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A JOURNEY WITHIN A JOURNEY: A NATURALISTIC STUDY OF THE EARLY RELATIONSHIP DEVELOPMENT PROCESS IN NON-DIRECTIVE PLAY THERAPY

by

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ABSTRACT

A Journey within a Journey: A Naturalistic Study of the Early Relationship Development Process in Non-Directive Play Therapy

An innovative qualitative methodology of "thematic analysis" was developed to describe the early relationship development process of non-directive play therapy. Through the analysis of individual and focus group meetings, six themes and hundreds of categories emerged which together describe the early process of play therapy and examine how these themes, separately and together, might facilitate the relationship development process. The themes identified are: *description, qualities, goals, therapeutic support, process* and *indicators of growth.*

A new category emerged through the videotape analysis process of the research indicating that children resort to 'comfort play' when in time of distress. In addition, relationship qualities that occur between child and play therapist are indicated as *respect, sensitivity, empathy, exploration, clarification, intuition* and *patience.* Play provides an environment of safety, creativity and privacy with careful preparation from outside supports such as family, caretakers and school settings. The child, consequently, acquires 'a voice' by developing a common language with the play therapist and a sense of self-protection. The child indicates growth as a result of the early relationship development process when he or she is able to share his or her narrative, develops a sense of empowerment and control, enters into a new attachment situation, experiences a gradual trust and facilitates self-realization.

An extensive literature review provided a foundation for this research study which included the examination of play as a facilitator of relationships, play therapy models that recognize the importance of the relationship development process, research studies of this early phase, the temporal analyses of the play therapy process and various methodologies that have been and could be employed to study the early relationship development phase.

An all encompassing review of the early relationship development process of non-directive play therapy has resulted from this study.

ACKNOWLEDGEMENTS

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The Faculty of Social Work continues to give me unending professional opportunities for which I am eternally grateful. L. Fusco, now Interim Dean, and previously my practicum supervisor and advisor, shares my interest in 'the treatment phases'. The late S. Yelaja first suggested the prospect of doctoral studies to me in 1989. A. Westhues gave me tips with which I could begin the process. E. Hanna and the late E. Zentner imparted an enthusiasm for the clinical process. J. Levene taught me to 'focus' and E. Misser, to write. M. Fine, E. Teram, S. Rahn and N. Coady were always willing to answer my curious research questions. Dale, Jane, Helen, Jan and Beth have always provided laughter and optimism.

For the development of my excellent doctoral committee, I take some credit. Frank Turner always brought humour and scholarly ideas to our meetings. Bob Basso, colleague and teacher, gave me excellent direction and editorial comments. Dick Steffy provided a consistent research direction that we all valued. Jannah Mather, my advisor, always kept things in focus no matter where in the world she was. Susan Wells, the external examiner, offered a kind but penetrating research analysis.

Lastly, Joop Hellendoorn, in Holland, the Dutch and Ontario participants and children observed have made this study possible. Their contributions are invaluable.

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Chapter One

Overview of the Journey

The daunting process of completing a research project that culminates a 25 year clinical career in social work has truly been a journey of discovery. While setting out to learn more about and contribute to the body of knowledge on child therapy, I have found the overall process to be enlightening, exhausting and, nevertheless, invaluable.

This case report represents the map of the journey and its story. It commences with an overview of the journey: the professional interests that guided the research project and general comments on the academic steps that have been taken from its beginning to its completion. The four remaining sections provide an in depth literature review of how play facilitates the early relationship development phase in the play therapy process, the methodology used to study this process, the findings from this study, and the substantive and formal grounded theories derived from these findings.

The narrative style for this dissertation is in congruence with that of most play therapy literature. It is presented in a simple and readable fashion for accessibility by students and clinicians of play therapy as well as by those interested in the methodology.

Professional Interest that Guided the Journey

Well-directed and, at the same time, serendipitous opportunities in social work have steered my discovery. Early on in my career as a clinical social worker, opportunities arose that led to a serious interest in educating others in the child treatment process as well as in continuing my own learning process.

While I attended the Master of Social Work Program at Wilfrid Laurier University, Waterloo, Ontario, Canada and continuing education programs in child and adolescent psychotherapy such as those offered at Smith College, Northhampton, Mass., USA and the Tavistock Institute in London, England, it became increasingly clear that there existed a way to comprehend the overall treatment process that we, as clinical social workers, and our clients engage in.

During my journey as a clinical social worker, the treatment process has appeared to be a powerful one that progresses from the early relationship development to completion and could also end prematurely when client or therapist terminates the process. Literature exists which has allowed me to understand the various stages of the treatment process in a piecemeal fashion. However, it became evident that a dearth of publications in child therapy exists with which clinicians are able to grasp a view of the overall treatment process, i.e. the continuity from one phase to another. Consequently, I have developed an interest in adding to this body of knowledge, both by way of an extensive literature review and by conducting a descriptive research project with which the play therapy treatment process could be better understood.

As we enter the third millennium, it is clear that this is a time of increasing violence and other emotional difficulties amongst children and adolescents in North America. Consequently, a desperation is evident among families and social agencies to tackle this growing concern and offer relationships and professional interventions with which young people can find alternatives to expressions of anger and unresolved historical issues. Among many alternatives available is the opportunity for therapeutic intervention which can offer a positive and consistent relationship that provides tools for self-growth and change. This process can ultimately affect other relationships within the individual's environment, family and society.

This dissertation represents an examination of those tools of self-growth and change. They are the components of the first phase in a therapeutic process, namely, non-directive play therapy that facilitate the relationship development between child and therapist. A better description of this early phase in this child therapy approach will enhance our understanding of what is important in the process of growth and development in therapy, and, perhaps, ultimately within other relationships that young people engage in.

Focusing the Direction

As my career as clinician/educator advanced, it became necessary to explain to master's level social work students what the treatment process entailed from the first contact the therapist has with the client through to the final stage when the therapy is deemed complete. I would use what little literature could be found to assist those social work students in their attempts to understand the patterns of the child therapy process.

The opportunity gradually presented itself to me to delve into intense study of the clinical process. But how to transform this self-study project into one of intrigue and continued enthusiasm became the first feat. Choosing a medium to study the treatment process was the first necessary task. Selecting this medium would narrow down the focus for the study and make it comprehensible and transferable to learning clinicians.

The study process began with naive thoughts and intentions. It took several mentors to assist me in the journey of seeing 'the forest for the trees'. In fact, it became necessary to select a very small portion of the forest where there was some homogeneity and clarity conducive to intense observation.

Choosing a Medium for the Discovery Process

With the choice made to study the first phase of treatment within the method of play therapy, play was chosen as a medium or phenomenon that could be studied with respect to its contribution to the relationship development process between child and therapist. It became apparent through an early discovery process that play in children serves as a link with their environment and with the development of relationships within their environment. The discrepancies in the published research studies and other play therapy literature indicated a need for a thorough review of play as a medium that contributes to relationship development and, more specifically, to the potential of play as an agent in relationship development in the play therapy process.

The well-needed but difficult task of writing about and conducting research on the overall play therapy process has been attempted by few (Darr, 1996; Axline, 1955; Gil,

1991; Landreth, 1991; Leve, 1995; Moustakas & Schalock, 1955; Schaefer, 1993). Some doctoral dissertations on play therapy have ventured into this vast area (Hendricks, 1971; Mills, 1995; Withee, 1975) lending to the augmentation of the research literature of the overall treatment process.

Choice of Research Paradigm to Guide the Journey

The doctoral study and ensuing research opportunities became the vehicle for addressing this dearth in play therapy literature and studies pertaining to the therapeutic process. It became evident that in the research journey the selected methodological paradigm takes on the role of navigator. The task at hand was clearly to add to the description of the relationship development phase of play therapy and the effects that play has on the relationship development process in play therapy.

The qualitative research method appeared most suitable to address the description and discovery of how play facilitates the relationship development phase in play therapy. Bryman (1984) reinforces the appropriateness of this paradigm to exploratory studies when stating that "qualitative research is inherently exploratory, a voyage of discovery rather than one of verification" (p. 84). Furthermore, the emerging and gradually developing nature of the naturalistic paradigm, a sub-type of the qualitative research method in which the researcher enters into the natural environment of the participants in order to gather data, became a logical choice with which to answer the yet-unanswered questions about the early play therapy phase.

In order to provide focus for the journey, three research questions were formulated early on in the process:

1. **How can the early relationship development process of non-directive play therapy be described?**
2. **What are the common identifiable components/themes, if any, in the early relationship development process?**
3. **Which themes/components, if any, appear to facilitate the early relationship development phase of non-directive play therapy?**

The suitability of the qualitative research approach to the task at hand became increasingly clear. It was the intention of the project to look at patterns and themes of this early phase of the play therapy process. Observation of the process through the 'eyes' of play therapists and by way of video recordings of the play therapy process was identified as useful tools for the collection of data. The use of observation when describing a phenomenon is supported by Cresswell (1994) as an effective data gathering instrument in his statement that "qualitative research looks at description" (p. 145) with data collection in qualitative research "involving four basic types: observations, interviews, documents and visual images" (p. 149). The sorting of information into categories and themes appeared to be an innovative way to conduct the data analysis, an integral goal in this research process.

Consequently, an unique style and previously unused method of data analysis through the observation of themes was developed in order to answer the research questions about how the relationship development phase in play therapy can be described and what components facilitate this early stage in the therapeutic process.

The application of a thematic discovery process is indicated as being appropriate to the study of relationships (Hinde, 1979; Sameroff & Emde, 1989). The description of relationships in the therapeutic process is accurately accomplished through the observation of qualities (Kiesler, 1996). The use of thematic analysis as a vehicle to observe qualities and patterns in the relationship development process of play therapy seemed to fit the task.

Creating the Map

As the specifics for the research journey were being mapped out, six assumptions of the qualitative research approach (Merriam in Cresswell, 1994) were examined and questioned according to their applicability to this project, and eventually they were incorporated into the plan. Indicated below, Merriam's research assumptions are represented in italics followed by comments on their relationship to this study:

1. *Qualitative researchers are concerned primarily with process, rather than with outcome*. The study of the treatment process, particularly the relationship development process, involves a beginning, middle and ending, truly a process and not a moment frozen in time.

2. *Qualitative researchers are interested in meaning- how people make sense of their lives, experiences, and their structures of the world.* The descriptions, themes and patterns of the relationship development process of play therapy as told by therapists convey the meaning and definition of this treatment phase.

3. *The qualitative researcher is the primary instrument for data collection and analysis. Data are mediated through this human instrument, rather than through*

inventories, questionnaires, or machines. The human element of the social work clinician entering into the environment of the participants facilitates a 'naturalness' in posing questions to the research participant, as well as the analyzing of the videotapes and conducting of data analysis.

4. *Qualitative research involves **fieldwork**. The researcher physically goes to the people, setting, site, or institution to observe or record behaviour in its natural setting.* Suitable participants, equipped with a sensitivity to the therapeutic process, are selected for the study, and the researcher develops the necessary rapport with which to enter into the environment of the research participants.

5. *Qualitative research is **descriptive** in that the researcher is interested in process, meaning, and understanding gained through words or pictures.* The analysis and method for understanding the data gathered is intuitive, enhanced by a clear understanding of the study's goal which emerges gradually through the research process.

6. *The process of qualitative research is **inductive** in that the researcher builds abstractions, concepts, hypotheses, and theories from details.* The process of developing the grounded theory is emerging in nature, taking a gradual course from relative obscurity to the analysis of the collected data. (p. 19-20)

The Passage from Substantive to Formal Theory

With the choice of research method to guide the journey in place, the literature review of play as a phenomenon and of its role in relationship development specifically

with the treatment modality of play therapy guided the formulation of the research questions and the choices of research methodology. The wealth of the data that emerged from the therapists' views of the relationship development process of play therapy and the videotapes of the same resulted in both substantive and formal theory development.

The discovery of theory from data or grounded theory as developed by Glaser and Strauss (1967) is "systematically obtained and analyzed in social research" (p. 1). This in turn contributes towards "closing the gap between theory and empirical research" (p. vii). Grounded theory as a product of research methodology provides "a way of thinking about and conceptualizing data" (Denzin & Lincoln, 1994, p. 275). The emerging nature of the naturalistic research method used in this study followed a smooth passage from the development of substantive to a grounded theory with respect to play and its contributions to relationship development in play therapy. This transition can occur naturally as indicated by Glaser & Strauss (1967):

> Since substantive theory is grounded in research on one particular substantive area (work, juvenile delinquency, medical education, mental health) it might be taken to apply only to that specific area. A theory at such a conceptual level, however, may have important general implications and relevance, and become almost automatically a springboard or stepping stone to the development of a grounded formal theory...Substantive theory is a strategic link in the formulation and generation of grounded formal theory. (p. 79)

In this study the identification of themes and patterns of the relationship development process of play therapy provide the substantive theory and is found in Section Four of this study.

The development of the grounded formal theory with respect to play and its contribution to the early relationship between child and play therapist has become the overall goal of this doctoral research project. The research questions of this study are answered through the grounded theory and the implications for practice, consequently, are enhanced.

Implications for Future Journeys

The themes and patterns discovered in this study are: 1) **description** of the early relationship development process; 2) **qualities** evident in the early relationship development process of non-directive play therapy; 3) **goals** of this early play therapy process; 4) **supports** that the child has during this process; 5) **process** that facilitates the relationship; 6) **indicators of growth** that the child experiences as a result of the process. .

The formal grounded theory offered by way of this naturalistic/qualitative research study of play and its contribution to the relationship development phase of play therapy helps reduce the deficit in research projects available on the play therapy process. This research on the therapeutic process makes available to students information to further understand and anticipate important milestones in play therapy. This basic recognition of the early treatment process can serve to develop and maintain the relationship in play therapy.

Strengths and Limitations of the Voyage

This study's importance lies in part in its attempt to bring together a thorough literature review of play and its effects on the relationship development process. In doing so, ways in which the play therapy process is facilitated by play are explained. The knowledge generated is of use to play therapists who are learning about and refining their skills in the early therapeutic process. Themes and patterns in this phase of play therapy are made more evident for a better understanding of what to expect in order to move to the second and third phases of the therapy process.

