

## RESEARCH ARTICLE

# The benefits of sharing house-tree-fire-water-person drawings with parents when their anxious child is in sandplay therapy

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**Abstract**

**Introduction:** The purpose of this study is to critically reflect on the value of the House-Tree-Fire-Water-Person (HTFWP) drawing as a tool to engage the parents of children aged 10–12 in sandplay therapy for Generalized Anxiety Disorder (GAD). To do so, we draw on empirical work that addressed gaps in the existing parent-psychologist alliance literature by exploring the usefulness of sharing the HTFWP drawing series with parents at feedback sessions.

**Methods:** We employed an instrumental, multiple case study design. The sample consisted of 7 cases, involving parents ( $n=9$ ) and child-clients referred for GAD ( $n=7$ ). Parent-generated data included the verbatim transcripts of initial semi-structured interviews, three HTFWP drawing elicitation conversations (i.e. HTFWP-facilitated feedback sessions) and a post-intervention semi-structured interview. Child-generated data included three HTFWP drawings and child-driven explanations of these drawings. Psychologist-generated data included journal-recorded reflections and process notes. Using reflexive thematic analysis, we identified patterns in these data.

**Results:** Findings suggest that an alliance created between parent and psychologist through sharing the HTFWP drawing series with parents was a win for everyone (parents, child and psychologist). This ‘win-win’ situation included enhanced care for the child, bolstered parental support and heightened efficacy for the psychologist.

**Conclusion:** The HTFWP drawing has high potential to support the therapeutic process, with emphasis on its

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facilitation of a parent –psychologist alliance and spillover benefits for parents, the treating psychologist and the child-client.

#### KEYWORDS

anxiety in children, GAD, house-tree-fire-water-person drawings, parent-psychologist alliance, resilience to anxiety, therapy

## INTRODUCTION

Generalized Anxiety Disorder (GAD) is one of the most common anxieties in children (Brown, 2019; Sonmez et al., 2020). It is characterised by uncontrollable, persistent worry for more than 6 months and cannot be alleviated by reassurances (Yang et al., 2023; Zygouris et al., 2022). In short, GAD undermines children's health development and challenges family functioning (Gouze et al., 2021; Meers et al., 2020). It is therefore not surprising that many parents seek therapy for children presenting with GAD (Brown, 2019; Zygouris et al., 2022).

Psychologist-parent rapport and parent involvement in their child's therapy are key to the positive therapy outcomes (Núñez et al., 2022; Zorzella et al., 2017). However, how best to involve parents in their child's therapeutic process and build rapport with them is unclear. This is particularly unclear when children are in therapy for GAD (Kissos et al., 2020; Lev-Wiesel et al., 2021), not least because childhood anxiety is often associated with parental anxiety (Bilsky & Friedman, 2022; Marzilli et al., 2021). While there is some understanding that drawings or shared sandplay sessions could be useful in this regard (Green & Connolly, 2009; Homeyer, 2015; Liu et al., 2023), no previous study has explored the usefulness of the House-Tree-Fire-Water-Person (HTFWP) drawing to establish parent-psychologist rapport and involve parents in their anxious child's therapy. In response, this article reports on the use of a series of HTFWP drawings to advance psychologist-parent rapport, deepen parents' understanding of their child's emotional experiences and foster parental involvement in their child's sandplay therapy in the case of 7 children engaged in sandplay therapy for GAD in Cape Town, South Africa.

### The house-tree-fire-water-person drawing

The HTFWP drawing was developed by Ursula Eschenbach at the C.G. Jung Institute Stuttgart in the 1970s for diagnostic purposes for children and adolescents (Usländer & Reitz, 2015). This drawing evolved from previous projective drawings, such as human figure drawings, the House-Tree-Person drawing and kinetic drawings (Kreuter-Hafer et al., 2016). The HTFWP drawing is grounded in Jungian psychology and relies on a symbolic and metaphoric understanding of the elements of the drawing (Groschwitz, 2016; Wienand, 2016, 2020). It is a technique that prompts children to draw a house, tree, fire, water and a person in order to understand their inner world. Besides understanding the symbolic significance of the five specific elements (house, tree, fire, water and person), the placement on the page, the structure of lines, the utilisation of colour and the interactions between these elements can also be considered when using it as a diagnostic tool (Wienand, 2016). Other than for diagnostic purposes, the general usefulness of the HTFWP drawing has not been investigated. Advancing the understanding of the benefits of a series of HTFWP drawings to a child's therapeutic process redresses the limited theoretical understanding of how the HTFWP drawings can be used therapeutically. Simultaneously, it also offers psychologists and other mental health professions who work with children in therapy, a hands-on tool to maximise the involvement of children's parents in their therapeutic process in ways that build rapport. Given that parental involvement is vital to children's progress in therapy (Feinstein et al., 2009; Fox, 2012; Kazdin & Whitley, 2006), such tools are a must for treating professionals.

Sandplay therapy and the HTFWP drawing share several similarities. They are both anchored in Jungian psychology using symbolic representation to convey thoughts and feelings (Liu et al., 2023; Park, 2020; Wienand, 2016). Via either expressive activity, children can establish a sense of trust, develop a connection with the therapist and feel understood and validated (Clayborne et al., 2021; Vigdal & Brønnick, 2022).

## **A brief overview of GAD and its challenges to child development**

GAD can manifest as physical symptoms that cannot be explained by physical causes. These symptoms include restlessness, fatigue, muscle tension, stomach aches or headaches, difficulty concentrating, sleep disturbances and irritability (Gouze et al., 2021; Hanna et al., 2020). Children who struggle with GAD have difficulty with uncertainty, making decisions and perfectionism, often tending to be excessively self-critical (Meers et al., 2020; Mohammadi et al., 2020). Their anxiety challenges often lead to social isolation (Brown, 2019; Hanna et al., 2020).

