

# Psychological Correction of Parents' Attitude to Their Children with Special Educational Needs by Means of Art Therapy

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**Abstract:** *The paper presents the results of empirical study of parents' attitudes towards their children with special educational needs. The following methods have been used: PARI method (E. Schaefer, R. Bell; adaptation by T. Nescheret), test-questionnaire of parental attitude of A. Varga and V. Stolin; questionnaire 'Analysis of family myth' by A. Nesterova. To clarify and deepen the analysis of research data, two samples of selected participants have been created: a) parents of children with special educational needs and b) parents of children without special educational needs. Two Google forms have been made with appropriate introductory questionnaires and research instructions.*

*The analysis of the results obtained by the methods has revealed the following tendencies in the attitude of parents of children with special educational needs, in comparison with parents of other children: lower level of acceptance; greater concentration on the child and his/her control; a kind of inconsistency in the attitude to their children (simultaneous optimal emotional contact and excessive emotional distance); a sense of self-sacrifice and belief in its necessity.*

*It has been proved, that the usage of different types and forms of art therapy (music, dance-movement, bibliotherapy, fairy tale therapy, phototherapy, film therapy, fine art therapy) helps to correct parents' attitude to their children with special educational needs. In addition, a number of recommendations for the use of art therapy to work with parents of children with special educational needs has been proposed.*

**Keywords:** *art therapy; SEN; parents' attitude; psychological correction; psychodiagnostic tools.*

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## **1. Introduction**

### ***1.1. The problem of study***

Attitudes towards children with special educational needs are changing significantly. Evidence of this is, in particular, the change of unattractive category symbol from 'children with disabilities' (Latin 'weak, sick') to 'children with special educational needs'. Such a change of designation shifts the emphasis from illness to needs. Accordingly, the focus of supporting this category of children increases and begins to include a significant element of psychological work, which should be aimed at both children with special educational needs (hereinafter referred to as SEN) and their parents (Ionescu, Cordun, Carlo, 2021). In particular, it is important to study the parents' attitude to their children with SEN. Such attitude plays a primary role in the further development of such children in society and social adaptation (Ihnatenko, 2019) and can be corrected.

One of the effective methods of psychological correction of attitude is art therapy, which, in a mild form, addresses the deep emotions of a person that make up the attitude. At the same time, there is a lack of scientific works and methodological developments aimed at psychological correction of parents' attitude to their children with SEN by means of art therapy. The available material is focused primarily on working with children with SEN, and much less on their parents and their attitude to children.

Thus, the relevance of this study is due to the following contradictions: the availability of significant methodological tools and practical recommendations for working with children with special educational needs, and a smaller methodological basis for psychological work with their parents; the availability of thorough theoretical work and methodological complexes on working with families raising children with SEN, and the lack of work on the attitude of parents to their children with SEN; the presence of meaningful theoretical and practical developments in art therapy and the lack of proper systematization of knowledge on the use of art therapy in working with the parents' attitude to their children with special educational needs.

### ***1.2. Literature review***

A general review of scientific papers has revealed that there is very little research on the attitude of parents to their children with SEN. Thus, O. Khmyzova singled out three groups of parents of children with SEN, according to adaptability: 1) parents who adequately perceive the

characteristics of the child, try to develop his/her potential; constantly look for new ways, methods of reception, means of training and education; 2) parents, who pay attention to the child with special needs, try to develop him/her, but, at the same time, their own emotional background is significantly reduced ('I live for the sake of the child'); 3) parents who financially provide for a child with special needs (pay for treatment, buy beautiful clothes, expensive toys, etc.), but do not provide emotional support (Khmyzova, 2011).

K. Ihnatenko identifies a number of mistakes in the family upbringing of children with SEN and some inadequate attitudes of parents to them: excessive care of the child, attitude to him/her as very sick or vice versa – attitude to the child as completely healthy, disregard for his/her problems, opportunities and inappropriate submission of claims; lack of proper attention to the child; attitude to the defect as a temporary phenomenon; contempt for the child, humiliation, perception of him/her as a family burden and shame (Ihnatenko, 2019).

Analysis of scientific papers on the research topic (Zaveryko, Soloviova, 2008; Hrytsenok, Illiashenko, Obukhivska, 2009; Altinay, Z., Altinay, F., Ossianilsson & Aydin, 2018; Ihnatenko, 2019) has shown that the attitude of parents to their children with SEN varies greatly in different families and depends on a number of factors, including the nature of the child's defect, psychological characteristics and cultural level of parents, etc. At the same time, the following opposite tendencies are revealed in the attitude of parents to their children with SEN: 1) hyperopia – emotional rejection; 2) pity for indulgence – demand (without taking into account the characteristics of the child); 3) illusory (underestimation of the child's problem, blind faith in prosperous 'healthy' future) – disbelief in the child (overestimation of the problem, lack of vision of the child's development prospects and his/her psychological resources). Thus, the attitude of parents towards their children with SEN is often contradictory, ambiguous and inadequate.