The compilation of play theories and their application to relationship development, per se, is an attempt to address the gap in play therapy literature. There are, however, limitations of the study in general. Inherently within this methodological approach is the understanding that the results, both the substantive and formal grounded theories, are applicable to this study and similar situations. Lincoln and Guba (1985) further support this premise of qualitative research when stating, "the only generalization is: there is no generalization...the trouble with generalizations is that they don't apply to particulars" (p. 110). In this way, the conclusions of this study may be applied to similar situations and environments. Lincoln and Guba further reinforce the need to be specific about the application of theories originating from naturalistic studies in that "generalizations will serve their purposes, and what is good for one is good for all-at least all in that class" (p. 111). The formulation and generation of grounded formal theory in this study is recognized as representing the views of play therapists and observations from video tape.

The thematic analysis of these views constitutes the substantive theories which is the 'strategic link' (Glaser & Strauss, 1967, p. 79) in the development of the more formal theories that are applied to the field of play therapy.

The methodology applied to this study has been designed to counteract potential limitations with respect to two areas. First, the participants included for data collection have been gathered through the 'snowball' approach, a methodological data gathering alternative, described in Chapter Three. The participants have been selected from two countries, Canada and Holland, in which play therapists apply some of the same play theories and methods to their practices of play therapy. The generalizability of the substantive findings from this study are therefore enhanced with further verification acquired through an additional method of triangulation (the analysis of video tapes of the relationship development process in play therapy acquired from each of these two geographical locations). Control of data analysis biases discussed in Chapter Six was managed by applying a unique data analysis system for both interviews as well as video tapes and was designed specifically for this research project. Specific units (Keisler, 1996; Rogers, 1967) of time were applied for the videotape analysis process to maintain objectivity.

Laying Out the Map

Section One, Chapter One, provides an introduction and general overview of the process of this doctoral study with discussion of content offered in subsequent sections.

Section Two provides a review of the literature relevant to this study in two chapters. Chapter Two looks at current as well as classic theories of play as they relate to the inherent qualities of play that facilitate relationship development within one's own environment. This chapter concludes with a summary of these theories as a bridge to following sections. Chapter Three reviews the history of play therapy as a clinical method of child psychotherapy and covers its inception and growth through the twentieth century. Play therapy is traced with respect to the methods that focus on relationship development as tools for growth. A summary at the conclusion of this chapter provides a succinct overview of this literature search. Chapter Four reviews general child and play therapy research that study the relationship development process.

Section Three presents the study's research methodology in detail over two chapters, Five and Six. The emergent nature of the research journey will be chronicled in Chapter Five highlighting the rich nature of the data collected. The unique system for data analysis is reviewed in Chapter Six.

Section Four (Chapters Seven to Thirteen) presents the study's findings in seven chapters. Chapter Seven examines the meaning and description of the relationship development phase of play therapy. Chapter Eight presents the overall qualities that the relationship development of the play therapy process provides. Chapter Nine reviews the specific goals of the play therapy process. Chapter Ten highlights the therapeutic supports that the child experiences through this period. Chapter Eleven documents particular ways in which the process is enhanced by this early treatment phase. Chapter Twelve presents indicators of growth evident as a result of the early relationship development between

child and play therapist. Chapter Thirteen indicates new information from the videotape analysis process.

Section Five, the conclusion, presents a discussion in Chapters Fourteen and Fifteen of the findings and the formal grounded theory. In Chapter Fourteen the connection between play and the early relationship development process in play therapy is explained in summary form. Chapter Fifteen remarks upon the overall journey, as well as the journey within, that is, the research study of the relationship development phase of play therapy.

SECTION TWO- The Journey to Date: Literature Review

Introduction

Section Two reviews both the theoretical and research findings pertinent to this study of the relationship development phase of non-directive play therapy. It has become apparent through practice, study and teaching that there are distinct phases in the therapeutic process and that successful therapy passes from one to the other. More specifically, the play therapy journey is contingent on the development of the relationship between child and therapist during the early sessions, and on the maintenance of this relationship in later sessions. As stated by Garry Landreth (1991),

> Play Therapy is defined as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play. (p. 14)

A premise of this section in the journey is that play contains natural characteristics that facilitate the relationship between the individual and his or her environment. Further to this premise, play enhances the relationship development process within more structured settings, such as the therapeutic situation. Section Two, Chapter Two devotes itself entirely to the examination and synthesis of existent theories of play that relate to one's

ability to connect, as it were, to the surrounding phenomena or the environmental conditions.

With this compendium in place, play as a vehicle for relationship development within the play therapy process is reviewed in Chapters Three and Four from the points of view of authors and researchers during the last two hundred and fifty years. The preliminary identification of those characteristics of play that serve as catalysts for relationship growth within the play therapy context is proffered. Section Two serves as a bridge to Section Three, the presentation of the methodology employed to study the contribution of play to relationship development in the early play therapy process.

Chapter Two

Play as a Contributor to Relationship Development

Defining Play

Play is a common activity for most, and yet a precise operational meaning of play is often difficult to achieve. The concept of play has been defined in many ways and is discussed within a variety of contexts. Charles Schaefer (1983) suggests that "it is somewhat difficult for anyone interested in play and play therapy to gain a clear understanding of what is meant by the term play because no single, comprehensive definition of the term has been developed" (p. 2). Moreover, one must be clear about the context within which play is being examined.

Chapter Two examines various definitions and theories of play and its contribution to the establishment of relationships within the culture and social context of the child. For the purpose of clarification, the following definitions are used and expanded upon. *Relationship* can be defined as "the state of being related or interrelated" (Webster, 1988). The definition of *social relationship* as proposed by R. Hinde (1979) is given as a series of interactions between people over a period of time, and there must be "some degree of continuity between the successive interactions. Each interaction is affected by interactions in the past" (p. 14). This study examines the relationship between two people, child and therapist.

The etymology of the word, play, originates within the context of fighting and game playing. E. Mahon (1993) reviews the origin of the word play:

> Whereas the modern definition of *play* as "games, diversion" captures the lucid nature of the activity, the word derives from the Old English *plega*, which implied a less sportive intent-to strike a blow (*asc-plega* = playing with spears, that is, fighting with spears; or *sword-plega* = fighting with swords [Skeat, 1910]... If we follow these etymological leads, play would seem to have begun with actions that were anything but "playful" in the modern usage of the word. (p. 173)

Modern dictionaries offer a variety of definitions that incorporate the game aspect implied in the original meaning of the word *play* along with other variations on this theme. Webster's Ninth New Collegiate Dictionary (1989) suggests that the meaning of play is "the spontaneous activity of children" (p. 902). The Oxford English Dictionary (1989) emphasizes play "as exercise, brisk or free movement or action" (p. 1011) and as "unimpeded movement" (p. 1012). These two definitions provide different perspectives and functions of play while bringing to the fore the spontaneity and freeing aspects that are reviewed by theorists throughout this century.

Prominent theorists have defined and described 'play'. The following review of several classic and more contemporary theories of 'play' will assist in a more thorough explanation of play. The contributions of play to socialization and relationship development of the child within the context of his or her world or surrounding environment are summarized at the conclusion of this chapter.

A Review of Selected Theories of Play Relating to Relationship Development

Introduction

R. van der Kooij and Joop Hellendoorn (1986) comment on the fragmented compilation of theories of play that presently exist:

> ...the existence and importance of play has never really been in doubt ...nevertheless, one cannot state that play is under scientific control, either from a theoretical or a methodological point of view. In the literature on play, a great number of different opinions can be found, and this divergence continues to exist today. In older theories on play, such as the work of Spencer, Hall, Lazarus and Groos, only some aspects are elucidated. What would be our final judgment when we include in our analysis the modern theories on play of Piaget, Erikson, Chateau, Heckhausen, Buhler and Hetzer? We agree with Scheuerl (1975) who concludes: 'The course of history of play theories has been a road of fragments which seldom fit together, are often opposites of each other, and also not connected to each other'. (pp. 11-12)

The theories of some of these aforementioned theorists along with others assist in the organization of a better understanding of play. This understanding serves to identify the qualities necessary for the enhancement of the relationship between the individual and the environment in which he or she lives.

A History of Play Theories

An examination of the history of play reveals that play has been innate to many generations of civilization. R. Meares (1993) suggests that children's use of play serves to "project basic time-space patterns in their lives" (p. 119). He further comments,

> Artifacts from the earliest civilizations include miniature representations of people and animals, presumably used as toys. It is difficult not to conclude that the capacity of play is part of our genetic endowment, just as a potential for language creation is biologically given...this capacity depends upon the responsiveness of the environment. (p. 151)

The existence of play in the individual's growth process is timeless, often taken for granted and not thoroughly understood.

Rubin (1982) attempts an overview of classical and contemporary play theories, recognizing that the former have an unrecognized impact on the study of play as it exists today. He summarizes early views of play which are reviewed in contemporary writings some of which have implications for relationship development:

(1) Play allows the child to transform reality and thus to develop symbolic representations of the world (Schiller, 1954; Spencer, 1873; Groos, 1898, 1901; Piaget, 1962; Vygotsky, 1967; Singer, 1973).

(2) There are qualitative differences in children's play which reflect different levels of ability. These play forms, originally described by Schiller (1954), Spencer

(1873), and Groos (1898, 1901), range from sensori-motor activities to fantasy endeavors and games with rules.

(3) One characteristic of play is its 'as-if' or non-literal nature (Bateson, 1956; Garvey, 1977; Matthews and Matthews, 1982).

(4) Play aids in the development of creativity and aesthetic appreciation (Dansky, 1980; Lieberman, 1977; Singer, 1973).

(5) Play in childhood permits the practice and mastery of activities which are later useful for more serious endeavors in adulthood (Groos, 1898; Bruner, 1972; Sylva, 1976). Moreover, the notion that play is related causally to mastery over one's environment is reaffirmed in the mid-twentieth century Freudian theory.

(6) Play serves a cathartic function in development (Hall, 1920; Axline, 1969). This view is found in contemporary psychoanalytic theory and practice and through the recognition of the benefits of play therapy (Axline, 1969).

(7) Neural mechanisms are responsible for the existence of play (Berlyne, 1960). (pp. 11-12).

Highlighted from Rubin's study of play are the contributions of Piaget and Groos pertaining to play and its symbolic value. As well, the concepts of creativity and mastery are stressed as being essential to the child's development of problem-solving skills. The cathartic function of play serves as a basic premise for modern play therapy methods.

The remainder of this section will attempt a more specific review of the tenets of play theories. Selected play theories, listed in chronological order, are presented as they relate specifically to the importance of games in play, symbolic play, play as a function of

self growth, and the relevance of creative play for social interaction as summarized in the conclusion of this chapter.

As indicated by D. Lebo (1952), "the first person to advocate studying the play of children in order to understand and educate them was Jean-Jacques Rousseau (1758). He recognized the fact that childhood was a period of growth" (p. 418). Rousseau provides the first documented theory on childhood and play:

> Hold childhood in reverence, and do not be in any hurry to judge it for good or ill... Give nature time to work before you take over her business, lest you interfere with her dealings... childhood is the sleep of reason (p. 71).

Rousseau found a natural progression from play to work stating that "Work or play are all one to him (the growing child), his games are his work; he knows no difference. He brings to everything the cheerfulness of interest, the charm of freedom" (p. 126). Play as an avenue for freedom of expression has since become a basic premise for further theoretical developments of play.

It was not until 1901, with the publications by Karl Groos , that play began to receive a more scholarly examination. Groos (1901) stresses the importance of games in the process of social development in his statement, "how valuable is the cheering, and humanizing effect of play, both physical and mental, and especially of those games which are calculated to strengthen the social tie" (p. 395). The games in the play process serve as a link to socialization opportunities.

Shortly after the introduction of writings on play by Groos, Sigmund Freud (1905) referred to play as an avenue in which children experience pleasure:

> Play-let us keep to that name-appears in children while they are learning to make use of words to put thoughts together. This play probably obeys one of the instincts which compel children to practice their capacities (Groos [1899]). In doing so they become pleasurable effects, which arise from a repetition of what is similar, a rediscovery of what is familiar. (p. 128)

Freud (1908) expands on play and its pleasurable effects in his writings on creativity when asking the following question that assists in the linking of play and creativity:

> Should we not look for the traces of imaginative activity as early as in childhood? The child's best-loved and most intense occupation is with his play or games...In spite of all the emotion with which he cathects his world of play, the child distinguishes it quite well from reality; and he likes to link his imagined objects and situations to the tangible and visible things of the real world. (pp. 144-5)

While Freud treated children using an adult psychoanalytic framework, he reinforces the importance of play and its functions as a bridge between the world of the imagination and the real world. Play and its creative capacities allow the child an opportunity to experiment with the outside world and approach the challenges of the environment around him or her.

The psychoanalytic interpretation of play by Melanie Klein (1932) expands on the close relationship between play and reality. She suggests that "early analysis has shown that in play the child not only overcomes painful reality, but at the same time uses it to master its instinctual fears and internal dangers by projecting them in the outer world" (p. 177). Klein recognizes the value of following the changes in the child's games for the

purpose of gaining a better understanding of the "various currents in the child's mental life" (p. 105).

John Bowlby (1953) focuses on the symbolic function of play and the social development of the individual when stating "in a family a young child is within limits encouraged to express himself both socially and in play...he is learning to change his social environment to a shape more congenial to him. The same occurs in his play, where in a symbolic way he is creating and recreating new worlds for himself" (p. 64).

The symbolic function of play was expanded upon at length by Jean Piaget(1962), perhaps the most prolific writer and theorist on this subject. He postulates that in the child's cognitive development the symbolic function that play provides is extremely important. In an attempt to understand the aspect of play that contributes to socialization and the relationships with others, Piaget advanced several ideas about the symbolic function of play, especially focusing on the development of relations with others through game play.

Piaget (1962) recognizes three main categories of games in the process of play: practice games, symbolic games and games with rules, with interest centered upon the symbolic or make-believe games. In an effort to decipher the main problems of the interpretation of play, Piaget orders the symbolic games of play into several stages reflecting on different stages in early development, the behaviour, or the sensory-motor schema, and not the individual object or image. He believes that symbolism has considerable significance for the subsequent development of play in that the symbolic representation will enable the child to assimilate the external world. It is in this way that symbolic play begins to take shape. The child exercises individual powers "to reproduce

his own actions for the pleasure of seeing himself do them and showing off to others, in a word to express himself' (p. 121). Each stage in the early development of symbolic game playing contributes to this discussion of play and its value in the socialization process.