Anxiety disorders, including GAD, have been associated with poor academic performance possibly due to its negative influence on memory, problem-solving, and concentration (Harrison et al., 2021; Kurdi et al., 2018; Strawn et al., 2020). It places a strain on family functioning and the parent–child relationship possibly due to tantrums, irritability, and emotional outbursts (Doyle, 2022).

## **Parents are important co-actors in a child's resilience to GAD**

Children's capacity for resilience requires more than personal strengths (Masten, 2014). While personal strengths matter for resilience, relational and environmental resources matter too (Masten, 2024; Ungar & Theron, 2020). One of the important protective resources for children's mental health is warm parenting with moderate control, as found in an authoritative parenting style (Masten & Tellegen, 2012; Theron et al., 2022). Authoritative parenting promotes a child's autonomy, independence, emotional regulation, and better interpersonal skills (Abed et al., 2023; Adlem, 2017).

## **Involving parents in their child's sandplay therapy**

Sandplay therapy is a type of therapeutic intervention that aims to help children express their feelings and deal with psychological challenges using miniature figurines, sand, and water (Wiersma et al., 2022). It is particularly useful for GAD (Foo & Pratiwi, 2021). Parents have typically been included in the sandplay therapy of their child by having combined sessions with their child, either building in the same tray as their child or building a sandplay scene alongside their child (Green & Connolly, 2009; Homeyer, 2015; Liu et al., 2023). However, including parents in this manner has its limitations, especially concerning the potential for parents to become overly involved in their child's therapy which can impede the relationship between the child and psychologist (Chandler, 2018). Possible controlling behaviours from parents can also hinder the child's development of healthy coping strategies (Butterfield et al., 2021; Pinquart & Gerke, 2019). In addition, research has shown that parents of anxious children are often experiencing their own mental health challenges (Bilsky & Friedman, 2022; Marzilli et al., 2021). When parents have their own mental health challenges, this could potentially have a negative emotional influence on the child during the therapy session.

An alternative to having parents actively participate during their child's sandplay therapy session is engagement through the use of drawings. Research on the benefits of sharing children's drawings with their parents has shown that drawings stimulate discussion and enhance parental insight into the child's emotional world by facilitating communication of the child's experiences and concerns with parents (Rand, 2020). Broecher (2012) explored how expressive drawing helped a 6-year-old cope with the fear

and pain of surgery, while Molinari (2013) described the sharing of the drawings of a five-year-old with her parents. Both researchers found that when engaging parents through drawings, parents are less likely to feel a sense of exclusion from their child's therapeutic process. The enhanced insight into their child's anxiety that parents gain when being included empowers parents to bolster their child's resilience (Broecher, 2012; Molinari, 2013).

## **The benefits of involving parents in their child's therapy**

When parents are included in a child's therapy process it fosters the formation of a parent-psychologist alliance that plays a critical role in promoting a child's resilience against anxiety and supporting the positive outcomes of therapy (de De Greef et al., 2017; Zimmelman, 2018; Zorzella et al., 2017). A strong parent-psychologist alliance enhances parenting skills like better communication, conflict resolution and emotional responsiveness (Accurso & Garland, 2015; Schmidt et al., 2014). A parent-psychologist alliance nurtures support that psychologists provide to parents and bolsters parental empowerment (Bram, 2021; Gvion & Bar, 2014; Núñez et al., 2022). When parents feel aligned with and supported by their child's psychologist, they are more likely to adhere to treatment recommendations and remain engaged throughout their child's therapy (Marker et al., 2013; Shirk et al., 2011). This commitment is important for ensuring continuity and effectiveness of treatment. Despite the critical role the parent-psychologist alliance plays in promoting positive therapeutic outcomes for a child, there is very little information (bar the above on sandplay and drawings) on how to nurture this alliance, particularly when a child is in sandplay therapy for GAD.

## **The current study**

The study we report redresses the limited understanding of how to create a parent—psychologist alliance when a child is in sandplay therapy for GAD. To do so, it reports on the exploration of the benefits of the child-client's HTFWP drawing series when these drawings are shared with parents, within the therapeutic process encompassing the child-client, their parent/s, the treating psychologist and the individual and collective commitment of these stakeholders to the process (Masten et al., 2021).

Finding ways to bolster the therapeutic process is particularly important in contexts like South Africa (SA), where therapy is typically inaccessible to most children with GAD and where parents are often sceptical of therapy/psychologists (Okunade et al., 2023). Child psychotherapy is yet another forum in which parents can feel disempowered, hence the criticality of the study.

## **MATERIALS AND METHODS**

### **Researcher positionality**

We, the authors, acknowledge that our positioning as psychologists—with varying levels of experience working with parents, personal experiences in parenting and teaching, as well as managing children's anxiety, particularly during and after the COVID-19 pandemic—played into our study. One of us (first author) is active in the sandplay therapy community and had the role of researcher-practitioner (R-P) in the study. The second author is an experienced qualitative researcher, with a preference for visual elicitation methods. We were mindful that our identities and experience could shape the meaning we made of our informants' experiences and proceeded cautiously and iteratively.

## Research design

As little is known about the potential benefits of sharing the child-client's series of HTFWP drawings with their parent/s during parent feedback sessions when this child is in therapy for GAD, our study had an exploratory purpose (Guest et al., 2013; Thomas, 2010). To explore these benefits, we used an instrumental multiple case study design as multiple case studies allow for theory building and also provide the potential to inform practice (Flick, 2018). The cases chosen were instrumental in providing answers to the following research question: what are the benefits of sharing the series of the child-client's HTFWP drawings with parents when a child is in psychotherapy for GAD?

## Case selection

All cases were drawn from the population of primary school students attending two government schools in the Cape Town area, SA. These schools were conveniently chosen due to their proximity to the R-P's practice (where the study took place). In addition, each school has a mental health professional on staff who served as gatekeepers for case selection. The gatekeepers used specific criteria to identify potential cases: a child between the ages of 10 and 12 years, exhibiting symptoms of GAD (using criteria stipulated in the *DSM V-TR*; American Psychiatric Association, 2022), and the child and their caregiver were willing to participate in a research study (i.e. the gatekeepers advised parents that their child would benefit from therapy and that participating in a research study that involved children and their parents was a way for their child to access therapy at no cost).