Scientific and methodological developments in working with families with SEN children are quite significant: Bukovska, 2013; Galyan, 2019; Illiashenko, 2019; Zhuk, 2019; Kolyshkin, 2015; Krotenko, 2013; Makarenko, 2009; O. Opalyuk and T. Opalyuk, 2012, Podkorytova, 2020 and others. These and other works present both a theoretical analysis of the problem of professional work with families with SEN children and practical recommendations, methodological developments for working with such families. In some works, we find proposals to use art therapy elements. Thus, Bukovska, 2013 offers to use parental essays: 'My problem', 'My way

of life', 'Life story of my child', which can be defined as creative, or active, bibliotherapy. However, these works lack recommendations for targeted psychological correction of parents' attitudes towards their children with SEN. In particular, a general description of such a program without specifying the content is presented in the publication of Podkorytova, 2020.

The theoretical analysis encourages to conduct an empirical study of the attitude of parents to their children with special educational needs and determine the theoretical and methodological basis for the use of art therapy for the psychological correction of this attitude.

## **2. Methodology**

### ***2.1. Research methods***

The following methods have been used to study the features of psychological correction of parents' attitudes towards their children with SEN: 1) theoretical: analysis, classification, comparison and generalization of these scientific papers; 2) empirical: psychodiagnostic methods (PARI method (E. Schaefer, R. Bell; adaptation by T. Nescheret), test-questionnaire of parental attitude of A. Varga and V. Stolin; questionnaire 'Analysis of family myth' by A. Nesterova).

We'll describe the used psychodiagnostic techniques briefly.

*The PARI method* (authors: E. Schaefer, R. Bell; adaptation by T. Nescheret) (Karelin, 1999) is designed to study the attitude of parents to different aspects of family life.

The method contains 115 judgments arranged in a certain sequence. The respondent should express his/her attitude to each statement in the form of full or partial consent or disagreement. Each answer is evaluated by a certain point.

The processing of answers is carried out by addition of the sum of points on each of 23 scales of technique: 1) verbalization; 2) excessive care; 3) dependence on the family; 4) suppression of will; 5) sense of self-sacrifice; 6) fear of offending; 7) family conflicts; 8) irritability; 9) excessive rigor; 10) exclusion of family influences; 11) excessive authority of parents; 12) suppression of aggression; 13) dissatisfaction with the role of the hostess; 14) partnership relations; 15) development of the child's activity; 16) avoidance of conflict; 17) indifference of the husband; 18) suppression of sexuality; 19) the dominance of the mother; 20) excessive interference in the child's world; 21) equal relations; 22) the desire to accelerate the development of the child; 23) independence of the mother. 15 of these aspects describe the parent-child relationship and are grouped into the

integrated scales: 1 – optimal emotional contact, 2 – excessive emotional distance with the child, 3 – excessive concentration on the child.

The test-questionnaire of parental attitude of A. Varga and V. Stolin (Karelin, 1999) is a psychodiagnostic tool focused on revealing parental attitude to children. Parental attitude is understood as a system of different feelings about the child, behavioral stereotypes practiced in communication with him/her, the peculiarities of perception and understanding of the child's personality, his/her actions.

The questionnaire consists of 5 scales: 1) 'Approval – rejection' (integral emotional attitude to the child; a high score is interpreted as rejection); 2) 'Cooperation', or 'Image of social desirability of behavior' (socially desirable image of parental attitude, interest in the child, the desire to help her/him, etc.); 3) 'Symbiosis' (interpersonal distance in communication with the child; the higher the indicator is, the more parents seek a symbiotic relationship with the child, feel themselves with him/her as a single whole); 4) 'Authoritarian hypersocialization' (form and direction of control over the child's behavior; the higher the score is, the more powerful the authoritarianism is); 5) 'Little loser' (features of perception and understanding of the child by parents; high values indicate the desire of parents to infantilize and invalidate the child, attribute personal and social incapacity to her/him).