Stage I of Piaget's theory is termed as 'projection of symbolic schemas on to new objects' during which, through the mechanism of imitation and the relationships established between himself and others, "(the child) will apply the now familiar schema to other people and objects" (p. 121). This stage applies to the child during the first four years of life and is characterized by the imitation and the relationships established between him or herself and other individuals. Stage I is further characterized by 'simple identification of one object with another and identification of the child's body with that of other people or with things' (p. 124). It is during this phase that the child creates fictitious characters in his or her play as companions that "acquire existence only insofar as they provide a sympathetic audience or a mirror of the ego" (p. 131). The assimilation of reality by means of symbolic make-believe takes place during this period giving the child the opportunity of creating an environment to which he or she can relate.

Stage II affects children from the age of four to seven and is termed as 'simple identification of one object with another'. It is characterized by the loss of importance of the activity of symbolic games and the existence of more direct imitative representation of the real world. Instead, orderliness, the exact imitation of reality and the appearance of collective symbolism take precedence. Collective symbolism has been in existence in the previous stages with the child playing with one or more companions. After the age of four, however, roles are differentiated. The child develops more coherent thought processes

from his or her progress in socialization. There is a transition from "initial egocentrism to reciprocity, as a result of double coordination in inter-individual relationships" (p. 138).

In stage III, termed 'simple combinations' and affecting children between the ages of 7 and 12, socialization in general occurs where there is a definite decline in symbolism and an increase in games with rules. Symbolic constructions that are related to adapted work are evident. The rule replaces the symbol and integrates practice as soon as certain social relationships are discovered and formed.

In summary, Piaget has contributed significantly to the discussion of the association between play, socialization, and the development of relationships. He is criticized, however, for the limited aspect of his theories in that they are focused on cognitive, social and early developmental processes in children rather than on the effects of these in later life. Nevertheless, his contributions to the understanding of play have been profound in viewing play as a tool with which the child exercises his or her newly acquired powers in the act of game-playing. This acquisition is intensified through "fictitious control of the whole natural and social world" (p.146). The development of games with rules represents a "subtle equilibrium between assimilation to the ego- the principle of all play- and social life" (p. 168). In his view, play is an innate response to being born and through its development from practice to symbolism and eventually to work, the individual connects with the environment and the external forces.

Erikson (1963) refers to play in children and adults as an activity which the ego uses to find recreation and self-cure. He postulates further that "play is a function of the ego, an attempt to synchronize the bodily and the social processes with the self...when man plays he must intermingle with things and people in a similarly uninvolved and light

fashion...he must feel entertained and free of any fear or hope of serious consequences...the playing adult steps sideward into another reality; the playing child advances forward to new stages of mastery" (p. 211-222). Erikson defines the ego as dwelling between the id and the superego which "keeps tuned to the reality of the historical day, testing perceptions, selecting memories, governing actions, and otherwise integrating the individual's capacities of orientation and planning. To safeguard itself, the ego employs 'defense mechanisms' " (p. 193). He uses the words of Anna Freud from her publication of 1937 to explain further the ego and the defenses:

> the ego is victorious when its defensive measures...enable it to restrict the development of anxiety and so to transform the instincts that, even in difficult circumstances, some measure of gratification is secured, thereby establishing the most harmonious relations possible between the id, the super-ego, and the forces of the outside world. (p.194)

This summary of A. Freud's theory on the ego and the necessity of defenses, as presented by Erikson, suggests that strengths develop for the individual through the building of defenses that act against external threats. While limited in its application to the therapeutic process, this theory recognizes that children develop self-protection in early life development through the process of play.

Winnicott's writings focus on play within a developmental perspective (Scarlett, 1994). He argues that play facilitates the development of the self in relation to others (Marans, S., Mayes, L. & Colonna, A., 1993). Winnicott (1971) develops the thesis that "an infant's employment of a transitional object...[is] the child's first use of a symbol and the first experience of play" (p. 96). He defines the transitional object as

> the symbol of the union of the baby and the mother (or parts of the mother). This symbol can be located. It is at the place in space and time where and when the mother is in transition from being (in the baby's mind) merged in with the infant and alternatively being experienced as an object (p. 96).

This interpretation of the origin of play was one of Winnicott's major contributions to the subject of play. He postulates that the psychoanalytic literature lacks any useful statement about play, taking issue with Melanie Klein who wrote about the difference between *play*, as most refer to it, and *playing*. In order to examine where playing belongs, Winnicott chooses to describe a sequence of relationships related to the developmental process. The sequence involves, firstly, the baby and object merged in one another which is presented as an early relationship. Secondly, Winnicott indicates that the object is "repudiated, re-accepted, and perceived objectively" (p. 47), thereby giving the baby the experience of control. He considers this "a playground because play starts here" (p. 47). Thirdly, he stresses that the child is now playing on the basis of the assumption that the mother is reliable and to be trusted and the child is able to be alone in the presence of someone else. Eventually, the child and mother "play together in a relationship" (p. 48), interacting with their own wishes. The ability to form a relationship within the primitive bond of mother-child originates through the play process that provides an environment for experimentation, control and autonomy. Weininger (1989) summarizes Winnicott's study of play, indicating that "play is universal...playing facilitates growth [and] leads into group-relationships" (p. 158).

Liederman (in Sameroff & Emde,1989), in the examination of social relationships within the life cycle, suggests that play performs a function in each of the developmental

stages, infancy to adolescence, preschool to adulthood, school age to adulthood, and adolescence to adulthood. This theorist suggests that "play for the infant and young child provides an opportunity for the rehearsal of later social roles...play provides a relationship of non-purposive joyful interaction, enabling appreciation of 'the other' " (p. 171).

In all relationships within the life cycle, play serves as important function (Liederman, 1989). The developmental period of infancy to adolescence, during which time caregiving and care receiving are the evident types of relationships, is characterized by the parent/child engagement in complimentary relationships serving such functions as protection/survival, physiological need regulation, responsivity/security (attachment), psychosocial need regulation, teaching/learning, empathic intimacy and play. Preschool to adulthood, the second relationship stage, involves peer affiliation as the type of relationship with psychosocial need regulation, empathic intimacy and play as the functions of the reciprocal process between peers. School age to adulthood, the third stage, provides a mentoring process with teaching/learning, empathic intimacy and play as the major functions. Lastly, adolescence to adulthood, the romantic/marital relationship period, includes play, physiological and psychosocial need regulation, responsivity security (attachment) and empathic intimacy as major functions (Liederman, 1989). Play is a function of all the developmental stages during the life cycle.

Scheuerl (1975), in his phenomenological analysis of play, comments on the relationship between play and the environment. He suggests that play serves as a dialogue between a person and his or her environment, each influencing the other. He stresses that play is always performed in relation to something or somebody. In contrast, Moran (1987) suggests that play is not always an activity that takes place in relation to others.

He postulates that "every so-called normal child will develop his own unique style of tempering reality with pretense. The way in which different children do so varies greatly. Some children continue to prefer play enactments while others become humorous or witty, and still others alter more privately by indulging in daydreams" (p. 28). Children choose to play in relation to others or opt to play with toys, thereby metaphorically playing with other objects. Allowing the child the freedom to make this choice is essential in his or her development.

Play is conceptualized as providing the child opportunity for free or unimpeded movement. The child is able to make the choice as to how play will be employed in his or her development, providing that opportune circumstances exist. Coleman and Skeen (1973) define play as free of space, time, and role limitations, self-directed and spontaneous, and involving internal rewards of self-expression and self-discovery of one's capabilities. The autonomous nature of play is essential to the child's ability to feel control over his or her environment so that with freedom and trust he or she is able to venture out if he or she chooses and to connect with objects that are in the surrounding region. Mook (1994) observes the existence of a connection between the autonomous function of play and relationship development in her statement that "play is an autonomous and an imaginative exploration of the child's relationships to him or herself, to others, and to his/her world" (p. 46). There is a common view that play implies an activity in relation to another. The child's ability to control his or her environment and choose the nature of the play is an important aspect of play.

Pepler (1991) sets out to examine further the link between play and creativity or

divergent thinking which she considers an aspect of cognitive skill development. Her review of the research available on this topic addresses several questions, one of which concerns the effect of the durability and stability of play on the child's creativity. Two studies conducted by Pepler focus on play and problem-solving. Their findings indicate that children who have divergent play experiences are imaginative in their responses to divergent thinking tasks, suggesting that it is not play per se, but play with unstructured play materials that contributes to creativity. Pepler postulates that there may be a generalized transfer of a playful attitude or a flexible response from the play to problem-solving situations. She reviews the study of Dansky and Silverman (1973) that recognizes that children with play experiences may be flexible, curious, spontaneous and interested in the task. Pepler believes that the research of Johnson (1976) reinforces the links that play has with creativity and relations with others. One can conclude that the play experience involving social interaction affects subsequent divergent problem-solving performances.

Pepler (1991) concludes that "individual differences in the predisposition for creativity should be identified, examined and fostered for their potential in helping children face the divergent problems of everyday life" (p. 77). There is a link between play, creativity and divergent thinking in that they collectively contribute to an increased potential in the child to deal with problem-solving in relation to the external conditions and influences affecting his or her life and development. Pepler recognizes the lack of conclusive findings in this theory development but sees that it offers an important link between play and responsiveness to environmental situations.

Summary

This preceding chronological review of selected play theories has focused on both classic and contemporary theorists who have devoted some of their analyses of play to the subject of socialization and interpersonal relations with others. The following eight points synthesize this material with respect to play and its contributions to socialization and relationship development.

1. Play provides an avenue for freedom of movement within certain limits (Rousseau, 1758 [1974]); one has the freedom of expression to play alone or with another (Coleman and Skeen, 1985).
2. Play allows the child the opportunity to have pleasurable and comfortable experiences, to practice that which he or she is capable of and to gain mastery of the surrounding environment (Freud, 1905; Klein, 1932; Piaget, 1962).
3. Play is a link between the imagined world and the real world for the child, overcoming the pain of the real world through play (Freud, 1908; Klein, 1932).
4. Symbolic play helps the child to develop the ego and sense of self, thereby learning to imitate others and to consolidate emotional experiences with the external world (Piaget, 1962; Erikson, 1963; A. Freud, 1976).
5. Play and playing with others results from a sequence of relationships that occurs during the developmental process (Piaget, 1962; Leiderman, 1989; Winnicott, 1971). Play provides the opportunity for experimentation, control and autonomy for the child within his or her environment (Winnicott, 1971).

5. Play provides an opportunity for the child to express him or herself and to strengthen the child's general abilities through socialization (Gross, 1901; Bowlby, 1953).
7. Play serves as a dialogue between the person and his or her environment, each influencing the other (Scheuerl, 1975).
8. Play contributes to creativity, divergent thinking, problem-solving and the ability to develop and sustain relationships with others (Pepler, 1991).

Conclusion

In this chronological review, play has been examined in terms of some of its natural components that contribute to socialization and relationship development. Play has natural attributes that facilitate the connection between individuals and the environment that he or she exists within. The value of play in the context of the play therapy process will be pursued in the following section. Play has, within the therapeutic environment, the potential of allowing the child to develop a relationship at his or her own pace, to develop a sense of mastery over that relationship, and to use creativity to gain insight into problem areas.

Winnicott (1971) reminds us that "psychotherapy is done in the overlap of two play areas, that of the patient and that of the therapist" (p. 38). An examination of the types of play therapy and the focus that is placed on the early relationship development process between the child and the play therapist in each type, will bring to the fore emerging views of the relationship development process that can occur in play therapy.

Chapter Three

The Function of Play in the Process of Play Therapy

Play has many functions within the therapeutic process. A. Ornstein (1984) suggests that play "serves as a window through which the investigator or therapist can take a glimpse at the workings of the mind...in the case of play, the therapist can also respond, interact with the player, and thereby effect its outcome" (p. 349). Because of this quality, play can be a catalyst for change and, consequently, has become a major contributor to the methods of psychotherapy for children. One such method, *play therapy*, consists of different orientations and foci, each of which utilizes the play process in various ways. The generic label of 'play therapy' "covers a variety of clinical theories and interventions that warrant careful elucidation" (Phillips, 1985, p. 758). This process of clarification, found in Chapter Three, reviews the roles that theorists assign play in the therapeutic process.

Interest in the theoretical implications of play and its contribution to the psychotherapy process arose during the twentieth century as more was being discovered about the inner workings of the child. Psychoanalysis, as it was applied to the treatment of children, played an important part in these investigations as did academic psychology, especially following Piaget's pioneering research into cognitive development, establishing that play carries traits conducive for growth. As suggested by Frank (1954), it has become apparent that play provides the possibility and opportunity for children to live in a social

order and a cultural world. Furthermore, theorists such as Herzka (1986) stress the importance of play as a catalyst for the development of social relationships and the development of individuality (Herzka, 1986). But as Chethick (1989) points out, it is not play per se that produces the changes for the child in the therapeutic context. The therapist's use of play creates a catalyst for change. Vandenberg (1986) proposes that therapy is accomplished by the particular themes of the play. He states that "the relationship is the vehicle that helps the children learn to trust, invest belief in, and create meaning in their lives" (p. 86). The therapist's understanding of the relationship development process is essential.

Play and its many qualities that encourage relationship development within an environment of social interaction have been, in part, the subject of this literature review up to this point. The focus now turns to a more specific overview of the relationship between play and its functions within the relationship development process of play therapy. To this end, the techniques or procedures that specify how play can be utilized, namely, the therapeutic factors of play, will be outlined. This will be followed by a history of the development of the various methods of play therapy, reinforcing the recognition that the relationship between the child and therapist contributes to the growth of the child. Particular focus within this discussion will be placed on those methods of play therapy that utilize the relationship as a vehicle for change. The temporal phases of the play therapy process will be reviewed in order to highlight further the association between play and its capacity for relationship development. The capacities or therapeutic functions of play that enhance the relationship development process of the play therapy process are summarized at the conclusion of Section II.

Therapeutic Factors of Play

Charles Schaefer, a prominent theorist of the play therapy process, defines play therapy as "an interpersonal process wherein a trained therapist systematically applies the curative powers of play that help clients to resolve their psychological difficulties" (Schaefer, 1993, p. 3). He recognizes that there are specific therapeutic factors or components of play that have different benefits, believing that "the play therapy process contains a limited number of elements that are differentiated from each other by their specific effects on a child" (p. 5). He suggests that if a factor results in a clinical improvement of some sort, it is deemed to be a therapeutic factor, defined as "an element of play that contributes to a positive outcome" (p. 5). A review of these established therapeutic factors provides at this point in this dissertation an overview of the ways in which play does contribute to the therapeutic process. Once reviewed, those specific components of play within the play therapy context will be highlighted in preparation for a review of play therapy methods that place importance on the relationship development process. This will be followed by a literature review pertaining to the phases of play and child therapy process, specifically focusing on those phases in which the relationship is deemed an important facilitator in the overall treatment.