While 9 cases were nominated to our study, two were excluded from the study because those parents were unable to commit to the parent-contact sessions of the study. Thus, a total of 9 parents (7 mothers and 2 fathers) and 7 children (4 boys and 3 girls) were included. Where there were two participating parents from one family, they were interviewed together. The parents constituted the primary informants and the children the secondary informants. Their details are summarised in [Tables 1 and 2](#).

## Ethical process

The study received ethics clearance from the Departments of Education and Health Sciences at the University of Pretoria. Given that both authors are registered with the Health Professions Council of South Africa (HPCSA) as psychologists, the HPCSA guidelines for ethical research were integral to the study's ethical processes. These guidelines prompt attention to the complexity of fulfilling the dual role of treating psychologist and researcher, which was the role of the first author. She managed this R-P duality through open communication with the informants in the study, including fully explaining the research and therapy activities during the informed consent process, and professional supervision. As R-P, she also accepted responsibility for child-clients' well-being post-intervention; to that end she recommended further therapy to their parents as necessary, taking care to make referrals to no-fee service providers respected for their competence.

Primary informants consented in writing at the beginning of the study, while secondary informants assented. Their assent was particularly important as children needed to willingly allow the R-P to share the drawings, which they had completed during therapy, with their parents during separate parent-contact sessions. Thus, in addition to the written assent at the beginning of the research process, secondary informants were asked after each drawing if their drawings and narratives could be shared and discussed with their parents.

TABLE 1 Demographic details of primary informants.

Which parent was the primary informant	Primary informant	Age range	Marital status	Parent employment	Familial history of anxiety	Stressors in the family
Mother	Primary Informant 1	46–50	Married	Both parents	Yes	<ul style="list-style-type: none"> <li>• A deteriorating neighbourhood in terms of safety</li> <li>• Loss of loved one</li> <li>• Parent has mental health challenges</li> </ul>
Mother	Primary Informant 2	31–35	Divorced	Both parents	No	<ul style="list-style-type: none"> <li>• Parents divorced</li> <li>• The child having challenges with his sibling relationships</li> <li>• The child having academic challenges</li> <li>• The family moving to another part of town</li> </ul>
Mother	Primary Informant 3	26–30	Married	Father	Yes	Financial constraints in the family <ul style="list-style-type: none"> <li>• The child having challenges with his sibling relationships</li> <li>• The child having academic challenges</li> <li>• The child resisting attending school</li> <li>• The child changing schools</li> </ul>
Both parents	Primary Informant 4a and Primary Informant 4b	36–40	Married	Both parents	Yes	<ul style="list-style-type: none"> <li>• Parent has mental health challenges</li> <li>• The child being the victim of bullying</li> <li>• The child having challenges with his sibling relationships</li> <li>• The child having academic challenges</li> <li>• The child having challenges with his sibling relationships</li> </ul>
Both parents	Primary Informant 5a and Primary Informant 5b	41–45	Married	Both parents	Yes	A family member becoming seriously ill Sibling has mental health challenges The child resisting attending school
Mother	Primary Informant 6	41–45	Divorced	Mother	Yes	<ul style="list-style-type: none"> <li>• Parents divorced</li> <li>• The family moving to another part of town</li> </ul> A family member becoming seriously ill
Mother	Primary Informant 7	36–40	Married	Father	Yes	<ul style="list-style-type: none"> <li>• Mother lost her job</li> <li>• One/both parents have anxiety</li> </ul> The child resisting attending school

TABLE 2 Demographic details of secondary informants.

Secondary informant	Gender	Grade	When was anxiety first noticed	Number of children in home	Birth order of secondary informant	Step-siblings
Secondary informant 1	Male	4	>1 year	2	Oldest	Yes
Secondary informant 2	Male	5	>1 year	1	Only child	Yes
Secondary informant 3	Male	5	>1 year	4	2nd oldest	No
Secondary informant 4	Male	4	>1 year	2	Oldest	No
Secondary informant 5	Female	5	>1 year	2	Youngest	No
Secondary informant 6	Female	6	>1 year	2	Oldest	No
Secondary informant 7	Female	6	>6 months	2	Youngest	No

## Data collection procedures

The data collection procedures involved 16 sessions over a 4-month period in 2022. The setting of the study was at the private practice of the R-P.

### Data collection with secondary informants

Secondary (i.e. child) informants generated three HTFWP drawings. To this end, the R-P provided secondary informants with blank A4 sheets of paper and a variety of stationery. She said: "I would like you to draw a picture of a house, tree, fire, water and person. You can do it in any order. It is not about how well you draw, but more about the story your drawing is telling me". Following the completion of the drawing, the R-P asked what their drawing was about; she made notes as they explained. To support the secondary informants' explanation, the R-P used probing questions. These were: How has the way you have drawn the house/tree/fire/water/person helped you tell that story? Can you tell me more about the characters/objects in your drawing? What emotions/feelings do you think the drawing represents? Are there any specific details in the drawing that stand out to you? What about that detail makes it stand out? How does the drawing relate to your experiences/thoughts about anxiety? In which way have the colours you used helped convey that story?

### Data collection with primary informants

Parents provided demographic information about their child and participated in two semi-structured interviews (baseline and endline) that explored parents' understanding of their child's anxiety, their responses to it and their expectations of therapy. To that end, the R-P asked questions about their child, their relationship with their child, their parenting with regard to their child's anxiety and their expectations of the therapy process. In the course of their child's therapy, they participated in three HTFWP drawing elicitation conversations with the R-P. As in other visual participatory methodologies where an artefact is used to elicit a conversation (Billups, 2020; Johnson & Reavey, 2022; Roulston & Halpin, 2022), the R-P used their child's HTFWP drawing to elicit a conversation about their child's anxiety. She explored the different elements of colour, composition, the relationship between elements, their child's inner resources and the emotions evoked by their child's drawing. To introduce the HTFWP drawings, the R-P said the following to parents at the beginning of each HTFWP drawing elicitation conversation:

I am about to show you a drawing done by your child that they have given permission for me to share with you. I am showing you this drawing so that we can better understand your child's challenges and gain a glimpse of the way they view life. It may be your natural response to focus on what you see rather than how it makes you feel, but the first thing I would be interested in are the feelings the drawing evokes and then what the various aspects of the drawing make you think of with regards to your child, your family, or yourself. You could start with your immediate emotional reaction to the drawing.