*Questionnaire 'Analysis of family myth' (author: Nesterova, 2004, 2017)* provides an opportunity to explore a set of mythological ideas about the family of an individual. It contains 30 statements. The following types of family myths are studied: 1) 'The myth of eternal love and indivisibility of family members' (love does not fade with age; it is manifested in the attitude of parents to the child by reluctance to let him/her out of their care; jealousy); 2) 'The myth of the magical power of love' (denies the objective reasons that affect the development of family events; the belief that love of parents to children, can solve all problems on their own); 3) 'The myth of the absoluteness of family situations' (substituting the analysis of the family situation with absolute concepts, rigid schemes, etc.); 4) 'The myth of evil forces attacking the family' (the idea that all events in the family are influenced by evil forces, namely, the denial of the fact of own influence on the development of events); 5) 'The myth of the need to sacrifice for the sake of the family and its members' (the idea that each family member must sacrifice something, give up own interests, feelings for the sake of family, children, partner, not to think about himself); 6) 'The myth of the permanence of family well-being' (the position that family happiness and well-being are a constant phenomenon, and there should be no

disagreements in a happy family. Quarrels indicate about the hatred and family breakdown). These myths correspond to certain scales of the questionnaire, 5 statements in each. The more detailed description of the studied myths can be found in the original publication of the author (Nesterova, 2017).

The respondent must determine the level of his/her agreement with each statement. The lowest number of points that a myth can score is 5 points (indicating that the respondent does not share this myth); the highest number of points is 25 (the respondent completely shares the myth). Interpretation is based on estimates of all myths. You can also determine the level of general mythology of family ideas of the respondent.

We have used this questionnaire in our study of parents' attitudes toward their children with SEN, because it contains questions related to family members' illness and attitudes toward the child. The results of the scale 5 'Myth of the need to sacrifice for the sake of the family and its members' (among parents of children with SEN) are of particular interest for our study. We assume that the indicators of this myth will be higher among parents of children with SEN than parents of children without SEN.

## ***2.2 Research procedure***

Two similar Google forms were created for the study: one for parents of children with SEN, the other one – for parents of healthy children. Both forms contained the same set of psychodiagnostic methods (PARI Methodology, A. Varga and V. Stolin Parental Attitude Test-Questionnaire, A. Nesterova Questionnaire 'Analysis of Family Myth').

The instructions for the tests and the general questionnaire differed. Thus, in the Google version of the form for parents of children with SEN, the respondents were asked to determine their agreement or disagreement with each statement of the tests for their child with SEN. The general questionnaire contained the following items: Do you have a child with special educational needs? Please, indicate the gender of your child with special needs. Please, indicate the age of your child with special needs. What is special about your child? The Google form for parents of children without SEN did not contain such clarifications on children with SEN in the instructions and paragraphs.

Our online study involved 47 people, who have children with SEN and 47 people who do not have children with SEN. A total amount is 94 people. A sample of parents of healthy children was formed as a control group for comparative analysis of parents' attitudes towards their children with SEN.

Adherence to the ethics of psychological research. Parental participation in the study was voluntary. The link to the developed Google form for parents with children with SEN was passed on to groups of parents through community organizations, social workers and psychologists working with this category of parents. The social network Facebook was used to attract parents of children without SEN, which guaranteed randomness and full voluntary participation in the study. Before the invitation of the participants, it was stipulated that the age of children (both with and without SEN) should be up to 18 years.

The confidentiality of the research data was ensured by the anonymity of the survey and the absence of mandatory collection of e-mail addresses of the participants. Parents were asked to leave their addresses in a special, optional column of the introductory questionnaire if they were interested in their own research results.

### **3. Research results**

We present the generalized results for each method.

The test-questionnaire of parental attitude of A. Varga and V. Stolin has shown that all the studied indicators in both parental samples are within the norm. The comparative analysis of the averages for each scale in the studied samples reveals the following:

- the level of rejection by parents of their children with SEN is 3.6 points higher than that of parents of healthy children. The average score of 13.5 obtained in the group of parents of children with SEN is slightly above the average level of rejection according to the method and the average score of 9.9 among the parents of healthy children corresponds to the average level of rejection according to the method;

- on the scales 'Social Desirability' and 'Symbiosis', the averages of both groups of parents are identical: levels above the average and the average level, respectively;

- on the scale 'Authoritarian hypersocialization' the difference between the average scores is 1 point: the average score of parents of children with SEN – 3.1 (average level), and healthy – 2.1 (below the average);

- a slight difference between the average scores in the samples is found on the scale 'Little Loser': 2.4 (slightly above average) and 1.7 (average level) among parents of children with SEN and parents of healthy children, respectively (see Table 1).