Table 1 presents Schaefer's list of therapeutic factors and corresponding outcomes in relation to play within the play therapeutic context. Each factor corresponds to a beneficial or therapeutic outcome that contributes to the growth of the child. This

dissertation focuses on those factors that are affected by or contribute to the relationship that ensues during the play therapy process.

Table 1. Therapeutic Factors of Play

Therapeutic Factors	*Beneficial Outcome*
Overcoming Resistance	Working Alliance
Communication	Understanding
Competence	Self-Esteem
Creative Thinking	Innovative Solutions to Problem
Catharsis	Emotional Release
Abreaction	Adjustment to Trauma
Role-Play	Practice and Acquiring of New Behaviours
	Empathy
Fantasy/Visualization	Fantasy Compensation
Metaphoric Teaching	Insight
Relationship Enhancement	Self-Actualization, Self-Esteem, Closeness to Others
Positive Emotion	Ego Boost
Mastering Developmental Fears	Growth and Development
Game Play	Ego Strength, Socialization

(Schaefer, 1993, p. 6)

Closer examination of each factor described by Schaefer (1993) will highlight which ones are dependent on or occur as a result of the relationship development between child and therapist.

1. *Overcoming Resistance*: Play seems to assist in establishing rapport and alliance with a child. It encourages voluntary acceptance of therapy, a recognition that problems exist, and develops a wish to talk to a 'strange' adult.
2. *Communication*: Play acts as the most natural medium of expression for self-expression or communication. As stressed by Piaget (1962), "fantasy play provides the child with the live, dynamic, individual language indispensable for the expression of his subjective feelings for which collective language alone is inadequate" (p. 166). This communication process through play functions on the conscious and unconscious levels.
3. *Competence and Mastery*: Play is a self-motivated activity that satisfies a child's innate need to explore and master his environment (Berlyne, 1960), and his activity in turn contributes to the child's sense of power and control. It is the child's sense of competence that motivates him or her to learn about the world and acquire skills.
4. *Creative Thinking*: Play encourages children to improve their problem-solving skills and promotes creativity and flexibility. Consequently, children are able to find alternative and effective solutions to real life social and emotional problems through play.
5. *Catharsis*: The safety of the playroom allows children the opportunity for emotional release without fear of retaliation or censure. The cathartic effect of play lies in the child's sense of freedom and comfort, allowing the discharge of strong emotions for therapeutic relief.
6. *Abreaction*: In play, children can slowly digest and assimilate traumatic

experiences by reliving them with an appropriate release of affect. Piaget (1962) conceptualized this model of assimilation proposing that a traumatic experience must be gradually assimilated into a schema (frame of reference, script) that is developed by the therapist-child interaction. As a result, a sense of mastery is gained through this self-therapeutic process (Erikson, 1940).

7. *Role-play*: In play therapy, children are encouraged to try out alternative behaviours or roles. Garvey (1976) suggests that there are four major roles assumed by children in play: *functional roles, relational roles, occupational roles and fantasy roles.* By playing the roles of others, children gain a reflected view of their own identity from the perspective of those identities whose roles they enact (Stone, 1971).
8. *Fantasy*: One of the major therapeutic functions of play is that it enhances the flexible and varied use of one's imagery capacities. In the process, the child is given the opportunity to experience power and control over the world as well as mastery over his/her environment (White, 1959; Saltz and Johnson, 1974).
9. *Metaphoric Teaching*: Children in play therapy can be provided with new myths that address the sources of conflicts, fears, and hostilities in their lives and offer more adaptive solutions for consideration. If these conflicts and feelings are repeatedly experienced in play without resolution, the therapist can replay the situation in a way that suggests new options or solutions.
10. *Attachment formation*: Through the replication of positive child-parent

interaction, the child has the potential of establishing a secure attachment experience.

11. *Relationship enhancement*: The role of play in facilitating a positive relationship between child and therapist is related to the nature of playful interactions facilitated by the positive mutual feelings between the child and the therapist. The therapist-child relationship is seen as crucial for the child to gain a more adequate acceptance of him or herself.
12. *Positive Emotion*: Play is free from external demands, obligation, and serious intent. Research indicates that children do better work under the influence of a strong emotion, that enjoyment of a task enhances striving and persistance at it, and that joy provides motivation in unrelated activities (Reichenberg, 1939).
13. *Mastering development fears*: Play can reduce anxiety and fear through the process of systematic desensitization by exposing a child to a fearful situation through the relaxation of play. The pleasure of play can counteract and neutralize fearfulness so the child can perform the desired behaviour.
14. *Game play*: Games are a primary way for children to become socialized. Through interactive play and learning the rules of games children prepare for the rules of life. Game play prepares children for their roles in the social world, enhancing ego development (pp. 5-13).

The eleventh factor, *relationship enhancement*, as indicated in the aforementioned review, singles itself out as relevant to this study. In fact, this factor affects the occurrence and intensity of all other thirteen factors. For instance, the relationship that develops through the play process between and child and therapist allows a form of communication to

develop with which a medium of expression is established. Consequently, with this encouragement and trust, role-playing, fantasy opportunities, creative thinking, positive emotions and game play may ensue. As the therapy progresses, the child may grow to develop a sense of competence and mastery, may overcome resistance, assimilate traumatic experiences through the process of abreaction, and master developmental fears. The process of attachment formation between the child and therapist, ultimately offers the child the ability to attach and develop self growth within the overall therapeutic process.

In a closer examination of the therapeutic value of play and the components of the relationship development process between the child and therapist, a review of various methods of play therapy that value relationship development and of the temporal phases within this process is most beneficial. A summary of those therapeutic conditions that effect growth within the various methods and phases of play therapy will be presented at the conclusion of Chapter Three.

The History of the Emphasis on Relationship Development in the Play Therapy Process

Clarification of the terminology, *child therapy* versus *play therapy*, is necessary for the task at hand. Child therapy is described by Sours (1980) as a "relationship between the child and the therapist, aimed primarily at symptom resolution and attaining adaptive stability" (p. 26). Eliana Gil (1991) states that the terms, *child* and *play therapy*, are often used interchangeably. For the purposes of this study, the terms will be distinguished and referred to within the contexts in which they are discussed.

The development of play therapy during the last 100 years has produced four distinctly different methods: 1) psychoanalytic play therapy, 2) structured play therapy, 3) relationship play therapy, and 4) non-directive play therapy. Each along with contemporary play therapy models will be overviewed in order to highlight aspects of each that focus on play and its effect on the relationship between play therapist and child.

1) Psychoanalytic Play Therapy

Child therapy, as a separate and distinct method, has been evolving since 1909, when Freud first attempted psychotherapy with the now historic patient Little Hans. Dell Lebo (1952) suggests that the case of Hans was the first recorded actual use of play in therapy. Historical records indicate that for years Sigmund Freud had been urging friends and pupils to collect observations on the expressions of children. The parents of the fearful child, Little Hans, collected data over a period of years and submitted them to Freud. In turn Freud made his diagnosis from the reports and offered therapeutic advice. It was Freud's interpretation of Little Hans' play that became useful in the treatment which raised much reaction at the time. Although many believed that Hans had been made the victim of psychoanalysis, the success of the treatment which led to Freud's conceptualizations of play and child psychoanalysis has made the case noteworthy.

Charles Schaefer (1980), in his historical account of play therapy, states that play was not used directly in the therapy of children until 1920/1 when Hermine Von Hug-Hellmuth began using play for the diagnosis and treatment of childhood emotional problems. Von Hug-Hellmuth (1921) reports that play is essential in child analysis when

treating children seven years or younger in that play serves as a bridge to verbal communication for children. He stresses the first hour in treatment as being of utmost importance when indicating that "it is the opportunity for establishing *rapport* with the young creature...when dealing with children of seven or eight years of age, the analyst can often pave the way by sharing in the play activities, and thus he can recognize several symptoms, peculiar habits, and character traits; and in the case of these very young patients, very often play will enact an important part throughout the whole treatment" (p. 293-295). Hug-Hellmuth stresses the importance of play in the development of the rapport or relationship between the child and therapist as is illustrated in the use of the 'peekaboo' game (Burton, 1986).

Ten years later, in the early 1930's, the two psychoanalytic schools of Melanie Klein and Anna Freud were developing. They formulated the theory and practice of psychoanalytic play therapy. These two schools along with those of D. Winnicott /E. Erikson and M. Lowenfield constitute the four major approaches to play therapy in Britain over the past 60 years (McMahon, 1992). Each focuses on different aspects of play as a catalyst for therapeutic growth.

Anna Freud recognized the benefit of play as providing a nurturing relationship that will, in turn, allow the child to develop a dependency on the therapist. In her words, "I took great pains to establish in the child a strong attachment to myself, and to bring it into a relationship of real dependence on me" (A. Freud in C. Schaefer, ed., 1976, p. 142). Lebo (1921) clarifies this aspect of A. Freud's approach when writing that, "because the child's superego was regarded as undeveloped, the importance of the emotional relationship existing between the child and the analyst was emphasized" (p. 419). The

writings of Anna Freud suggests that play would aid in the relationship development and through this dependency the child will feel free to re-play real events or explore him or herself in the pure sense. She postulates that playing is a means of permitting children to talk about conscious feelings and thoughts and to act out unconscious conflicts and fantasies within a conducive environment, or relationship. A. Freud stresses the importance of creating a transference relationship and opposes the use of quick and deep interpretations based on the symbolic meanings of the child's play actions, both in the playroom and outside of it. B. Mook (1994) summarizes A. Freud's use of play suggesting that "she did not value play in its own right but saw it only as serving an intermediary means of expression when the child could not yet verbalize his or her thoughts and feelings" (p. 40). Nevertheless, it is clear that A. Freud recognizes the importance of play in the establishment of a bond between the child and therapist as part of the beginning process of the therapy.

The writings of Melanie Klein deliberately focus on the child's anxieties rather than the development of the rapport with the child (M. Klein in C. Schaefer, ed., 1976). Klein would interpret the preconscious and conscious meaning of the play to the child in the hope that additional material would come up in the play. Klein recognizes that "through the changes which the child's games undergoes, we can get to know the various currents of its mental life" (Klein, 1975, p. 105). In this way, play is utilized for the freeing of emotion, or free association, although she did not place a particular emphasis on the rapport between the child and therapist. It would appear that she understood the relationship to be implicit and a necessary tool for her task of interpretation. In the case of Egon, Klein resorts to encouraging the child to play with therapeutic toys as he did not

respond to classical analysis on the couch. She recognizes that Egon "preferred playing games...I played with him for weeks in silence and made no interpretation, simply trying to establish rapport by playing with him" (p. 68). Her treatment resumed its interpretative style, but Klein recognized the value of the relationship through the "freeing" aspect of play.

Klein (1955), while criticized in terms of the extremity of her interpretive approach, is recognized as the first therapist to use a carefully planned playroom that included a large variety of miniature toys, drawing and painting materials, materials for cutting, and water. Materials were kept in their own separate drawers for each child with the children directing their own play, a concept that is used in more contemporary play therapy methods. These elements of the play process imply Klein's respect for the child and her recognition that play serves as a catalyst for the production of unconscious material. The actual relationship between the child and therapist was not a focus for Klein although she appears to recognize the relationship as an implicit component of her interpretative method of child psychotherapy. One would assume that there has to be a foundation and sense of trust based on which the child can be forthcoming with private and hidden material.

Winnicott and Erikson, after the mid-point in the twentieth century, began to stress the value of play in the self-exploration and the self-expression process of the child. Winnicott (1971) views play as having an innate therapeutic value suggesting that "play is being honest with oneself...playing is itself a therapy" (p. 50). As interpreted by Dasgupta (in Milner &Carolin, 1999), Winnicott saw the therapist/child relationship as echoing the earlier mother /child relationship. He hoped that the therapeutic relationship would be

able to repair what was lacking, or wrong, in the earlier one. Winnicott (1971) postulates that every therapist should "allow for the patient's capacity to play" (p. 57) and when playing is not possible then the therapist may bring the child from a state of not being able to play into a state of being able to play.

E. Erikson, a child psychoanalyst, started as a teacher in Anna Freud's school in Vienna before going to the United States and followed the basic belief that children are able to heal themselves through play (McMahon, p. 34). He suggests that the therapist's task is to try to understand the meaning of the therapeutic play to gain insight into the child's sense of identity within his or her culture and environment. Erikson believes that play is only successful where there are social and cultural reinforcements, both in the family and beyond.

Lowenfield (1970), also of the British school of play therapy, stresses her use of sand play in her therapeutic work with children. She encourages the child to construct a series of miniature worlds in a sand tray and then asks them to explain this world to her. She believes that the role of the therapist is to encourage and help, using interpretations sparingly. Lowenfield notes some recurring themes in the sand play, such as a dam holding back water (feelings) to be eventually released or the building of a volcano, representing internal turmoil (McMahon, 1992, p. 36). The child is allowed to make suggestions about the meaning of the play when he or she chooses. Lowenfield, like Klein, believes that the relationship between the child and therapist within the British model of psychoanalytic play therapy is implicit but not recognized as an important component in its own right.

2) Structured Play Therapy

Structured play therapy, known also as release, directive or active play therapy, emerged from a psychoanalytic framework. This model of play therapy was developed by Levy (1937), Solomon (1938) and Conn (1948) and emerged from a belief in the cathartic value of play and the active role of the therapist in determining the course and focus of therapy (Gil, 1991; Schaefer & O'Connor, 1983). Dell Lebo indicates that in the active play therapies of Conn and Levy there "is no need to build up a feeling of rapport between the child and the analyst" (p. 420). His approach resembles in many ways the method of M. Klein.

D. Levy developed release play therapy believing that there was no need for interpretation within the therapeutic process and based his approach primarily on a belief in the abreactive effect of play (Landreth, 1991). The child is encouraged to play freely to gain familiarity with the room and the therapist, and then the therapist intervenes shifting the play scenes in order to recreate the experience which precipitated the child's anxiety reaction. The re-enactment of the traumatic event allows the child to release the pain and tension that it caused. The therapist reflects the verbal and nonverbal feelings expressed by the child.

The method of Solomon, on the other hand, stresses the observation of the emotional relationship between the child and the therapist. He recognizes the diagnostic value of play with the therapist as indicative of the child's relationship with others outside of the play therapy situation. Solomon (1954) offers a conceptualization of how children respond to the therapeutic environment in terms of 'primary' and 'secondary' integration.