To encourage parents to elaborate on their reflections on the drawings and to encourage deeper insights, the R-P asked probing questions. These questions related to the feelings the drawing evoked, the associations that came to mind, their understanding of their child's use of colour as it related to their child's anxiety, how the drawing reflected their family dynamics, how it resonated with their child's anxiety and how it reflected their child's sense of autonomy and self-sufficiency. Following the parent's reflections, the R-P shared the child-client's narrative of their drawing, which prompted further conversation. The R-P audio- and video-recorded the conversations and interviews with parents.

## Data analysis

The methods described above resulted in visual data (21 HTFWP drawings) and narrative data. The narrative data comprised 35 verbatim transcripts (7 baseline and 7 endline semi-structured interviews and 21 transcripts of HTFWP drawing elicitation conversations) and R-P notes of child-clients' explanations. With informant consent, a third party (who is also HPCSA-registered and who signed a non-disclosure contract) transcribed the data. Thereafter, the R-P anonymised the transcriptions (including assigning pseudonyms to all informants).

To make meaning of the visual and narrative data, the R-P used reflexive thematic analysis (Braun & Clarke, 2019, 2021a, 2021b, 2022). To that end, she familiarised herself with the data in order to identify any that were relevant to the research question (i.e. data reporting any benefit of sharing the child-client's HTFWP drawings in parent-contact sessions). Working within cases, she reflected on what relevant data were communicating about potential benefits, before labelling that data using codes that summarised the potential benefit (e.g. drawing provides aha moment for parent that the child is longing for structure). She also compared parents' baseline and endline responses to questions about their child's anxiety and how they managed this with attention to endline responses that implied a (positive) change and coded these using labels that summarised that change (e.g. increased patience with the child or greater self-compassion). Similarly, she coded her process note observations about the child-clients' drawings (including changes in the drawings) and her journalled research reflections, assigning labels that paraphrased benefits associated with sharing the HTFWP drawings. These inductive codes were then refined during discussions with the second author.

Next, the R-P worked across the cases and compared the refined codes, including considering which stakeholder in the therapeutic process had benefitted (e.g. the child-client, parent and/or psychologist) from the drawings being shared. She sorted similar codes into potential themes, collating relevant coded data extracts within these themes (Braun & Clarke, 2006) and carefully and iteratively considered the meaningfulness of the themes she was identifying and how these patterns played out across the life of the study (Braun & Clarke, 2022). Once the second author had reflected critically on the themes and analysed how well they explained the benefits of the HTFWP drawing series when it is shared with parents during a child's psychotherapeutic process, both authors engaged in a consensus discussion and finalised the themes.

## Rigour

In the interests of trustworthiness (Guba & Lincoln, 1994), we (the authors) took steps to ensure that the research process was credible and that the findings were faithful to the perspectives and experiences of the informants and the context under study (Levitt et al., 2018). Methodological triangulation was valuable in this regard, as was considering patterns across cases (Cohen et al., 2007). At the same time, we searched for data that might contradict the benefit-focused themes we were identifying. We found none.

The R-P presented the study findings to psychologists, child psychiatrists and allied professionals at two respected mental health conferences in SA (2023; 2024). The audience's enthusiastic engagement with the findings, and subsequent invitations to present the findings at future paediatric mental health conferences encouraged our confidence in the study's trustworthiness and value.

## FINDINGS

When the child's HTFWP drawing series is shared with the parents, every stakeholder in the therapeutic process wins (see [Figure 1](#))—parents develop and feel more supported in their role as caregivers, the child receives better care and psychologists are better equipped to provide effective treatment. Each win is detailed next.

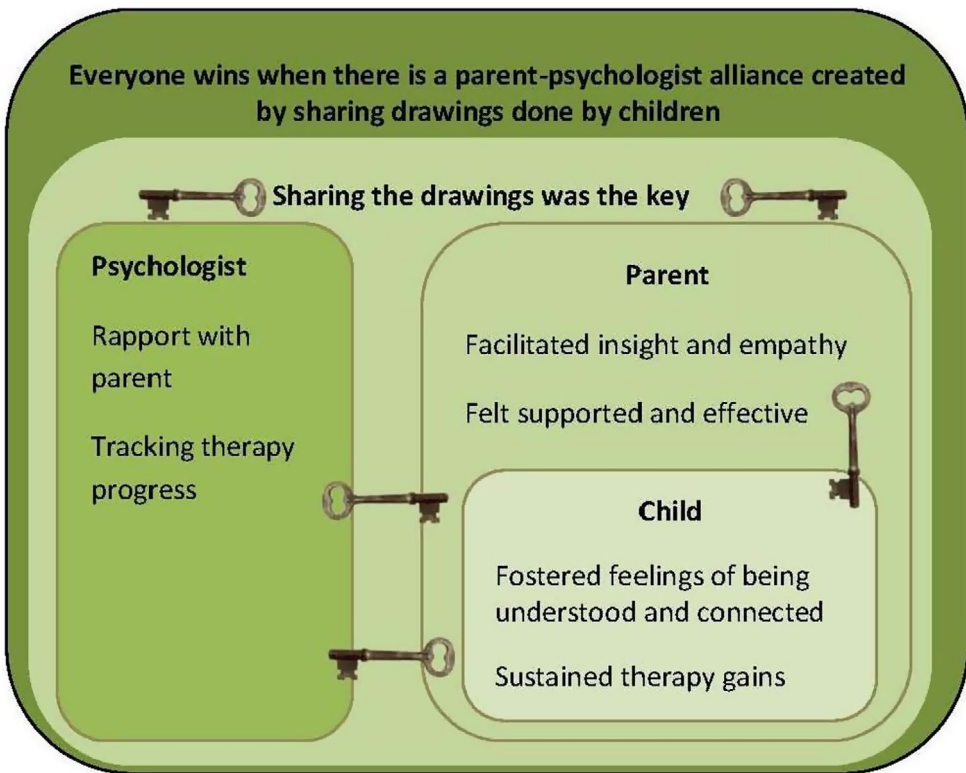


FIGURE 1 Main theme and subthemes.