**Table 1.** Averages in groups of the surveyed parents on the test-questionnaire of parental attitude of A. Varga and V. Stolin

	Approval	Social Desirability	Symbiosis	Hypersocialization	Little Loser
SEN	13,5	7	3,8	3,1	2,4
Healthy	9,9	7	3,7	2,1	1,7
<i>Difference</i>	<i>3,6</i>	<i>0</i>	<i>0,1</i>	<i>1</i>	<i>0,7</i>

Thus, according to the test-questionnaire of parental attitude of A. Varga and V. Stolin, parents of children with SEN have shown a weak tendency not to accept their children. Compared to parents of healthy children, they are more prone to authoritarianism towards their children and a little more infantilized. This may be due to the need for constant care and supervision of certain categories of children with SEN. Thus, the analysis of the responses of some parents has revealed that the highest rates of rejection, infantilization (disability) of the child are found in mothers of children with the following diagnoses: autism spectrum disorders, ADHD, speech disorders; authoritarianism – in mothers of children with movement disorders, speech disorders, autism spectrum disorders. The highest rates of child acceptance and perception of him/her as the most healthy are identified in mothers of children with visual, hearing and autism spectrum disorders. Accordingly, a more detailed study of parents' attitudes towards their children in accordance with the child's diagnosis is planned in the future.

The PARI method has revealed that the indicators for the studied 23 aspects and the three combined scales among the parents of children with SEN and healthy children are within normal limits. Almost all indicators of parents of children with SEN are slightly higher than those of parents of healthy children. The biggest difference is found in the feeling of self-sacrifice (this figure is higher by 2.6 points among parents of children with SEN than parents with healthy children), excessive interference in the child's world (more than 2.4 points), the desire to accelerate the child's development (more than 2.1 points).

Let's note that the last two indicators coincide with a slightly higher level of authoritarianism and disability of the child of the parents of children with SEN compared to the parents of healthy children according to the previous method. It has also been found that parents of children with SEN are slightly more likely to suppress their own sexuality.



According to the generalized three indicators of attitude to the child, it has been shown that the average scores on 'optimal emotional contact with the child' and 'emotional distance with the child' in both groups of parents are almost the same, although slightly higher than in groups of parents of children with SEN. Since we have seen a sort of inconsistency in the results obtained – the optimal emotional contact and emotional distance, in our opinion, are inversely related – we conducted a correlation analysis of data on these scales. A weak positive correlation  $r = 0.13$  was detected. In the sample of parents of children without SEN, the correlation between the scales 'optimal emotional contact' and 'excessive emotional distance' is even weaker, but negative  $r = -0.04$ . From this, we assume that optimal emotional contact and emotional distance depend little on each other. However, the obtained assumption needs further empirical verification.

The higher average score among the parents of children with SEN (103.4 vs. 90.9 points among the parents of healthy children) was found with the help of the scale 'Excessive concentration on the child'

**Table 2.** Averages in groups of the surveyed parents by the method of PARI (integrated scales)

	Optimal emotional contact with the child	Excessive emotional distance	Excessive concentration on the child	Attitude to the family role
SEN	64,3	32,7	103,4	107,9
Healthy	62	29,4	90,9	99,6
<i>Difference</i>	<i>2,3</i>	<i>3,3</i>	<i>12,5</i>	<i>8,3</i>

Thus, the PARI method has revealed the following trends in the attitude of parents to their children with SEN: excessive concentration on the child and excessive interference in his/her world, due to the characteristics of children and a real need for parental attention; the desire to accelerate the child's development, some suppression of own sexuality, as well as a sense of self-sacrifice.

Questionnaire 'Analysis of family myth' by A. Nesterova has found that the overall level of mythological ideas about the family and children among parents of children with SEN is higher than parents of healthy children by 9.6 points (87.1 and 77.5 points, respectively, which corresponds to the medium level of general mythology according to the questionnaire).

Comparison of medium levels for each studied family myth (Table 3):

– the averages for the myths of 'eternal love and indivisibility of family members', 'magical power of love' and 'permanence of family well-being' among parents of children with SEN are slightly higher than parents of healthy children (by 1.1; 1.3 1.3 points according to each myth); while all indicators correspond to the medium level of expression of the myth according to the method;

– discrepancies between average scores are found in the myths of 'evil forces attacking the family' and 'the need to sacrifice for the sake of the family and its members'. Thus, the average score according to the first myth among the parents of children with SEN is higher by 2.8 points than among the parents of healthy children; and for the second myth – by 2.7 points. The manifestation of the 'myth of evil forces attacking the family' in both samples corresponds to the low level according to the method. The manifestation of the 'myth of the need to sacrifice for the sake of the family and its members' is low among the parents of healthy children, but it is at the average level among the parents of children with SEN. This result coincides with the result on the scale of 'self-sacrifice' of the PARI method, which is also higher among parents of children with SEN than parents of healthy children;

– 'the myth of absoluteness of family situations' in both groups of parents is the same and manifested at the high level.