As stated in his article, "Play Technique and the Integrative Process' (1954), the child comes to the early phase of the relationship with different emotions depending on the trauma that has been experienced and the ego development that the child possesses. The ability of the child to master the presenting problems, thereby crystallizing his or her ego process, is defined as "primary integration". If the child sets up defenses against the emotional reactions arising from the conflict situation, "secondary integration" is in process (p. 595). The therapist can assist in a reconciliation of the conflict by allowing the relationship to provide a learning process for the child. Through an analysis of the degrees of integrative capabilities of the client, the therapist can be aware of the child's capacities for growth in developing interpersonal relationships.

3) Relationship Play Therapy

At the same time, in the late 1930's and early 1940's, a more passive model of play therapy was developing. The Relationship Play Therapy model involved the play of the child as being non-restrictive. Within this model, the therapist observes as the child tests out the play environment to find out what is permitted and eventually the therapist becomes part of the play. The basic premise of this method is to allow the child to work out anxiety, hostility, or insecurity through the play at his or her own pace. This style resembles the method of relationship therapy, a method that was originated by Otto Rank.

Relationship therapy was developed by Otto Rank as a reaction to dynamic therapy which he felt failed to appreciate the actual therapeutic agents within the therapeutic process. Rank (1968) stresses the importance of understanding the role of the therapist

which he states "is given through the patient, who functions as author; the task of the therapist is rather that of producer, who has to see to it that the performance runs successfully and undisturbed, and who must be always ready to take over any role that is demanded" (p. 168). Rank believes that the therapist is to understand the various roles that the patient may give to the therapist and to utilize these dynamics therapeutically. He validates the existence of the therapeutic relationship, its power in the change process and the mutuality in the process. The premises from this model have been widely used within the play therapy framework.

The emphasis that was placed by Otto Rank on the curative power of the emotional relationship between the therapist and the child prompted the emergence of relationship play therapy with the work of Jesse Taft (1933) and Frederick Allen (1934). Allen states that therapeutic relationships "form a pillar in the therapeutic foundation...as a present reality which affords the patient a clarifying milieu...of what he is experiencing with me at the moment" (p. 197). He suggests that younger children relate themselves to the therapist on a basis of play for the purpose of bringing into the play "...reactions and feelings common to his relations outside" (p. 199). Play is seen within this model to be a naturally forming phenomenon that allows the child to bring into the therapeutic situation certain aspects of him or herself from the surrounding environment.

Relationship play therapy emphasizes the importance of spontaneous play activity of the child which is substituted for free association in the psychoanalytic play therapy. Allan and Taft stress that children have the inner strength to alter their behaviour in a constructive way, suggesting they be given the freedom to choose to play or not to play and to direct their own activity. Landreth (1991) summarizes this hypothesis of

relationship play therapy when stating "that children gradually come to realize that they are separate persons with their own strivings and that they can exist in a relationship with other persons with their own qualities" (p. 32). The child takes responsibility for his or her own participation in the play therapy process. The realization that play can give autonomy and control has also been adapted to the non-directive play therapy model.

4) Non-Directive Play Therapy

By the mid-point of the twentieth century, the non-directive approach to play therapy was taking a prominent position. This method was based on Carl Rogers' client-centered therapy (Rogers, 1951) which is more recently known as person-centered therapy (Meador & Rogers, 1980). The non-directive approach is based on the assumption that human values are incorporated in the functioning of the individual and "promotes the full acceptance of the child as s/he is, and stresses the importance of the therapeutic relationship" (Gil, 1991, p. 31). This approach which has come to be recognized as an important approach to understand behaviour and focuses not so much on controlling or changing the client's way of living, but on the creation of a therapeutic situation which provides experiences that make changes possible within an environment of freedom (Lebo, 1955, p. 421). The client (adult or child) is left with the liberty of action to decide the nature and direction of the change. Meador and Rogers (1980) suggest that the central hypothesis of person-centered therapy is that "the growthful potential of any individual will tend to be released in a relationship in which the helping person is experiencing and

communicating realness, caring, and a deeply sensitive nonjudgmental understanding" (p. 131).

Clark Moustakas recognizes that the child has the capacity to solve problems from within and to create change for him or herself. Moustakas (1959) derives his existential model of play therapy from both the relationship and non-directive methods, suggesting that "in relationship therapy the focus is always on the present, living experience...the therapist waits for the child to come to terms with himself, to express his difficulties, and to find new ways of relating and living" (p. 2). The therapist represents a new reality for the child and the relationship between the child and the therapist assists in the restoration of the individual powers of the child. The self is reaffirmed in this process. While Moustakas has changed his theoretical and methodological orientation from relationship play therapy to phenomenological play therapy over the past 40 years, he maintains the emphasis on the honesty of the therapist as well as the patience that the therapist must have in order to move at the pace of the child. The relationship between therapist and child is integral to the work of Moustakas as it is to the Virginia Axline, another prominent play therapist in this century.

Axline (1947) is credited with the creation of the non-directive method of play therapy, believing in the child's natural wish for growth and his or her capacity for self-direction. The child is capable of self-realization, self-awareness and self-direction. For this reason the component of freedom is very important within this model. The child's discovery of the play therapy environment and of the self gives the child a sense of mastery. Axline (1950b) summarizes her concept of play therapy by stating,

> A play experience is therapeutic because it provides a secure relationship between the child and the adult, so that the child has the freedom and room to state himself in his own terms, exactly as he is at that moment in his own way and in his own time. I am using the term "play" as "freedom or room to act" ...The child enters into a relationship with an adult who becomes symbolic of the child's external world, the audience before which he plays out his innermost feelings and attitudes. (p. 68)

The theatrical analogy used by Otto Rank and Virginia Axline allows the reader to visualize the power of play in creating the parameters, the characteristics and conditions necessary for the roles to be played out in the play therapy process. A recognition that the relationship between the child and therapist is integral to the growth in the therapeutic environment is paramount to relationship and non-directive play therapists.

Contemporary Models of Play Therapy

Since the writings and practice of Virginia Axline in the mid-twentieth century, the focus on the relationship as integral to the play therapy process has become a basis for other play therapy models which are widely applied techniques for psychotherapeutic work with children.

Guerney (1980) and Landreth (1991) employ the non-directive or client-centered model in their writings and practice of filial therapy, whereby the parent becomes trained to be therapist to the child.

Sand play, a model of play therapy devised by Dora Kalff (1980), focuses heavily on the interpretative aspect of the therapist's interventions. This method is based on the principles of Jungian therapy with the therapist interpreting the child's use of symbols and placement of objects in the sand tray. As with Kleinian play therapy, the interpretation is the main task of the therapist with the assumption that the relationship between the child and the therapist develops implicitly.

In the 1960's, behavioural play therapy developed. Based on the principles of learning theory, this approach focuses on the problem behaviour with no attempts being made to achieve affective release, to do cathartic or abreactive work, or to help the child to express feelings.

The Ericksonian play therapy model, with a 'solution-focused' orientation, recognizes that the development of the relationship with the child is essential so that the child may utilize the therapist's image as a 'wise' companion, a positive element in his or her life that may not have existed prior to the therapeutic relationship (Kottman, 1996).

Adlerian play therapy, another model of child treatment, focuses on the reduction of discouragement through play and, also, conversations between the therapist and the parents. The relationship between child and therapist is based on the development of empathy during the first phase of treatment, so that the child's lifestyle can be explored in the second phase, insight offered in the third, with a conversion of the insight gained in the fourth phase (Kottman, 1996).

The group therapy model has enjoyed a contemporary popularity due to its numerous "curative" (Yalom, 1975) effects. The development of relationships between individuals participating in a group requires the enhancement of socializing techniques.

This model promotes group interaction and the reinforcement of cooperative efforts (Mandell, Damon, et al., 1989). Ginott (1961) suggests that "the presence of several children seems to facilitate the establishment of a desired relationship between the therapist and each child...[and that] the groups induce spontaneity in the children; they begin to relate to the therapist and to trust him more readily than they do in individual therapy" (p. 2-4). Ginott's model of group play therapy is, in fact, very similar to individual play therapy in respect to its persistent focus on the individual child rather than on group cohesion. In this way, Ginott's model resembles the client-centered or non-directive approach practiced widely today.

Gestalt play therapy, brought to prominence by V. Oaklander (1997), is described as a "humanistic, process-oriented form of therapy that is concerned with the integrated functioning of all aspects of the person: senses, body, emotions, and intellect" (p. 184). Of particular emphasis within this method is the child's interaction with the environment, with differentiation occurring through physical maturation and contact with the environment. Perls et al.(1951) identifies the goal for treatment as the "achievement of integration which facilitates its own development" (in Carroll and Oaklander, 1996, p. 188). The therapeutic relationship focuses on the child's effort to support him/herself with the sense of self becoming more clear in the process.

This review summarizes those play therapy models that have, for the purpose of therapeutic growth, placed importance on the relationship that develops between child and therapist within the play environment. Furthermore, ways in which play is conceptualized within the development of the therapeutic relationship have been stressed.

In order to identify specific functions that play serves in the early relationship development process in play therapy, the temporal phases of child and play therapy models will be summarized, followed by a summary of the therapeutic functions of play within the relationship development in play therapy.

Temporal Phases of the Play Therapy Process

There are discernible patterns of relationship development that evolve between children and therapists in therapy (Bergman, 1971; Evans, 1976; Masterson, 1972; Turner, 1978). The child presents with behaviours and emotions that derive from conflicts experienced in his or her environment. The therapist attempts to understand and work with the child to develop a relationship of mutual trust. As the child acquires a reliance on the therapist's integrity, he or she is able to work through his or her conflicts. In the play therapy process there are distinct phases that facilitate the growth of the therapeutic relationship. Turner (1978) describes three phases when he says, "in looking at the therapeutic process and its component parts, it is helpful to examine three temporal stages in the process, namely beginnings, middles, and endings" (p. 87) or, as some conceptualize the temporal phases, early relationship development, working through of issues and termination from therapy.

In kind, Frederick Allen (1976), author, researcher and clinician, divides his play therapy treatment model into three phases: (a) beginning, (b)middle, and (c) final. The (a) beginning phase tends to provoke overt fears emerging around each new experience which requires leaving behind personal supports which the child deems critical and difficult to let

go of. The child may enter therapy with a guarded, cautious attitude that allows little if any participation and may assume complete control with an assertive, aggressive attitude directed against the therapist. In the middle phase (b) the therapist guides the child to a better integrated self. The play may be a means of maintaining control, or a projection of the child's feeling as an external symbol of him or herself. The play activity may be a medium that allows a freer experience of self and brings that child into a closer rapport with the therapist and vice versa. The final phase (c) brings a meaningful relationship to an end. The child moves toward a more responsible feeling about him or herself. (p. 537-542).

From this overview of the play therapy phases it is apparent that the child typically presents with fear and ambivalence to the new and strange experience of therapy and will demand of the therapist a careful understanding of his or her needs. The therapist moves with the child and provides an experience of growth so that the child develops a sense of control, trust and self-awareness from the therapy process.

C. Moustakas (1955a) presents a different view of the phases of the play therapy process. He believes that children go through a sequence of emotional growth during play therapy corresponding to the normal emotional development of early childhood. To quote Moustakas, the play therapy process is divided into six levels:

First level: Undifferentiated and ill-defined positive and negative feelings prominent;

Second level: Emergence of focused positive and negative feelings in response to parents, siblings, and other people;

Third level: Ambivalent feelings distinctive;

Fourth level: Negative feelings in primary focus, sometimes specific;

Fifth level: Ambivalent negative and positive attitudes prominent;

Sixth level: Positive feelings predominant and appear as organized attitudes. Negative attitudes also present. Both positive and negative attitudes differentiated, focused, direct, and generally in line with reality. (p. 79)

The relationship between the therapist and child is affected by the movement of the child through these different stages. The child's willingness and ability to connect with the therapist directs the therapist's responses, and the relationship between them grows in turn. The therapist's interventions are critical in this process and the relationship development is, therefore, a mutually developing experience.

Hendricks (1971), in her doctoral dissertation, indicates that there are six phases of play therapy that tend to emerge in a 24 session treatment regime. These are summarized as follows:

1. Sessions 1-4: the child expressed curiosity, engaged in exploratory, noncommittal, and creative play, made simple descriptive and informative comments, and exhibited both happiness and anxiety.
2. Sessions 5-8: the child continued exploratory, noncommittal, and creative play, generalized aggressive play increased, expressions of happiness and anxiety continued, and spontaneous reactions were evident.
3. Sessions 9-12: exploratory, noncommittal, and aggressive play decreased,

relationship play increased, creative play and happiness were predominant, nonverbal checking with the therapist increased, and more information about family and self was given.

4. Session 13-16: creative and relationship play predominated, specific aggressive play increased, expressions of happiness, bewilderment, disgust, and disbelief increased.

5. Session 17-20: dramatic play and role play predominated, specific aggressive statements continued, relationship building with the therapist increased, expression of happiness was a predominant emotion, and the child continued to offer information about self and family.

6. Session 21-24: relationship play, dramatic and role play predominated, incidental play increased.

K. Withee (1975), in her doctoral research, indicates that five stages of play therapy become evident. During the first three sessions, children give the most verbal verification of the counselor's reflections of their behaviours, exhibit the highest levels of anxiety, and engage in verbal, nonverbal and play exploratory activities. During sessions four through six, curiosity and exploration drop off while aggressive play and verbal sound effects reach their peaks. During sessions seven through nine, aggressive play drops to the lowest point, and creative play, expressions of happiness and verbal information about home, school, and other aspects of their lives are at their highest. During sessions ten through twelve, there is less interaction between the child and therapist than in previous sessions. In sessions thirteen through fifteen, noncommittal play and nonverbal expressions of anger peaked, anxiety rises over its previous level, while verbal relationship

interactions and attempts to direct the therapist are at their highest levels. In addition, she found that there are differences between the movement of boys and girls through the process.

A review of these two doctoral studies indicates that there are similarities in the developing structure of the play therapy process. Initially, children explore and have tendencies towards creative play, but with a noncommittal connection to the therapy or the therapist. As the children become more familiar with the therapeutic environment, they exhibit more aggressive play in the second stage and verbalize more frequently about their lives, their families and themselves. In the later sessions, dramatic play and a relationship with the therapist is integral to therapeutic growth. Anxiety, anger, frustration and other indicators of affect are expressed as the child becomes familiar and less threatened by the process.