## A win for the parent

Parents benefitted from perusing and discussing their child's drawing in two ways: their insight into and empathy for their child's anxiety challenges grew, and they felt better supported and more effective as parents. As shown next, this helped redress their initial feelings of inadequacy to co-manage their child's anxiety when they brought their child to therapy.

### Fostering insight and empathy

"But I mean, the drawings. There was so much information for us in those drawings which is amazing." This view expressed by Primary Informant 4b, reflects the sentiments of all the primary informants in the study. In the discursive space of the HTFWP drawing elicitation conversations, primary informants gained insight into their parenting and into their child's anxiety. The opportunity to reflect on their child's drawing in a safe, discursive space allowed primary informants to voice hypotheses and fears. Doing so supported greater insight into their child's anxiety and into the influence of their parenting on this anxiety. For instance, when Primary Informant 4a and Primary Informant 4b reflected on their son's drawing (see [Figure 2](#)), their reflections showed a gentle understanding of how anxiety challenged him and some insight into how their parenting could be playing into that.

They said:

...The thing that stands out to me that I think would speak to his anxiety is how perfectly straight the house lines are... Yes, very, very perfectly straight, where I would have thought



FIGURE 2 Secondary Informant 4's first HTFWP drawing.

a child his age would have drawn it freehand perhaps. But it's very straight and I know Clint is a bit of a perfectionist and if he gets things wrong, he's very, very hard on himself. Extremely hard on himself... The rigidity of the house, I don't know if its... I don't think we are that rigid in our parenting?

(Primary Informant 4b)

Maybe me.

(Primary Informant 4a)

Or maybe he wants a little more structure? I dunno... cause sometimes it gets a lot unstructured [meaning disorganized]. It gets like very unstructured. Sometimes it goes chaotic in the house.

(Primary Informant 4b)

Primary Informant 6's reflection on her daughter's first drawing (See [Figure 3](#)) was similarly insightful and empathic. Primary Informant 6 thought that the fire in her daughter's drawing that engulfed the house and had jumped to the crown of the tree reflected her daughter's anxiety and showed how overwhelming it was. She imagined her daughter trapped inside the burning house, unable to extinguish the fire. Primary Informant 6 thought that the firefighter may represent herself unsuccessfully trying to extinguish the flames. She used the firefighter as a metaphor for her parenting style which she explained as too intrusive and over-protective and not successful in mitigating her daughter's anxiety.

Reflecting on their child's drawings supported a new and more empathic understanding of their child. This growth in empathy is reflected in the words of Primary Informant 1 and Primary Informant 4b, who said:



FIGURE 3 Secondary Informant 6's first HTFWP drawing.

I think we're a lot more aware of where he's at. Instead of just accepting that he's just a child who's going through moods and us going on with our daily living, we're more aware that he is struggling; that he needs guidance; and we talk to him more often.

(Primary Informant 1)

To show him that he's not going through it alone. We are still there; he can lean on us... "You're not alone. Yes, you're feeling overwhelmed, but we're here to help you. We're here to support you. You can come to us... when you feel overwhelmed [and] we'll work it out together".

(Primary Informant 4b)

### Feeling supported and effective as parents

At the start of the study, all primary informants expressed negative feelings about their efficacy as parents. Following participation in the study, they commented that they felt less alone and appreciated the support and guidance of the R-P as they faced the challenge of helping their child with their anxiety: "So, that's my one big thing, is the parents needs guidance as well, cause we don't know if we're doing it right... It helped in the sense that I could change things as well, I could change, go home and look at the situation there and change things there." (Primary Informant 7).

In the process, primary informants' awareness of themselves grew along with the capacity to show compassion for themselves. To illustrate, Primary Informant 3 said, "I'm not always calm and patient but I try to be." Similarly, when reflecting on her response to her son's behaviour when he was very anxious, Primary Informant 5 said, "I think I've sort of not reacted as much [she used to respond with extreme annoyance] ... I think I've tried to stay calm, calmer than I was before." This self-awareness

and adaptation was also noted by Primary Informant 6 who admitted to initially being controlling and trying to fix things for her daughter. She stated:

I don't try to solve it. Fights against my natural instinct but I've got to because she's got to figure it out on her own, you know? ...coz I'm like a bit of a controlling [parent]. I wanted to, like, fix it all for her and then got frustrated when it wasn't like fixing, you know.

(Primary Informant 6)

Parents expressed gratitude for the regular HTFWP drawing elicitation conversations as it allowed them to adjust their parenting strategies and see progress made in their children which they felt they had contributed to. Primary Informant 5 stated that it was helpful to see the progress being made in therapy and that the regular HTFWP drawing elicitation conversations enabled her to support her child earlier in the therapy journey. Primary Informant 7's comment, "...we both, Eliana and I, both went through changes and that wouldn't have been possible if I didn't get regular feedback sessions," shows that she too appreciated the regular HTFWP drawing elicitation conversations.

As parents engaged with the series of their child's HTFWP drawing they noted that the way in which the elements (house, tree, fire, water and/or person) were drawn, changed over time. These changes in the drawing supported their growing belief in their children's self-efficacy. They also felt more capable in co-managing their child's anxiety. These beliefs in their child's self-efficacy and their own parenting ability to co-manage their child's anxiety are noted in Primary Informant 2's comment: "He's starting to manage it without my help. Well, I'll give him the tools, but he can do it on his own."