**Table 3.** Averages in groups of the surveyed parents on the questionnaire 'Analysis of family myth' A. Nesterova

	'eternal love and indivisibility of family members'	Myth of magical power of love'	myth of absoluteness of family situations	'myth of evil forces attacking the family	'myth of the need to sacrifice for the sake of the family and its members	'The myth of the permanence of family well-being'	general mythodology of family ideas
SEN	16,5	15,3	19,3	9,5	13,5	13,1	87,1
Healthy	15,4	14	18,9	6,7	10,8	11,8	77,5
<i>Difference</i>	<i>1,1</i>	<i>1,3</i>	<i>0,4</i>	<i>2,8</i>	<i>2,7</i>	<i>1,3</i>	<i>9,6</i>

Summarizing the results of the questionnaire 'Analysis of family myth' by A. Nesterova, we can assume that the higher indicators of mythology of family perceptions by parents of children with SEN can be a psychological protection – a reaction to the special needs of own child.

The results obtained by all three methods do not contradict, but confirm each other.

Despite slight differences in the results between the studied samples of parents, the following trends in the attitude of parents to their children with SEN compared to parents of healthy children have been defined:

- lower level of approval;
- greater concentration on the child and his/her control;
- a sense of self-sacrifice and belief in its necessity.

Let's also note that, a fairly high level of rigidity of family ideas is found in both groups of the studied parents.

At the same time, it should be emphasized that the indicators of parents of children with SEN due to all the studied indicators are mostly within the norm. In our opinion, this indicates that parents treat their children with SEN, in general, almost the same way as other parents treat their healthy children. At the same time, to correct the attitude of parents, in particular, to increase the acceptance of their child with SEN and reduce the feeling of self-sacrifice seems appropriate. As already mentioned, such a correction, in particular, with an emphasis on the development of psychological resources of parents, will positively contribute to the development of children with SEN.

To that end, we suggest using art therapy, which is one of the most resourceful and mild methods of psychological correction and psychological assistance. In particular, important features of art therapy for the psychological correction of parents' attitudes towards their children with SEN are:

- 1) reflexivity – a creative product (drawing, sculpture, installation, fairy tale, story, etc.) appears as a 'mirror', which reflects the attitude of parents to their children;
- 2) the possibility of non-verbal interaction, which allows the processing of difficult experiences related to the family situation and the child's illness;
- 3) activation of creative potential of the person that is important both for education of the child with SEN and better state of parents' health;
- 4) focus on emotions that form the basis of the relationship;

5) resourcefulness – the creative process usually causes positive emotions for its participants, which, in turn, creates a favorable basis for further psychological work with parents.

Art therapy combines a number of specific methods that help the client achieve mental integrity, a higher quality of life and develop his potential.

According to the existing arts, different types of art therapy are defined: art therapy, bibliotherapy, film therapy, drama therapy, music therapy, dance therapy, fairy tale therapy, phototherapy, etc. A characteristic feature of Ukrainian art therapy is its multimodality – the integrated use of various arts for psychological assistance.

In any type of art therapy, there are two main ways to implement it (Encyclopedic Dictionary of Art Therapy, 2017).

– receptive, or passive, – perception of works of art (reading, watching movies and paintings, listening to music, etc.);

– creative, or active, – creating own creative product (drawing, sculpture, dance, fairy tales, etc.), which provides answers to certain questions, helps to resolve internal conflicts, improve emotional state (Voznesenska, Sknar, 2017).

Let's consider the possibility of using each type of art therapy for the psychological correction of parents' attitudes towards their children with SEN.

*Music therapy* is a type of art therapy when music, singing and sounds are the means of healing (Voznesenska, Sknar, 2017).

It is advisable for psychological correction of the attitude of parents to their children with SEN to use both creative and receptive forms of music therapy. In particular, one of the possible options for creative music therapy will be to create a joint 'noise orchestra', 'trio' or 'duet' of parents and their children with SEN. This allows to respond to the accumulated negative feelings and emotions, on the one hand, and on the other hand, creates a creative atmosphere that unites. It is necessary for receptive music therapy of the attitude of parents to their children with SEN to make a special selection of musical works, which is a prospect for further research.

*Dance-movement therapy* – a type of art therapy, when the means of psychological assistance to a person is movement, dance (Encyclopedic Dictionary of Art Therapy, 2017).

Due to the fact that the dance directly involves the human body, it makes it possible to remove the muscular clamps of parents due to their long-term mental and emotional stress that arises in the process of

upbringing children with SEN. This helps to reduce emotional stress of parents and improve attitudes towards themselves and their children.

*Bibliotherapy* is a type of art therapy that uses literature as a means of psychological help (Voznesenska, Sknar, 2017).