S. Cashdan (1967) itemizes five phases in his examination of the temporal order of events involved in child psychotherapy. He suggests that the child moves from a non-directive stance to full interaction and, finally, to non-interaction:

1. problem statement: the child will express the nature of his difficulties through expressive productions, through interpersonal behaviour or both.
2. relationship defining: the child commits him/herself to the therapy during this phase. Power, control, dominance, submission, etc. are no longer central issues at the conclusion of this phase.
3. emotional learning and maximal interpersonal involvement: the basic issue during this phase is attitudinal and behavioural change. The child begins to bare those parts of him/herself that were previously denied awareness

in the hope that the therapist will help him/her in some way. The important components of this phase are problem solving, self-examination by the child, and exploration of the new type of interpersonal relationship.

4. separation: the disintegration of the dyadic therapy relationship. The growth of the child is seen as not solely dependent on the maintenance of the dyadic relationship.
5. adaptation: acquaintance and interest in the dyadic therapeutic involvement continues, but the child has begun to function on his/her own. (pp. 82-84)

In the first phase, the relationship between the child and therapist is pivotal in allowing for the expression of the difficulties that he or she presents. During this phase there is a movement toward 'committal' and consolidation of trust that allows the child some certainty that the hidden feelings can be expressed and accepted.

Herbert Goetze (1994) describes four phases of non directive, client-centered play therapy work. He believes that any relationship during therapy moves from alienation to closeness and he hypothesizes a continuous development from distance to closeness which can be conceptualized in a four stage-process. These stages are summarized as follows:

1. Non-personal stage: Child and therapist are not yet well acquainted resulting in little emotion, warmth, and congruence to be communicated by the therapist. The situation is characterized by distance.
2. Non-directive stage: This phase is characterized by the establishment of rapport; the therapist accepts the child completely, recognizing and reflecting feelings, maintaining respect for the child. The child leads the way, therapy

cannot be hurried, and limitations are valued. It is the therapist's task to establish and nurture a warm climate and a positive relationship as a basis for those experiences the child is going to have at a later stage.

3. Client-centered stage: A firm relationship has been established. Therapist and child know each other well by having communicated for a longer period during the therapy sessions. There is growing importance of information from the outside to enlighten parts of the client's personality that are not actualized in therapy. Specific problems are resolved through humanistically-oriented approaches for children.
4. Person-centered stage: The therapist's role becomes more than that of a partner. The therapeutic task is to integrate the therapy experiences in "real life"; generalization of therapy experiences is essential. The child learns to listen to his/her "inner voice", to be self-directive, to act independently, and to take care of him/herself. (pp. 64-66)

This sequence as identified by Goetze reflects the main approaches within the Rogerian person-centered psychology framework and the Axlinian play therapy principles. Emphasis is placed on the relationship development between the child and therapist during the first two phases for the purpose of establishing rapport, a foundation for mutual respect and self-direction opportunities for the child.

Summary of Therapeutic Functions of Play within the Relationship Development Process

Play, by virtue of its natural attributes, helps to produce several therapeutic conditions that provide an optimal opportunity for the child and the therapist to work towards growth. The following is a summary of those therapeutic functions of play that are highlighted in the previous review of prominent play therapy models and the temporal phases of the play therapy process:

1. Play is a bridge to verbal communication (Von Hug-Hellmuth, 1921; Withee, 1975).
2. Play aids in the development of a secure rapport with the therapist (Von Hug-Hellmuth, 1921; Axline, 1947) and encourages dependency on the therapist where deemed important in the process (A. Freud, 1976).
3. Play provides the opportunity for the freeing of emotion through the process of free-association (Klein, 1976).
4. Play is therapy in that it contributes to creativity within a culture or environment that is facilitated by comfort and safety of the play (Erikson, 1963; Winnicott; 1971); play encourages self-realization (Lowenfield, 1979).
5. Play in the relationship with the therapist can be indicative of the child's relationships with others in the real world and can be understood in terms of primary and secondary integration processes (Solomon, 1954).
6. Play is the present reality of what is being experienced in the play therapy process; children relate to the therapist on the basis of play and bring into this

situation emotions and feelings from the outside world (Allen, 1934; Taft, 1933).

7. Play is an act of freedom, allowing the child to find his or her way in this strange and new situation of therapy while the therapist waits for the child to connect and to find new ways to relate (Moustakas, 1959)..
8. Through the process of play and the freedom of expression that it provides, the child develops a relationship with the therapist that is symbolic of the child's external world (Axline, 1947).
9. The spontaneous capacities of play are encouraged in the group play therapy setting (Ginott, 1961); the development of the relationships between individuals within the group can enhance socialization skills (Yalom, 1975).
10. Through the play therapy process, the intensity of the play increases as the child is permitted to be curious, exploratory and creative thereby facilitating the freedom necessary for the consolidation of trust in the therapist (Cashdan, 1967; Goetze, 1994; Hendricks, 1971; Moustakas, 1955).

Conclusion

In summary, play facilitates the development of an environment that encourages the child to gain the security and self-confidence necessary for the expression of emotions that assists in the resolution of his or her difficulties. This process begins with the therapeutic relationship. The therapeutic relationship develops with the assistance of the

play activity. In fact, as F. Amster (1943) points out, "play can be used to establish a working relationship" (p. 64).

In order to examine further the effects that play has on the relationship development process for child clients, research studies that have focused their attention on the relationship processes in child and play therapy will be summarized in Chapter Four.

Chapter Four

Research Relating to the Relationship Phase of Play Therapy

Introduction

The value of play therapy has been documented (Axline, 1947; Gil, 1991; Landreth, 1991; Moustakas, 1981; Schaefer, 1993) over the decades since its inception in the first half of the twentieth century. As well, play as a therapeutic tool has been well used for its qualities that facilitate communication between the child and the therapist. However, child psychotherapy outcome studies have not focused on play (Russ, 1995). Studies of the therapeutic process of child and play therapy have been neglected by researchers (Digiuseppe, R., Linscott, J., & Jilton, R., 1996). As a result, "research on the process of child psychotherapy is virtually nonexistent" (Smith-Acuna, Durlak and Kaspar, 1991, p. 126). With respect to specific studies on the therapeutic relationship in psychotherapy, most of the literature has focused on adults and "a similar body of research does not yet exist in the area of child therapy" (Kendall & Morris, 1991, p. 779). As a result, a basic understanding of the components or themes of the play therapy process is still in the formative years.

Chapter Four presents what is available in a small field of play therapy research. This chapter comments on the general focus in play therapy research and summarizes the attempted research into the relationship development process of play therapy. The lack of

research in this area provides an impetus to identify ways in which the process of play therapy can be better understood.

General Overview of Play Therapy Research

It is widely believed that play therapy research has received meager and inconsistent attention over the century (Ginott, 1961; Harinck, 1986; Landreth, 1991; Miller, in Yawkey and Pelligrini, 1984). Ginott (1961) concludes that the difficulties in conducting research in the play therapy domain are formidable. He indicates that "the mere collecting of raw data is almost an insurmountable task" (p. 135), suggesting that the cost of experimental investigations is beyond the means of an individual researcher. Because research into the therapeutic process of play therapy, as is the case in adult therapy research, is such a difficult, time-consuming task and an expensive process, the few studies that have been done to date have used only a small number of children as subjects and/or have studied the process over a very limited number of play therapy sessions (Lebo, 1952; Moustakas, 1955; Moustakas and Schalock, 1955). Some studies of the play therapy process have consisted of extensive case studies of one or a few children in play therapy (Bixler, 1949; Cashdan, 1967).

Schmidtchen (1986) suggests that the scientific research of the relationship between practice and research in play has involved unsystematic experimenting with many contradictory and indecisive results in describing and explaining play therapy processes. He further suggests that the practice in play therapy has been eclectic and intuitive leading to nonspecific and general statements concerning play therapy's processes and outcomes.

As a result, Schmidtchen concludes that this therapeutic effort often has led to theoretical speculation and recommends that the descriptions and a priori assumptions about therapeutic process strategies, the therapeutic meaning of play, the empirical description of play variables and client process variables should be clarified. In his recommendations for future research, Schmidtchen says that the "meaning of play communication between child and play material and the influencing effects of the therapist on the child's play should be investigated" (p. 193).

Research of Relationship Development in Child and Play Therapy

Necessary to the following discussion of research within the area of relationship development in child therapy is clarity of the definitions of *relationship* and *alliance* (a term often used in the place of relationship).

Clinical literature stresses the importance of the child's experience of the therapeutic relationship. Anna Freud (1964) maintains in her writings that the development of the therapeutic alliance is based on the child's experience of the therapist as a helper (Sandler et al., 1980). She further observes that the child's lack of insight into his or her own emotional or behavioural difficulties represents a serious impediment to the formation of an alliance with the therapist. She distinguishes the *therapeutic relationship* from the *therapeutic alliance* indicating that the former functions as a corrective to impaired relationships with primary caregivers. The alliance refers to positive feelings that the child has for the therapist as an aid in overcoming emotional or interpersonal problems (p. 55). To clarify the difference, the relationship pertains to the overall process in the

development of the bond between child and therapist and the alliance connotes the quality of the bond between the child and therapist.

The view of the therapeutic relationship as a means to an end was formulated by early proponents of child play therapy (Allen, 1934; Axline, 1947). Shirk & Saiz (1992) suggest that the emphasis in play therapy has been "not on specific therapeutic interventions or tasks, but on the interpersonal conditions that facilitate growth...in essence therapy was conceptualized...as an opportunity for growth" (p. 715). The therapeutic relationship is seen as the principal medium for change with the relationship between child and therapist being regarded as the necessary and sufficient condition for growth. The alliance within this context refers to the degree to which the therapist offers the child experiences of warmth, acceptance, and respect.

The conceptualization of the therapeutic relationship differs according to the varying perspectives and utilization of it within the treatment process, but there is agreement that a bond develops between child and therapist that is necessary for treatment collaboration. Common to all perspectives is an emphasis on the affective quality of the relationship between child and therapist. As Shirk and Saiz (1992) indicate, "whether a means to an end or an end in itself, a positive emotional relationship between child and therapist is viewed as essential for successful therapy" (p. 716).

Hinde (1979) points out that in the study of relationships it is important to attend to both content and quality. There has been considerable emphasis on the study of the quantitative components than the qualitative aspects of the relationship that develops between the child and therapist in the process of therapy. Axline (1950), in her informal qualitative study, "Play Therapy Experiences as Described by Child Participants",

followed 22 children whose therapy was deemed successful and whose parents did not receive treatment. The introductory question that she posed was: "Do you remember me?" (p. 54). She did not explain her interviews as anything other than a play experience in order to establish the kind of relationship with the child that stressed non-critical acceptance of the child by the therapist from the beginning of the therapy. Axline concludes from her observation of children in play therapy that during the first sessions, the child feels his or her way along cautiously, letting feelings out into the open in a gradual way. Eventually the child takes responsibility for the feelings and expresses these openly and honestly. She indicates in the description of her study that "this therapist regards 'play therapy' as a play experience that is therapeutic because it provides a secure relationship between the child and the adult so that the child has the freedom and room to state himself in his own terms exactly as he is at that moment in his own way and in his own time" (p. 62). Axline emphasized the results of this investigation finding that the children see the therapist as symbolic "of other people in the world...of the big me, of my big shadow that I can make move this way and that and I can see just what I am being, of grown-ups, of freedom, of the first person who ever liked me or who was ever kind to me, a someone to talk to, as the first person who ever believed in me" (p. 62). The richness in these descriptions, direct and metaphorical, of the quality of the relationship that the child experienced makes Axline's isolated qualitative study unique.

Shirk & Saiz (1992) in their overview of clinical, empirical, and developmental perspectives on the therapeutic relationship in child psychotherapy fail to mention Axline's qualitative study when commenting on the absence of research on the child's experience of therapy. They do, however, indicate that there is one exception to the absence of research

in this area. The research of Smith-Acuna, Durlak, and Kaspar (1991) examines child therapy process from the perspectives of both the child and therapist. Smith-Acuna et al. adapt measures from the adult process literature and identify several reliable dimensions of the therapy process including the child's affective perspective, perceptions of the therapist's affect, and perceptions of the therapist's behaviour. The children were simply asked to report on the intensity of feelings experienced during therapy. Although this study is criticized as being unclear about the reported feelings by the children, conversations about painful experiences, or experiences of the therapeutic relationship (Shirk & Saiz, 1992, p. 718), it concludes that child clients and their therapists may have a more uniform perception of the therapy process than do adult clients and their therapists (Smith-Acuna et al, 1991, p. 128).

Research literature with regard to adult psychotherapy has placed particular emphasis on the role of the therapeutic relationship and the working alliance as an important variable for predicting psychotherapeutic change (Eaton, Abeles and Gutfreund, 1988; Frieswyk, Allen, Colson, Coyne, Gabbard, Horwitz and Newsom, 1986; Marmar, Horowitz, Weiss and Mariali, 1986; Marziali, 1984; Ryan, E. & Cicchetti, D., 1985). These studies concentrate on the quantitative aspects of behaviour with regard to the therapeutic process and the measurement of the occurrence of these behaviours. Marziali (1984), however, suggests that there may be equal or better predictors of change than the ratings provided by non-participant judges. She postulates that "it may be that the therapeutic participants provide the more authentic versions of the quality of the treatment relationship" (p. 422). Other researchers concur with this conclusion indicating that the level of client participation in the process of therapy is a better predictor of outcome than

variations in therapeutic technique (Gomes-Schwartz, 1978; Stiles et al., 1986; Windholz & Silbershatz, 1988).

Those qualitative aspects of the relationship between child and therapist that contribute to the success or failure of the therapy remain unclear as researchers strive to find better ways with which to understand play and its contribution to the treatment process. A recent study (Degangi, G., Wietlisbach, S., Goodin, M., & Scheiner, N., 1993) compares structured and child-centered approaches offered to preschool children with sensorimotor problems and identifies that there were no differences in the two therapies for gains in play, attention and behaviour. However, the findings indicate that the child-centered therapy seems to be useful in the organizing of the play. This study represents an attempt at understanding the qualitative elements of play within the psychotherapy process with children.