Similarly, when reflecting on her daughter's last HTFWP drawing (see [Figure 4](#)), Primary Informant 6 also displayed this confidence in her daughter's self-efficacy when saying: "Her house is still standing strong...and she looks strong in the picture...she looks like she's got her feet firmly on the ground and she's ready to face climbing those hills".

## A win for the psychologist

The R-P benefitted from utilizing the HTFWP drawing series in two ways: sharing them with parents built rapport; also sharing them necessitated that the R-P was very familiar with the drawings and how children explained them. In the course of familiarising herself with the drawings, the R-P noticed that



FIGURE 4 Secondary Informant 6's last HTFWP drawing.

the drawings symbolised progress or lack thereof. As shown next, these benefits helped the R-P feel effective and the significance of this rapport and tangible tracking of therapy progress was noted by parents.

### Building rapport with the parent

Establishing rapport with parents was a by-product of sharing their child's drawings with them but was also important for the efficacy of the HTFWP drawing elicitation conversations. Parents appreciated this rapport because it made them part of the process, helping them feel part of the team helping their child build resilience against anxiety. As Primary Informant 5b stated: "That's helpful for us [discussing the drawing]. That shared knowledge of something. It's more than just information, it's kind of aspects of having seen something together. It's a connection."

Parents noted that the unique rapport they shared with the R-P helped them adjust their parenting styles, aided in the child's therapy process, and benefitted the family as a whole. The significance of rapport between parent and R-P was noted by Primary Informant 4a, who said:

And just being able to get that guidance to be able to help my child, help the family. Calm down a bit. Show a little bit more empathy... So, not only helped him but helped me in the process as well to change. So, I thank you big time for that. Like, I think there's nothing we can do to repay you.

(Primary Informant 4a)

Parents appreciated a non-judgemental, personalised approach that made collaboration with the psychologist easier, supporting positive changes within the family. In addition, they spoke about the helpfulness of probing questions to get them to grapple, in a discursive, supportive space, with their own perceptions of their child's anxiety. In addition, parents expressed their appreciation for not being told an interpretation but allowed to develop their own understanding. Primary Informant 6 said:

So, I did like that, uhm, I liked the fact that you, uhm, without sort of guiding, there were like a little bit of guided questions but it was sort of like, "what do you think? How do you interpret?" You know, it wasn't like "this is how, you know, I see it, this is how" you know, it was more like "how do, how are you, sort of seeing it" if you know what I mean.

(Primary Informant 6)

The R-P acknowledged the progress made by the secondary informants as evidenced in their drawings during HTFWP drawing elicitation conversations, indicating appreciation and validation for efforts the primary informants made at home and the positive impact this had on their child's anxiety. This validation and encouragement likely contributed to the collaborative relationship and replaced the parents' initial feelings of hopelessness at the beginning of the study with hope and a sense of empowerment. In addition, as parents noted the tangible changes in their child's drawings, their trust in the expertise of the R-P also grew, as well as their belief in the therapy process. This brought a sense of gratitude for the role played by the R-P and further enhanced the relationship between R-P and parent.

### Tracking progress in therapy

Through sharing the HTFWP drawing series and the explanations with parents, the R-P became familiar with them and noticed that the drawings symbolised progress, or lack thereof. The changes noted in the visual presentation of the different elements (house, tree, fire, water, person, use of colour, lines of the HTFWP drawing) over the series of HTFWP drawings helped track therapy progress. In

some instances, these changes reflected positive progress in therapy, as in the drawings of Secondary Informant 6 (see Figure 5) and Secondary Informant 5 (see Figure 6). The tree in Secondary Informant 6's drawing changed from one reflecting fear and feeling overwhelmed (illustrated by a tree on fire) to one of strength (reflected by a sturdy trunk and a tree providing shelter). In addition, the destructive fire in the first drawing was contained and useful in the second drawing. These changes suggested that her anxiety was more contained and she was better able to manage it. She seemed less alone, and there was a greater sense of playfulness.

The person in Secondary Informant 5's drawing changed from a frightened stick figure in her first drawing to a three-dimensional person in her final drawing, someone capable of putting out a fire. Her first person had no hands or feet and no ground to stand on. The gender of the person could not be determined, and there was a frightened expression on its face. In the second drawing, the person was now three-dimensional and, according to Secondary Informant 5, was jumping up, which is why the



FIGURE 5 Secondary Informant 6's tree in her first and second drawing.



FIGURE 6 Secondary Informant 5's person in each of her drawings.

feet could not be seen. The girl in the picture had her hands raised, and the facial expression was one of fear or shock. Secondary Informant 5 loved mushrooms, and the mushroom on the t-shirt of the second person strongly suggests that Secondary Informant 5's drawing of this person was a reflection of herself. Again, the ground was not visible. Secondary Informant 5's person became more differentiated and capable in the final drawing. Her person in her third drawing had a body, hands, and feet and was pouring water over a fire. This final drawing suggested that Secondary Informant 5 felt more self-sufficient, grounded, and supported.

The drawings not only showed positive developments but, in some instances, also indicated that more therapy sessions were required. This is illustrated in the drawings of Secondary Informant 7 (see Figure 7). There was a sense of disturbance in all of her drawings. In the first drawing, a house was on fire. The second drawing depicted a sad man barbecuing in the rain, while the final drawing showed a frightened stick figure running into a house that had a tree growing inside it. This tree was surrounded by water. The frightened figure was running from an attack on the village that took place at night.

### A win for the child

This drawing process with the child and sharing their drawings with the parent resulted in two benefits for the child: developing a sense of connection and feeling understood, and potentially sustaining therapy goals. Children struggling with anxiety need supporting relationships to foster their resilience against anxiety (Masten, 2014; Vigdal & Brønning, 2022). As shown next, sharing the child's drawing series was valuable in fostering supportive relationships potentially adding to the child's resilience to anxiety.



FIGURE 7 Secondary Informant 7's HTFWP drawings.