As compared with receptive music therapy, the selection of special literary works to correct the attitude of parents to their children with SEN is the subject of a separate study. In the context of creative bibliotherapy, it is advisable for parents to write essays: 'My problem', 'My way of life', 'History of my child's life', etc. (Bukovska, 2013). It is advisable to offer parents to write in different genres and forms to respond and analyze their experiences and attitudes: create a saga, myth, essay, legend, fairy tale, fantasy, acrostic, children's poems, 'counters', Japanese haiku and keep a diary, write an artistic autobiography and biographies of own child, write letters, etc. (Voznesenska, Sknar, 2017).

*Fairy tale therapy* is a method that uses a fairy tale to integrate personality, develop creative abilities, expand consciousness, improve interaction with the outside world (Derkach, 2008). To work with parents of children with SEN, you can use ready-made fairy tales, for example, to analyze or play the fairy tale 'Little Duck', and methods of fairy tale therapy, such as creating a fairy tale (about a family in which a special child was born) individually or with a child.

*Phototherapy* is a type of art therapy based on the use of photography or slides to solve psychological problems, as well as for the development and harmonization of personality (Voznesenska, Sknar, 2017).

To correct the attitude of parents to their children with SEN, it is advisable to use photo collages on the theme 'My special child', 'My special family', etc. Parents can also be asked to take a series of photos of their child with SEN in different situations (when eating, sleeping, reading, playing, etc.). Looking at a child through the prism of photography gives parents the opportunity to psychologically go beyond the family system and look at it and their child from the outside. This creates the conditions for further changes in attitudes towards the child.

*Cinema therapy* is a type of art therapy based on the use of the art of cinema as a therapeutic tool (Voznesenska, Sknar, 2017).

In working with parents of children with SEN, it is advisable to use both forms of film therapy: select special films about children with special educational needs, which is the subject of a separate study; give creative tasks to parents, for example, to make a series of videos about the child with SEN.

*Fine art therapy* is a type of art therapy when the means of healing is fine art (Voznesenska, Sknar, 2017), which provides opportunities to use a wide range of materials for creativity: graphics, paints, paper, plasticine and etc.

Fine art therapy is widely used in family art therapy and has a significant arsenal of methods and techniques. Some of them with appropriate modifications can be used in working with parents of children with SEN. The description of these techniques is given below.

One of the most common and frequently used methods of family art therapy is to create a *family portrait* ('*Family Self-Portrait*') – a realistic, abstract or symbolic image of the family. The client family is offered a sheet of Whatman paper, various materials (paints, chalk, pencils, magazines with illustrations to create a collage) and the task: 'Create a self-portrait of your family'. All other guidelines and restrictions are at the discretion of the family.

This technique is diagnostic for understanding by both the art therapist and the family members themselves (Babii, 2014). In further work with a self-portrait, you can determine the place of each family member in the family, his/her size on paper, colours used for depiction, the level of realism or fantasy of the image, the clarity of boundaries and lines in the image of each family member and etc. The possibilities of technology are different: in terms of insights of family members, the work is considered from the outside of it; each participant describes his/her part of the work and the feelings that arise in the process of joint creativity and discussion (Zinkevich-Evstigneeva, 2003).

The technique 'Family Sculpture' or 'Sculpture of Family Relations' is similar in content to the family portrait. The art therapist suggests creating an image of a family or family relations in the form of a sculptural group from plastic material (clay, plasticine, dough) (Yatsenko, Kalashnyk, Chernukha, 2009). Working with plastic materials helps to bring out the negative experiences of family members, which can then be analyzed and evaluated. It is especially necessary to work with plastic materials in case of physical violence in the family, it allows to do traumatic material without painful experience, and also gives the chance to react the accumulated aggression and anger (Hazolyshyn, 2007). A sculpture of a family can be created in the form of a family tree, where parts of the tree symbolize different family members, which is diagnostic in the study of the family hierarchy.

Exercise 'Family coat of arms'. Family members should portray what they have inherited from the personal traits of the parents, what they would

like to inherit, what they would not like, what they would like to pass on to their children; or weak and strong traits inherited from parents; or past and present in the family (Voznesenskaya, 2009).

Exercise 'Journey to the world of childhood' is aimed at processing children's memories of parents. It is for parents to portray themselves, their interests, occupations now and in childhood. This work is useful in case of conflicts in child-parent relations, processing of past insults, it helps parents to look at the situation through the eyes of their children and those children they once were, and children understand the motives of parental behavior better (Medvedeva, Levchenko, Komissarova, Dobrovol'skaya, 2001).

All the above types and techniques of art therapy can be used individually, in pairs and in groups.