Process research has largely focused on specific child or therapist behaviours during therapy. Early process research of child therapy deals exclusively with children's verbal utterances (Lebo, 1955; Lebo & Lebo, 1957; Snyder, 1945). Much of process research ignores aspects of the child's interpersonal behaviours and some impose adult verbal classification schemes on the verbal interactions of children (Landisberg & Snyder, 1946; Snyder, 1945). In the earliest reported quantitative study of the process of non-directive play therapy, Landisberg and Snyder investigated the verbal and activity responses of four children, ages five and six, through the entire course of the treatment. With respect to the relationship between child and therapist, they conclude that "expressions toward the counselor and toward the client himself show almost no change during the treatment process" (p. 212). This study is indicative of early attempts at

observing process in play therapy which dealt almost exclusively with the observation of patterns in verbal and nonverbal content.

Finke (1947) who observed the play therapy process using verbal categories attempted to determine whether an analysis of play therapy cases would yield a predictable pattern of verbal expression in the child. This study was an early attempt at observing the relationship between child and therapist. She drew from a sample of six children between 5 and 11 years, who presented with a variety of difficulties and saw different therapists who all used a non-directive approach. She found four categories that showed trends: 1) statements indicating aggression, 2) story units, 3) the exploration of limits in the playroom, and 4) the establishment of a relationship with the counselor. In the fourth category related to the attempt at developing a relationship, it was found that after an initial low in the first two sessions, there was a peak of attempts, followed by a low, and a rise again in the last third of the therapy. Ginott (1961) summarizes Finke's last category by highlighting the fact that the child makes special efforts to establish a relationship with the therapist, attempting to draw the therapist into play through games. The propensity that the child has to engage in relationships through games as suggested in the research by Finke (1947) and further supported by Piaget (1962) reinforces the natural qualities that play possesses to enhance the relationship development process.

Using the categories of Finke fashioned originally for adult therapy, Lebo (1952) shows that the chronological age of the clients affects the process of play therapy. His study involved the relation between age and type of statements made by children in play therapy. Twenty children, equated for intelligence and social adjustment, were seen in three play therapy sessions by the same therapist in the same playroom. Lebo concludes

that as the children become older, they tell the therapist fewer of their decisions, they spend less time in testing limits, they make fewer attempts to draw the therapist into their play, and they voice more of their likes and dislikes. This relatively esteemed study in the play therapy research literature indicates that children as they grow older may choose to focus on the relationship that is being developed in the therapy. Lebo and Lebo (1957) indicate in a later research study that aggressive children show more interest in establishing a relationship with the therapist than non-aggressive children. Their study of 89 children, 26 of whom were judged as aggressive and 36 as non-aggressive, employed a revised version of Finke's verbal categories. The researchers conclude that when a play therapist is aware of the relationship between age and aggression levels in children and the kind of verbalizations they make in a play therapy situation, he or she is aided in anticipating the kinds of verbalizations to be expected from a particular child that is being seen in play therapy (Withee, 1975).

Moustakas and colleagues (Moustakas, 1955; Moustakas & Schalock, 1955; Moustakas, Siegel, & Schalock, 1956) were among the first to consider categories of interpersonal behaviour in child/play therapy. Their studies contribute to the understanding of the process between child and therapist in play therapy and are referenced in most reviews of play therapy research.

In his study of 1955, Moustakas hypothesizes that the interpersonal relationship in the play therapy situation allows the child to express and explore the various levels of the emotional process and thus to achieve emotional maturity and growth. He further postulates that in play therapy a child goes through a sequence of emotional growth, or

treatment phases, that corresponds to the normal emotional development of early childhood as described on pg. 43 of this paper.

In another study of the same year, Moustakas (1955) compares the patterns of emotional growth of normal and disturbed children. He concludes that both groups of children express similar types of negative attitudes, with the disturbed children expressing a significantly greater number of negative attitudes with greater intensity than normal children. The negative attitudes are classified into 10 groups, one of which is classified as 'hostility toward therapist' and focuses specifically on the relationship between child and therapist. Regarding this category, Moustakas indicates that there is no significant difference between the two groups, each exhibiting hostility where the relationship is safe and the feelings are accepted.

A third study of the 1955 (Moustakas & Schalock, 1955) examines the actual interaction between the therapist and child. Ten children, five with emotional problems and five without, received two forty-minute play therapy sessions. Withee (1975) in her review of this study summarizes the findings by indicating that there are more similar than divergent behaviours in the two groups. She further suggests that the disturbed children spent more time in activities which excluded the therapist, and showed more hostile feelings and dependency than the non-disturbed children. Both groups recognized and explored information given by the therapist, rejected structure about half the time, and responded cooperatively to the therapist's suggestions most of the time. As the therapist's interpretations departed further from the child's concrete activity or verbal expression, the number of acceptances increased and the number of rejections decreased. The similarities of the two groups indicate like qualities in the children regardless of the degree of

disturbance. In both studies (Moustakas, 1955; Moustakas & Schalock, 1955), the disturbed children and those with emotional problems exhibited honest feelings of hostility once a sense of safety and the opportunity for dependency in the therapeutic relationship was evident.

Moustakas et al. (1956) in an attempt at an "analysis of the child-adult interaction" (p. 190) employed over 70 categories of child and therapist behaviour which gave a more inclusive summary than had been compiled prior to that time. These categories consist of such criteria as directing, restricting, forbidding, criticizing, disciplining, physical attacking, threatening by attack, rejecting, giving permission, etc., each with sub-categories. The proposed categories, however, were not theoretically derived and appear to bear little relationship to clinically relevant dimensions of the psychotherapy process (Howe & Silvern, 1981; Phillips, 1985).

There have been few attempts to assess relationship quality in child therapy (Shirk and Saiz, 1992). Among the very few efforts Wright, Truax and Mitchell (1992) suggest that warmth and empathy offered by the therapist could be assessed. Siegel (1972) indicates that the therapists' affective tone makes an important contribution to the child's willingness to share statements about themselves. Wright, Everett & Roisman (1986) emphasize the importance of the child's feeling of safety in the therapeutic relationship. Smith-Acuna, Dulak & Kaspar (1991) have recently identified several reliable dimensions of the therapy process from the child's perspective. Research regarding early attachment and therapeutic relationship indicates that early security of attachment at age 1 is highly related to openness with the interviewer at age 6 (Main, Kaplan & Cassidy, 1985). Studies looking at therapist qualities and therapeutic effectiveness have identified that

warmth (Axline, 1947), empathy (Kendall & Wilcox, 1980), physical contact and verbal encouragement (Phillips, 1960), and model similarity (MacArthur & Eisen, 1976). contribute to the quality of the relationship development with the child. Such studies represent the piecemeal approach of studying the qualities of the relationship that develops between children and therapists within the psychotherapeutic process.

Conclusion

When behaviours and verbalizations of individuals in counselling and psychotherapy situations are observed, recorded and analyzed over sessions, an identifiable process emerges. The observation of the temporal phases of play therapy assists in the understanding of the recurring features of the relationship between child and therapist. No one study has yet described the relationship development process in play therapy by identifying qualities and themes that are evident and that facilitate the growth of the relationship. Previous studies have identified behaviours (Hendricks, 1971; Withee, 1975) and verified the existence of already established themes of the relationship development process (Darr, 1996).

Section Three provides the methodological approach that has been used to study the components or themes, if any, of the early relationship development process in play therapy. Within this section of this dissertation, a relevant literature review is presented which leads the way to the methodological steps tailored for the purpose of the research questions at hand.

SECTION THREE- Methodology Guiding the Journey

Introduction

My interest in conducting this research study stems from both academic and clinical opportunities. Assisting social work students on practicum and in course work in their search to understand the therapeutic process of the treatment of children has developed my awareness of the struggle and simultaneous challenge involved. Research and practice publications and continuing education opportunities mentioned previously in this dissertation have provided tools for my teaching and clinical development but there has continued to be a scarcity of studies and organized literature on the description of the phases of treatment in the play therapy process, particularly on the early relationship development process. No one research project has set out to describe the early phase of treatment in the play therapy process and the components or themes that facilitate the development of this process.

The methodology described in Section Three represents the journey of this research study of the early phase in the play therapy process. Chapter Five substantiates the use of the qualitative research approach as the most appropriate for this process of discovery and description. The naturalistic system of inquiry and data analysis used for this study is described in Chapter Six.

Chapter Five

Relevant Literature Review

Recommendations for Research of the Relationship Development Phase of Play Therapy

It is widely accepted that play therapy has received meager and inconsistent attention over the century (Ginott, 1961; Harinck, 1986; Landreth, 1991; Miller, in Yawkey and Pelligrini, 1984). Ginott (1984) concludes that the difficulties in conducting research in the play therapy domain of treatment are formidable. He indicates that the "mere collecting of raw data is an insurmountable task" (p. 135), suggesting that the cost of experimental investigations is beyond the means of an individual researcher. The external influences on the child's progress in play therapy are difficult to identify and, therefore, difficult to measure. Consequently, the cost of research in the child therapy process has been a major inhibitor in play therapy research.

The piecemeal approach of describing the therapeutic relationship between the child and therapist has left an incomplete summary of the description regarding the relationship development process in play therapy, the common components or themes, if any, in this beginning phase of the treatment process and, specifically, which components of themes appear to facilitate the relationship development process.

This study will research one specific aspect of the play therapy process. As has been indicated there is a dearth of research on the process of child and play therapy but there have been attempts at understanding the incidence of certain behaviours in child and play therapy than providing a thorough description of this process. These studies have left unanswered the question that is being addressed in this study: What are the evident themes of the relationship development phase of play therapy?

Harinck (1986), in an attempt to deal with these methodological issues, draws attention to the fact that for 40 years researchers such as Borke, Lebo, Landisberg, Snyder, Moustakas, Howe, Silvern and Schmidtchen have studied the play therapy process and that these studies are "scarce, isolated and plagued by methodological problems" (p. 205). Harinck makes it clear that process research deals with what actually happens within therapy. He is quoted as saying that two main methods are used to gather therapy process data, those being:

1. When studying perception, emotions, cognitions or plans relating to the therapeutic process, the researcher can engage the client or therapist in free interviews or inquire through questionnaires or rating scale questions.
2. When interested in what actually happens during sessions, the researcher can conduct content analysis with written protocols or direct observation.

(p. 205)

Ginott (1961) and Harinck (1986) suggest that the major *themes* must be better understood in order to study the characteristics of the play therapy process. Harinck (1986) defines the study of *play themes* as "coherent play activities that make use of a specified selection of toys" (p. 227). He recommends when conducting the quantitative

study of plot characteristics in the analysis of the child-therapist interaction that one should be warned against "bypassing qualitative information when doing micro-analyses of play therapy" (p. 229).

Ginott (1961) recommends gaining a thorough understanding of the process of analytic play therapy through the comprehension of *themes* of the patient's material. In order to do so the content and defense and in what sequential order did they unfold is observed. He asks further questions: "How did the nature of the therapist-interaction affect the patterns of development of the material? Were particular themes encouraged or discouraged in their unfolding?" (p. 156). In a recent qualitative study of the patterns and processes of change in maltreated children, Mills (1995) substantiates that the study of play themes of two children engaged in play therapy proves useful in the formulation of a model of change for understanding the process of attachment development within the context of play therapy.

The focus on the thematic research of therapeutic process needs to be well defined as there are different ways in which the *theme*, as a recurring phenomenon, can be understood and employed. Another doctoral study with "the purpose of providing understanding into the nature of the relationship that develops between the counselor and client in a play therapy session" (Darr, 1996, p.61) specifically observes the process of play therapy using the already established core conditions of empathy, congruence, and conditional positive regard. Darr's use of previously identified themes in his study of the nature of the relationship in play therapy proves useful for his research questions.

A Thematic Study of the Relationship Development Phase of Play Therapy

A systematic presentation of the use of *thematic discovery* as an analytic procedure is lacking within the large body of literature on qualitative and quantitative research. Marshall and Rossman (1989) comment on generating categories, themes and patterns as a research phase that is difficult, complex, yet creative, verifying that "there are few descriptions of this process in the literature" (p. 115). They define this research phase as "identifying themes, recurring ideas or language, and patterns of belief that link people and settings together" (p. 116). The recurring aspect of the identification of themes is particularly applicable to the study of play therapy as *play* has attributes that persist within therapeutic environment

In the process of play therapy, there is a recurring aspect to many of the characteristics that constitute the relationship development phase of the play therapy process. In other words, these qualities repeat themselves or come back in the process. Attention to a thorough definition of *relationship* within the therapeutic context assists in establishing the inter-connected aspect of these recurring features of this phenomenon.

Defining 'Relationship' for the Purpose of a Thematic Study

In order to identify the themes of the relationship between child and therapist, one must be clear about what the *relationship* within the therapeutic context entails. In the

process of play therapy, two different types of relationships have been identified by Clark Moustakas (1959), those being: the creative and reactive relationships. The *creative* relationship occurs when two persons meet *without anticipation*, expectations, or preconceived ideas. The *reactive* relationship occurs when the child and adult *respond to* mutual stimulation which lead to the resolution of emotional difficulties, reduction of tensions, clarification of ambivalence and distortions, and reorganization of feelings and attitudes. Conditions within the treatment process provide an environment of creativity and spontaneity that foster the relationship between the child and therapist. The therapist is equipped to intervene within this therapeutic relationship where necessary.

An interplay occurs between the child and therapist in the development of the therapeutic environment and this interplay facilitates the resolutions of the child's problems. Keisler (1996) uses the definition of *relationship* to accentuate the mutuality in the growth of the relationship: " 'relationship' refers to the situation in which two people's behaviors, emotions, and thoughts are mutually and causally interconnected" (p. 88). In contemporary research theory, it is recommended that the study and description of relationship includes the identification of *recurring* patterns of interaction that take place between the people involved in the relationship (Peterson, 1982 in Keisler, 1996). Peterson (1982) indicates that "the relationship between the patient and therapist underlies various key concepts of psychotherapy. Every event or intervention that occurs within psychotherapy does so with some aspect of the relationship serving either as its direct mechanism or its immediate context" (p. 217). This research study examines the recurring patterns of the relationship that develops between child and therapist in the early phase of the therapy process.

Identification of the Problem for the Study

Despite the fact that play therapy has been the treatment model of choice for children since the 1940's (Axline, 1947; Klein, 1955; Lahti, 1992; Landreth, 1991; Moustakas, 1955), there is still a relatively little play therapy process research (Mills, 1995). Doctoral studies in play therapy (Darr, 1996; Hendricks, 1975; Mills, 1992; Withee, 1975) have attempted to look at the play therapy process and segment discernible stages that the child and therapist pass through. Research studies have focused on behaviours within the treatment process (Moustakas & Schalock, 1955). Others summarize the phases of the play therapy process by recognizing certain characteristics within each phase. Clinicians write of the phases of the process within the context of sexual abuse (Gil, 1991) and other diagnostic criteria such as the use of children's drawings (Cashdan, 1967). A small group of theorists have written about and studied the importance of the relationship development process (Landreth, 1991; Schaefer, 1993).

