to expand, to remember, to feel, to linger and to feel the felt pain, until the feeling of exhaustion.

### Construction

A therapist working with this model, strives to bring the parent together with what is experienced and felt and what is learned and understood during the sessions. This connection is made in a way that now explains the source of emotional pain, conflict and difficulty, thus inviting other ways of coping, alleviating and creating insights that are independently and spontaneously created. This stage sometimes occurs in the middle of treatment and sometimes in a more "conclusive" phase. Using mid-stage construction can be a means of promoting or reinforcing what has already been achieved.

### Integration

The connection between emotion and understanding, past and present. Helping the patient to look at the situation as a parent in the here and now and accept responsibility, taking into account his/her own past parenting experiences and striving to improve the situation.

These processes are ideal when working with two parents, father and mother and less effective but still possible with one parent or in a group, and combined with other interventions. The therapeutic art here is the informed diagnostic ability of the therapist to find the appropriate model for the parent, depending on his/her personality, needs and abilities.

## REFERENCES

1. Chethik M (1976) Work with parents: Treatment of the parent-child relationships. *J Am Acad Child Psychiatry* 15: 453-463.
2. Manzano J, Palacio-Espasa F, Zilkha N (1999) The narcissistic scenarios of parenthood. *Int J Psychoanal* 80: 465-476.
3. Pantone P (2000) Treating the parental relationship as the identified patient in child psychotherapy. *J Infant Child Adolesc Psychother* 1: 19-38.
4. Tsiantis J, Boethious SB, Hallerfors B, Horne A, Tischler L (2000) *Work with parents: Psychotherapy with children and adolescents*. London: Karnac Books.
5. Palacio-Espasa F (2004) Infant-parent psychotherapy, the transition to parenthood and parent narcissism: Implications for treatment. *J Child Psychotherapy* 30: 155-171.
6. Piovano B (2004) Parenthood and parental functions as a result of the experience of parallel psychotherapy with children and parents. *Int Forum Psychoanal* 13: 187-200.

7. Novick KK, Novick J (2005) Working with parents makes therapy work. Lanham; Oxford: Jason Aronson.
8. Sutton A, Hughes L (2005) The psychotherapy of parenthood: Towards a formulation and valuation of concurrent work with parents. *J Child Psychotherapy* 31: 169-188.
9. Nilsson M (2006) To be the sole therapist: children and parents in simultaneous psychotherapy. *J Infant Child Adolesc Psychother* 5: 206-225.
10. Oren D (2011) Treating parenthood: Distinguishing between types of therapeutic interventions with parents and the unique place of dynamic parenthood therapy. (Hebrew). *Curr Affairs Psychol* 2011: 15-27.
11. Roth A, Fonagy P (2004) What works for whom? A critical review of the psychotherapy research. 2<sup>nd</sup> Edn. New York: Guilford.
12. Oren D (2015A) Parenting revisited: Feelings, thoughts and actions (Hebrew). Pardes Publishing: Haifa.
13. Oren D (2012) Psychodynamic parenthood therapy: An optional concept for therapeutic work with parents and parenthood. *Clin Child Psychol Psychiatry* 17: 553-570.
14. Oren D (2015B) Psychodynamic parenthood therapy: A work model for treating parents and parenthood (Hebrew). *Soc Welfare* 35: 50-55.
15. Oren D (2016) Being or releasing - dealing with feelings in the framework of therapeutic work with parents (Hebrew). *Curr Affairs Psychol* 2015: 48-51.
16. Ishai R, Oren D, Ishai J (2013) Medium for expression and medium for healing - On medium in therapy (Hebrew). *Sichot "Conversations"* 27: 304-312.
17. Bowen M (1978) Family therapy in clinical practice. New York: Aronson.