We present recommendations for the use of art therapy to work with parents of children with SEN, developed by us on the basis of our own practical experience in working with children with SEN and practical experience of L. Podkorytova in group art therapy:

1) art therapy classes for parents of children with SEN are best conducted in group form;

2) it is more expedient to create small groups of members (up to 10 people). This creates a special intimate and trusting atmosphere, provides all participants with the necessary number of transactions and the attention of a psychologist;

3) do short classes from 60 to 80 minutes – one lesson – to work out one art therapy exercise. This ensures the psychological safety of group members, promotes the development of their resources, encourages reflection and triggers corrective processes in the psyche;

4) adhere to such main rules of work as confidentiality and non-evaluation of creative products (you can not use expressions such as 'beautifully', 'ugly', 'correctly', 'wrongly', etc.);

5) use various types and methods of art therapy (visual art therapy, bibliotherapy, fairy tale therapy, music therapy, dance therapy, etc.; special techniques for family art therapy);

6) formulate instructions for tasks in accordance with the goals and objectives of art therapy (for example, 'Draw your own attitude to your child with special needs');

7) encourage all group members to discuss each creative product;

8) give the group members the opportunity to experience catharsis, in particular in case of crying to avoid reassurance and regret;

9) encourage parents to perform various art therapy exercises at home with their children with SEN;

10) offer parents to keep records of their participation in art therapy classes, to learn to analyze their own creative products.

Psychological correction with the use of art therapy can help not only to change the attitude of parents to their children with SEN, but also to themselves, relieve emotional stress, as well as develop creativity and positive thinking.

## **4. Conclusions**

### ***4.1. Final Conclusions***

An empirical study of parents' attitudes toward their children with special educational needs has found out that this attitude, compared to parents' attitudes toward healthy children, is generally within the norm. At the same time, the parents of children with SEN have the following tendencies that need psychological correction: lower level of acceptance/approval; greater concentration on the child and his/her control; some contradiction in the attitude to the children; a sense of self-sacrifice and belief in its necessity.

In order to psychologically correct the attitude of parents to their children with special educational needs, art therapy is proposed, which has a number of important features for this purpose: resourcefulness, reflexivity, focus on emotions, activation of human creativity, the possibility of nonverbal interaction.

Possibilities of using different types of art therapy for psychological correction of parents' attitude to their children with special educational needs are considered, namely: music therapy, dance-movement therapy, bibliotherapy, fairy tale therapy, phototherapy, film therapy, fine art therapy.

A number of common art therapy exercises and recommendations on the peculiarities of the use of art therapy in working with parents of children with SEN are offered.

The suggested materials and recommendations for the use of art therapy can be useful for social workers and psychologists who work with families upbringing children with special educational needs.

### ***4.2. Research prospects***

Based on the results of the study, the prospects for further research are to clarify the relationship between the indicators of optimal emotional contact and excessive emotional distance with children according to the PARI method; identification and testing of musical, literary and film works for receptive music, library and film therapy in accordance with the



problems of parents of children with SEN; a more detailed study of the attitude of parents to their children with different nosological diagnoses.