## Shared drawings fostered understanding and connection

The improved parental insights positively influenced the parent's relationship with their child as children felt better understood and felt a stronger connection to their parents. Secondary informants' drawings inadvertently expressed their emotions and opened another avenue of communicating their feelings, adding to their sense of feeling better understood by the psychologist and their parents. This is illustrated by the thank you card of Secondary Informant 1 who had a keen awareness of not feeling understood and the expressed relief that someone finally did when he said: "It's like you just get me. Not all people are good at getting me". Secondary Informant 1 also implied that the drawings were important to the R-P's process but also valuable to him by adding one of his prized Pokémon cards to his thank you card. This Pokémon, Smeargle, observes its opponents closely, using the ink that oozes from its tail to create a drawing of them. These observations and drawing allows Smeargle to mirror its opponent's actions.

Similarly, the R-P was able to better understand Secondary Informant 1 through his drawings and could use his drawings to represent him in conversations with his mother. This added to Secondary Informant 1's feelings of being understood and connected to important supporting figures (his parents and treating psychologist) in this therapeutic context.

## Sustaining therapy gains

Parental involvement through the HTFWP drawing elicitation conversations led to deepened parental insight into their child's anxiety as well as a positive shift towards an authoritative parenting style, which supports the improvement of anxiety symptoms (Abed et al., 2023; Theron et al., 2022). Parents felt that the changes they were able to make in their parenting and understanding could help their child through future anxious times. This understanding of potentially sustained therapy gains was illustrated by comments made by Primary Informant 7 and 6, who said the following:

It wasn't just you, it wasn't just me; it wasn't just her, it was all three of us... So, I knew she now learnt something, and now I know I can use it for her next time when she can't remember about it, I can then remind her. So, it becomes team work because ultimately she's not alone in this.

(Primary Informant 7)

it's not just you and her, all of us have to be working together to figure this out, because she'll only, you know, one would only see the therapist for a period of time, and then it still needs to be managed at home.

(Primary Informant 6)

Primary informants appreciated that their involvement in their child's therapy, which fostered their insight and empathy, and gave them the support they needed during a difficult time, empowered them to possibly sustain therapy gains.

## DISCUSSION

The purpose of this multiple case study was to explore the potential benefits of sharing the series of the child-client's HTFWP drawings in parent feedback sessions when a child is in psychotherapy for GAD. As the reported findings suggest, sharing child-generated HTFWP drawings with their parents was invaluable to the therapy process of all the child-clients in the study. Evidently, the sharing of the

drawings fostered a robust parent-psychologist alliance with spillover benefits for the parent, child-client and the treating psychologist. These findings fit with earlier studies that reported the general usefulness of children's drawings to connect with and include parents in their child's therapy (Baghdadi et al., 2020; Kissos et al., 2020). Simultaneously, these findings extend previous understandings of the diagnostic value of the HTFWP drawing (Lutz, 2007; Wienand, 2016, 2020), to include its value as a tool to build rapport with the parents of child-clients in therapy for GAD.

## **Sharing a series of HTFWP drawings facilitated a parent –psychologist alliance**

The manner in which the child-client's HTFWP drawing was shared with their parents during HTFWP drawing elicitation conversations involved establishing a meaningful connection (Markman, 2020; Monticelli & Liotti, 2021; Talia et al., 2020). Rather than imposing the expertise of the psychologist in a top-down manner, sharing the drawings encouraged parents to engage in open dialogue and express their thoughts, observations and concerns regarding their child's HTFWP drawings. Parents' perspectives were valued, fostering a sense of partnership and equality in the feedback process. We theorise that this created a safe discursive space for parents to express their concerns regarding their child's anxiety, one that encouraged communication and trust, strengthening the parent-psychologist alliance and parents' commitment to their child's therapy. As Bram (2021) reported, when parents feel valued, respected and understood by the psychologist, their investment in their child's therapeutic process deepens.

## **Spillover benefits of the drawing-facilitated parent-psychologist alliance for the stakeholders**

### **Benefit for parents**

#### *Fostering parenting skills and feelings of support*

Previous studies have indicated the significant challenges that parents face in co-managing their children's difficulties related to GAD symptoms (Beesdo et al., 2009; Bilsky & Friedman, 2022). This need for guidance was also expressed by our primary informants. In our experience, the HTFWP drawing elicitation conversations facilitated a parent-psychologist alliance that redressed parents feeling alone and isolated in their difficulties and made it easier to seek guidance. This deduction fits with others' association of parent – psychologist alliances and opportunities for parental guidance (Accurso & Garland, 2015; Vigdal & Brønnick, 2022; Yamamoto et al., 2023).

Repeatedly sharing drawings with parents probably played into this benefit. We experienced that these multiple sessions opened up more avenues for discussion and aided parents in addressing their child's struggles with anxiety. Previous studies showed that empowering parents as active partners in the therapeutic process contributes to the child's resilience and well-being (Bratton et al., 2005; Diamond et al., 2000), as well as redresses a parent's sense of isolation (Bram, 2021; Fox, 2012). Our study suggests that sharing a *series* of HTFWP drawings advances this benefit.

#### *Fostering self-compassion*

The HTFWP drawing elicitation conversations also seemed to encourage parents to be compassionate with themselves and to acknowledge their parenting wins, however small. It is possible that the empowerment and support provided through the drawing-facilitated parent –psychologist alliance encouraged parents to adopt a more forgiving and understanding attitude towards their own challenges. While some studies about resilience underscore that nurturing people's capacity for self-compassion can also nurture

resilience (Belfi et al., 2024; Haldorai et al., 2023), we are unaware of studies reporting the development of self-compassion as a result of a parent –psychologist alliance or via the sharing of drawings.

#### *Heightened affect regulation*

Parents described their initial frustration, impatience, and anger with their children's anxious behaviour. During the HTFWP drawing elicitation conversations, they started recounting instances where they struggled to maintain control but actively sought ways to regulate their own reactions. Parents' apparently improved regulatory capacity and heightened frustration tolerance resonate with prior studies on the benefits of a parent-psychologist alliance (Bonanno et al., 2024; Fox, 2012). The distinction is that these studies did not use a drawing series, specifically the HTFWP drawing series, to achieve these findings.