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## References

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- Altinay, Z., Altinay, F., Ossianilsson, E., & Aydin, C. H. (2018). Open Education Practices for Learners with Disabilities. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 9(4), 171-176.
- Babii, I. V. (2014). *Teoriia i praktyka artterapii: navchalno-metodychnyi kompleks [Theory and practice of art therapy: educational and methodical complex]*. Uman: Almi.
- Bukovska, O. O. (2013). Napriamky psycholohichnoi dopomohy sim'iam, yaki vykhovuiut dytnu z osoblyvymy potrebamy [Areas of psychological assistance to families raising a child with special needs]. *Visnyk Chernihivskoho natsionalnogo pedahohichnogo universytetu. Ser.: Psykholohichni nauky [Bulletin of Chernihiv National Pedagogical University. Ser.: Psychological Sciences]*, 114, 12-16. Retrieved from: [http://nbuv.gov.ua/UJRN/VchdpuPH\\_2013\\_114\\_5](http://nbuv.gov.ua/UJRN/VchdpuPH_2013_114_5)
- Derkach, O. (2008). *Pedahohika tvorchosti: Kazkoterapiia na dopomohu vchyteliu, vykhovatelyu, praktychnomu psykholohu [Creativity pedagogy: Fairy tale therapy to help a teacher, educator, practical psychologist]*. Vinnytsia: VDPUP.
- Ihnatenko, K. V. (2019). *Robota spetsialistiv zahalnoosvitnogo zakladu z rodynamy ditei, shcho maint osoblyvi osvitni potreby [The work of specialists of the general educational institution with the families of children with special educational needs]*. Retrieved from: [dspace.luguniv.edu.ua/jspui/bitstream/123456789/3135/1/Ignatenko\\_Kateryna.pdf](https://dspace.luguniv.edu.ua/jspui/bitstream/123456789/3135/1/Ignatenko_Kateryna.pdf)
- Ionescu, O., Cordun, M., & Di Carlo, M. (2021). The Importance of Kinetic Treatment for Integrating Children with SEN into Education. *BRAIN. Broad Research in Artificial Intelligence and Neuroscience*, 11(4Sup1), 113-124. <https://doi.org/10.18662/brain/11.4Sup1/159>
- Hazolyshyn, V. (2007). *Artterapiia: Mystetstvo bachyty [Art therapy: The art of seeing]*. Kherson.
- Hrytsenok L. I., Illiashenko, T. D., & Obukhivska, A. H. (2009). *Korektsiia psykhosotsialnogo rozvytku ditei z tserebralnym paralichem: metod. rekom. pratsimnykam reabilitatsiinykh tsentriv [Correction of psychosocial development of children with cerebral palsy: methodological recommendations for employees of rehabilitation centers]*. Kyiv: Dukhovna vis.
- Karelin, A. A. (1999). *Psihologicheskie testy [Psychological tests]*. Vol. 2. M.: Gumanit izd. Centr VLADOS.
- Khmyzova, O. V., Ostapenko N. V. (2011). Orhanizatsiia psykholohicheskoi roboty z batkamy ditei z osoblyvymy potrebamy yak skladova tsilisnogo protsesu rannoi sotsialnoi reabilitatsii [Organization of psycho-correctional

- work with parents of children with special needs as part of a holistic process of early social rehabilitation]. *Sotsialna robota v Ukraini: teoriia i praktyka: naukovo medychnyi zhurnal [Social work in Ukraine: theory and practice: scientific medical journal]*, 203-211.
- Medvedeva, E. A., Levchenko, I. YU., Komissarova, L. N., Dobrovolskaya T. A. (2001) *Art-pedagogika i artterapiya v special'nom obrazovanii: uchebnik dlya vuzov [Art pedagogy and art therapy in special education: a textbook for universities]*. M.: Akademiya.
- Nesterova, A. A. (2017). Razrabotka i validizaciya diagnosticheskogo oprosnika «Analiz semejnogo mifa» [Development and validation of the diagnostic questionnaire 'Analysis of the family myth']. *Vestnik MGOU. Seriya: Psichologicheskie nauki [MRSU Bulletin. Series: Psychological Sciences]*, 1, 33-49. Retrieved from: <https://vestnik-mgou.ru/Articles/Doc/11325>
- Podkorytova, L. (2020). Vykorystannia zasobiv art-terapii u psykholohichnii roboti z batkamy ditei z osoblyvymy potrebamy [The use of art therapy in psychological work with parents of children with special needs]. *Indyvidualnist u psykholohichnykh vymirakh spilnot ta profesii: zbirnyk naukovykh prats [Individuality in the psychological dimensions of communities and professions: a collection of scientific papers]*. Kyiv : TOV «Alfa-PIK», 161-165.
- Voznesenska, O. L., Sknar, O. M. (Ed.). (2017). *Entsyklopedychnyi slovnyk z art-terapii [Encyclopedic dictionary of art therapy]*. Kyiv: Zoloti vorota
- Voznesenskaya, E. L. (2009). Osobennosti i perspektivy razvitiya artterapii v Ukraine [Features and prospects for the development of art therapy in Ukraine]. *Naukovi pratsi: naukovo-metodychnyi zhurnal*, 108(95), 19-24.
- Vygotskij, L. S. (2003). Principy vospitaniya fizicheski defektivnyh detej [The principles of raising physically defected children]. *Osnovy defektologii [Fundamentals of defectology]*. SPb.—M.: Lan'.
- Yatsenko, T. S., Kalashnyk, I. V., Chernukha, I. O. (2009). *Artterapevtychni tekhnologii v roboti psykholoha [Art therapeutic technologies in the work of a psychologist]*. Kyiv: Marych
- Zaveryko, N. V., Soloviova, T. H. (2008). *Sotsialno-pedahohichna robota z batkamy, sbcho vykhovniut ditei z osoblyvymy potrebamy: navch.-metod. Posib [Socio-pedagogical work with parents raising children with special needs: manual]*. Zaporizhzhia: PP «Tandem».
- Zinkevich-Evstigneeva, T. D. & Tihonova E. A. (2003). *Proektivnaya diagnostika v skazkoterapii [Projective diagnostics in fairy tale therapy]*. SPb.: Rech'.