### Benefits for the child

#### *Authoritative parenting*

A parent – psychologist alliance helps foster an authoritative parenting style (Bram, 2021; Diamond et al., 2000), which is considered a protective factor to a child's resilience to anxiety (Masten et al., 2021). We witnessed that the discursive style of the regular HTFWP drawing elicitation conversations, supported parents who recognised tendencies towards being overly strict, to adjust their approach to become warmer and less overbearing. This adjustment in parenting, not only fostered a healthier parent–child bond but also likely ensured that children's individual needs were met through parenting that respected children's autonomy and self-efficacy. As in the preceding sections, this benefit is not novel (Bram, 2021; Diamond et al., 2000). The difference lies in the fact that these aforementioned studies did not include the use of drawings to achieve these outcomes.

#### *Feeling understood and connected*

When exploring the benefits of sharing the child's drawings during regular HTFWP drawing elicitation conversations children reported that they felt better understood by, and connected to, their parents. The enhanced empathy in parents due to involvement in their child's therapy process enabled them to support their children emotionally. While some studies highlighted supportive relationships as a critical protective resource in fostering resilience against anxiety, particularly for children (Masten, 2014; Vigdal & Brønnick, 2022; Yoon et al., 2021), we are unaware of studies that share drawings as a means of achieving this goal.

### Benefits for the psychologist

#### *Bolstered connection with the child*

When sharing drawings with parents in regular HTFWP drawing elicitation conversations, the R-P gained a deeper understanding of the child's background and family situation, enhancing insight into the child's anxiety. Involving the child in explaining their drawings and seeking permission to share these drawings and narratives with their parents fostered a sense of teamwork between the parent, child, and R-P, empowering the child and fostering a sense of openness that positively contributed to the therapy process. The R-P's deepened relationship with the child reaffirmed the importance of fostering trust and collaboration in therapeutic practice. While this finding aligned with some authors who emphasised the importance of a robust therapeutic working alliance to further the positive outcomes of therapy (Bordin, 1979, 1994; Halfon, 2021) we are unaware of studies which shared the child's drawing with their parents to achieve this connection.

## Tracking therapy Progress

The R-P's need for familiarity with the child's series of HTFWP drawings in order to share them with the parents enhanced the R-P's understanding of the child's therapy progress (or lack thereof). Elements in the HTFWP drawing started transforming across the series (e.g. the fire was less destructive, the person was more detailed, the water started flowing). These changes reflected positive therapeutic outcomes. This benefit of the HTFWP drawing series providing a visual representation of therapeutic progress aligns with the literature on the use of drawings for mental health professionals (Girish et al., 2023; Pivnick, 2023), although the use of the HTFWP drawing, as in our study, is novel.

## Limitations and recommendations for future research

This study contributes a doable way forward for psychologists to form alliances with parents that have spillover benefits for the parents, their child in therapy and the treating psychologist. Particularly in contexts like SA, where parent scepticism about therapy can impede children developing resilience to GAD, this is an important contribution. Still, there are limitations.

Our sample was limited to primary school children aged 10–12 years exhibiting symptoms of GAD. We wondered what the benefits would be when sharing the HTFWP drawing with parents if the study was not limited to GAD, but rather considered another highly prevalent mental health challenge like paediatric depression (Elmore & Crouch, 2020; Mkhize et al., 2024).

When reflecting on our sample delimitation, we wondered how different parenting and parental involvement would be in therapy when the client is an adolescent. Future studies could also explore a mental health challenge that is prevalent in adolescents, like mood disorders or Substance Use Disorders (Shorey et al., 2022; Simon et al., 2022; Unwin et al., 2022). This shift in focus to a different mental health challenge as well as a different age range will help determine if the benefits we found when sharing the HTFWP-drawing of children with their parents are repeatable when the focus is not GAD and the age range is adolescence.

Another limitation was the coincidence that all the primary informants were the biological parents of the secondary informants. In the absence of biological bonds, caregiving has been known to face additional challenges (Barone et al., 2021; Moretti & Obsuth, 2009). Future studies should purposefully include other caregivers (e.g. foster parents, adoptive parents, step-parents, grandparents, other relatives or legal guardians taking on the role of support, care and guidance for the children in their care) to explore the benefits to the therapeutic process of sharing the HTFWP drawings with them.

Focus was on the benefits. While we (the authors) were attentive to data that could contradict the findings we identified, and while we found none, it is possible that a study that considered benefits and constraints could have produced more nuanced themes. It is also possible that parent gratitude for the pro bono mental health service (given the research study parameters) could have biased them positively towards the drawings.

## CONCLUSION

This article illustrated our exploration of the benefits of sharing the child-client's HTFWP-drawing with their parents when the child is in therapy for GAD. Through the series of case studies involving children with GAD in Cape Town, SA, the practice of sharing the child-client's HTFWP drawing series with parents during HTFWP-drawing-elicitation conversations created a discursive space enhancing the parent's involvement in their child's therapy. Sharing the child-client's HTFWP drawing series with their parents contributed to the creation of a robust parent-psychologist alliance (with spillover benefits for parents, the child in therapy and the treating psychologist). This child-client's HTFWP drawing series served as catalysts for insight, offering parents a deepened understanding of their child's anxiety,

helped towards more effective parenting and served as tangible cues of progress in therapy for the psychologist. It helped the child feel supported by their parents and the psychologist and strengthened the parent–child relationship. Ultimately, sharing the child-client's HTFWP drawing series with their parents contributed to more effective therapeutic outcomes for the children with GAD.

## AUTHOR CONTRIBUTIONS

**Judith Bredekamp:** Conceptualization; investigation; writing – original draft; methodology; validation; visualization; writing – review and editing; formal analysis; data curation. **Linda Theron:** Supervision; project administration; writing – review and editing; formal analysis.

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## CONFLICT OF INTEREST STATEMENT

All authors declare that they have no conflicts of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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