However, no one study has been attempted to look carefully and closely at the early phase of treatment in the play therapy process during which the relationship between child and therapist develops. As a result we are unclear about what the relationship development process consists of in terms of the necessary ingredients for therapeutic growth.

This research project will address the problem under study: the deficit in the explanation of the relationship development phase of non-directive play therapy and the ensuing need for a better description. For the purpose of this study, the term *relationship development* implies the early phase of play therapy during which a rapport develops

between child and therapist permitting the therapeutic process to continue to the middle and ending phases. The research problem at hand has two goals:

1. eliminating the deficit in the complete description of the early phase of play therapy during which the relationship between child and therapist develops
2. eliminating a deficit in the identification (as opposed to review of previously established themes) of the specific components/themes which facilitate the relationship between the child and therapist during the early phase of play therapy

Questions Guiding the Journey

It has been established up to this point in this dissertation that there exists a dearth of research in play therapy process, particularly of the early relationship development phase in play therapy. The research problems indicated above reiterate this void in the research and guide the formulation of the research questions. The need for a better description of the early relationship development process in play therapy requires observation of the methods for research that would address the questions. The qualitative research study is particularly suited to exploration, discovery and inductive logic with no predetermined hypothesis or behaviour. Exploratory research, as Marshall and Rossman (1989) point out, takes place in order to identify relevant variables that have not been previously identified. They further indicate that "research is a process of trying to gain a better understanding of the complexities of human interactions" (p. 21).

This research project has the task of addressing the problem of 'describing the undescribed' by explaining aspects of a therapeutic process. The question(s) can be

general or particular, descriptive or explanatory as pointed out by Miles & Huberman (1984, p. 35). The task of researching the relationship development phase of play therapy is an onerous one that requires an understanding of the *relationship* and the *process*, each one being important aspects of the question.

The study of *relationships* must include focus on quality or attributes as well as quantity or measurable amounts. Relationships can be described in terms of *what* the partners do together, but full descriptions must include *how* they do it. Hinde (1989) suggests that the patterning of interactions describes the quality of the relationships in the interaction. He defines patterning as "timing, sequences, and combinational features of the ongoing interaction"(pp. 98-9).

This study examines both the patterning and process of the relationship development process. The process of psychotherapy has been an object of scientific study for approximately 30 years (Greenberg & Pinsof, 1986). *Process research* is the study of the interaction between the patient and therapist systems. The goal of this research study is to identify the relationship processes in the interaction between child and therapist.

Therefore, the study of *relationships* within the context of therapeutic *process* requires the description and exploration of the quality of interactions between the child and therapist in the play therapy. This can be accomplished by the qualitative research approach that does not predetermine categories for testing. Through the development of a grounded theory, categories emerge that describe the therapeutic process. This formal theory consequently consists of concepts that are 'grounded' in the data (Field & Morse, 1985). The qualitative research paradigm is particularly suited to the study of therapeutic

process as the data allows us to see the patterns which are, through the process of data analysis, contribute to the formation of a new theory base.

The categories and concepts of the relationship development phase of the play therapy process can be classified and understood through a thematic analysis of the qualitative data generated. The goal of qualitative research is often to isolate and define categories (McCracken, 1988). Marshall & Rossman (1989) suggest that generating categories, themes and patterns as a research phase is "difficult, complex, yet creative [verifying that] there are few descriptions of this process in the literature" (p. 115). They define this research phase as "identifying themes, recurring ideas or language, and patterns of belief that link people and settings together" (p. 116). The identification of themes is particularly applicable to the study of play therapy as there is a recurring aspect regarding the characteristics that occur between children and therapists within this process.

As indicated in the previous section entitled "The Problem", there is a need to augment the description of the relationship development phase of non-directive play therapy. The research *questions* act as means to solve the research *problem*: they provide guidance for the study of a better description of this aspect of the play therapy process.

The research design of this study is intended to document the process by which the child and therapist develop a relationship and to identify the themes and components of this relationship development process.

The principal questions guiding this research are:

1. How can the early relationship development process of non-directive play therapy be described?

2. What are the common identifiable components/themes, if any, in the early relationship development process?

3. Which themes/components, if any, appear to facilitate the relationship early development phase of non-directive play therapy?

Clarification of the Model under Study: Non-Directive Play Therapy

The model of non-directive play therapy has been selected as the one for study due to its focus on the therapeutic relationship as a major contributor to growth. In addition the play activity between child and therapist, by virtue of being 'non-directive', is subject to free choice by the child. In fact the child is directive as to his or her choices and the therapist follows the child. The two basic forms of the therapeutic relationship in play therapy are *directed*, a method in which the counselor designs the activity, selects the play medium, and creates the rules, and *non-directed*, a method in which the children select their play medium, and create their rules (Landisberg & Snyder, 1946; While & Allers, 1994).

The person responsible for the submergence of relationship therapy and the emergence of non-directive play therapy is Carl Rogers (Rogers, 1946; Rogers, 1951). This method "makes no attempt to control or change the client's meanings, rather it focuses attention on creating a therapeutic situation which provides experiences that make changes possible and leaves to the individual the freedom to decide the nature and direction of the change" (Lebo, 1955, p. 421). According to Rogers (1951), client-centered, or non-directive therapy as it is often called is built upon the premise that "The

client experiences a feeling of safety in the warmth of the relationship with the therapist...the client then finds that he can accept himself ...because another person has been able to adopt his frame of reference, to perceive with him, yet to perceive with acceptance and respect" (p. 241).

Play, as the natural medium of expression for the child and as a facilitator for the child's entry into the relationship development, was chosen as the theoretical focus for study in this research journey. Play in the play therapy process contributes to the eventual growth of the child. This study describes how play therapists perceive this process as occurring and how the process is observed through videotape analysis. The play theories presented in the literature review of this dissertation are directly linked to the overview of the play therapy method resulting in a new theoretical presentation of ways in which play contributes to the relationship building process between child and therapist. This, in fact, constitutes the theoretical framework of this study as an integrated theory does not exist. The model of non-directive play therapy method is used for both the theoretical summaries and as a basis for theory development. Being wedded to the model was necessary in this study so as to not confuse the reader as to what theory and method of play therapy was being employed. The process of data analysis is, in conclusion of this study, the creation of a new formal theory that culminates theory and data. Thus, a grounded theory is formed.

Chapter Six

Overview of the Research Design

Basic Beliefs of this Study

As is indicated by Miles & Huberman (1984), "research questions make it easier to move from the conceptual framework to considerations about sampling instrumentation and eventual analysis" (p. 34). The research questions clarify and operationalize the problem and should be addressed in a general way so that the researcher can remain clear as to the research intentions and the beliefs that guide those intentions.

In order to maintain clarity about the research paradigm of choice, the 5 axioms or beliefs as identified by Lincoln & Guba (1985), have been applied to this research design. Table II indicates in italics Lincoln and Guba's assumptions behind the axioms of the naturalistic inquiry followed by their applications to the interest of this research study in studying the relationship development phase of the non-directive play therapy.

Table II.

Axiom 1: *The nature of reality.* Within the study of therapists' perceptions there are many factors and realities that contribute to their idea of the relationship development of the play therapy process.

Axiom 2: *The relationship between the knower to known: these are inseparable and interactive.* The influence that the researcher would have on the participants and vice versa is essential in a better understanding of what the evident themes are in this phase of treatment.

Axiom 3: *The possibility of generalization: the aim of the research investigation is to develop a working hypothesis that is time and context bound.* With a better understanding of the therapists' perceptions of this phase of treatment, we are better equipped to accomplish prediction and control than before the data were collected.

Axiom 4: *There is mutual shaping so that it is impossible to distinguish causes from effects.* The researcher and participant have a relationship of influence on one another that will affect the questioning posed by the former and the answers that develop pertaining to the topic at hand.

Axiom 5: *The inquiry of the research project is value-bound.* The researcher chooses the topic of discovery as well as the method to accomplish this. The participants answer the questions posed with some influence from previous professional and life experiences. The emergent design allows the value differences to be kept in context.

The naturalistic paradigm considers the research experience to be subjective, mutually interactive, and holistically complex. This paradigm attempts to minimize the suppositions with which the researcher approaches the empirical environment. It encourages the participant observer to be acutely attuned to the *natural world* of the study context

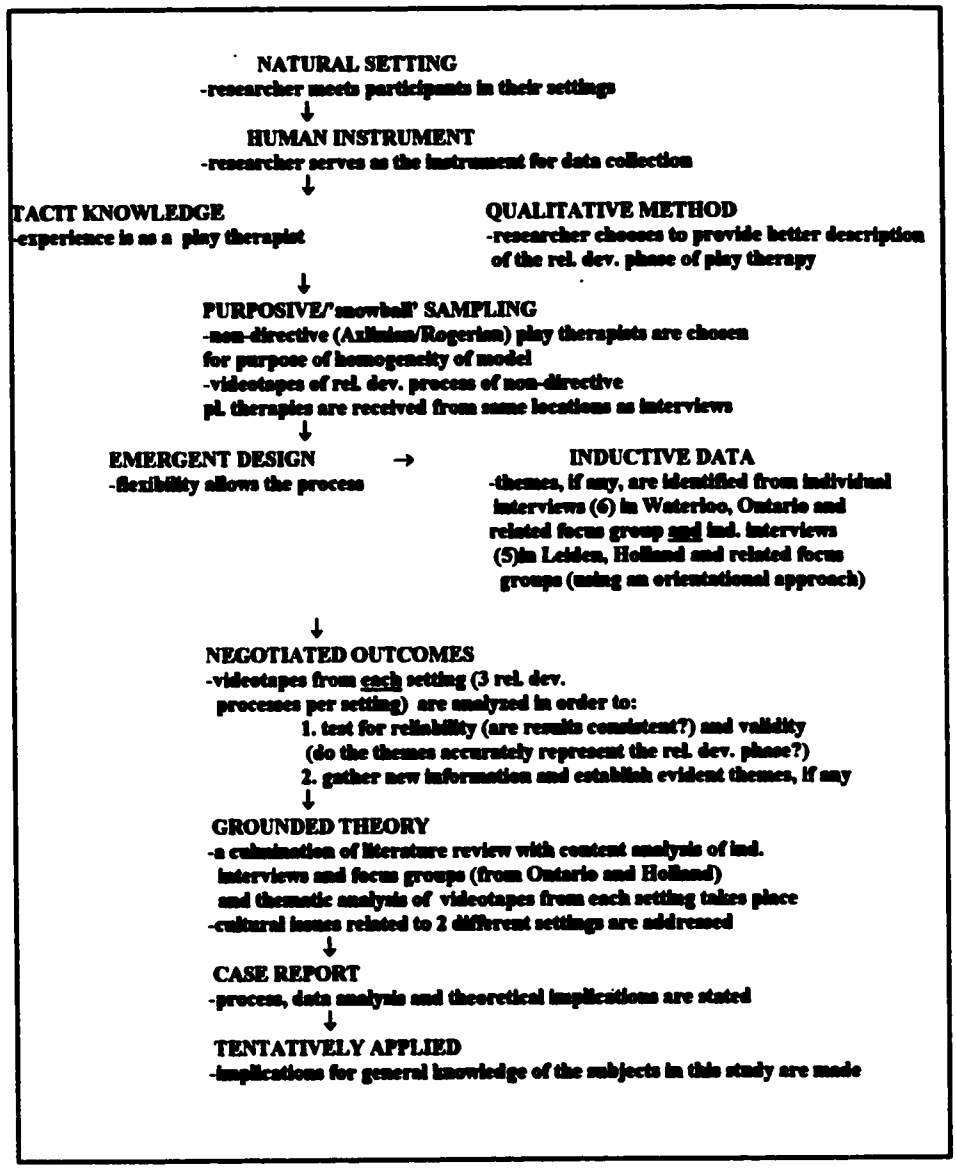
(Lofland & Lofland, 1984). Most important to this particular study is the premise that extended immersion in the data allows the researchers to work with the natural and eventual emergence of themes and theory (Burgess, 1984), thereby retaining the "discovery dimension of research". A further discussion of these research axioms as applied to this study is found on pages 91-93.

Qualitative research values the voice and reality of the subject (Mills,1995). The naturalistic approach to qualitative research permits the researcher to enter into the world of the participants' understanding that "the realities are wholes that cannot be understood in isolation from their context" (Lincoln & Guba, 1985, p. 35). Similarly, a data analysis system designed for this study likewise allowed for a naturally developing and emerging environment for the growth of the grounded theory related to the themes of the relationship development phase of play therapy.

The Flow of the Naturalistic Study of the Early Relationship Development Phase of Play Therapy

Figure I provides a diagrammatic presentation, using the headings as laid out by Lincoln & Guba (1985), of the stages of this method of inquiry. This chart presents the steps at a glance by which data are gathered, analyzed and utilized to produce the substantive and eventual grounded theory in this case report, or dissertation. The early relationship development process is denoted as 'rel. dev.' and individual as 'ind' for the purpose of brevity.

Figure I. Flow Chart of the Naturalistic Inquiry Steps



Allowing the themes to emerge during the progress of this study is a useful process in the exploration and ultimate description of the relationship development phase of the non-directive play therapy process. The qualitative research design "remains flexible to work out themes" (Rubin & Rubin, 1995, p. 45) and, therefore, reinforces the applicability of this research method. They state that a "meaningful research proposal can occur only after the work is under way" (p. 43). In the early interviews, the researcher begins to test

ideas of why things happen and chooses the concepts and themes to be explored. "The preliminary themes suggest what questions to ask; what is then heard indicates how to modify the themes and which themes to explore in more depth" (p. 56).

The following steps of the naturalistic inquiry as present in diagram form in Table 1 are detailed as following:

(1) as researcher I am part of the *natural setting*, in an area of psychotherapy where the general knowledge base and language is known. I do not necessarily know the participants but will be part of the context;

(2) it is natural for me to be the researcher or the *human instrument* as I have knowledge behind the questions as well as an interest in the questions and a wish to find out new information. "To ensure that there was a direct link between the researcher and the respondents, the author conducted all the interviews" (L. Davis, p. 57). Nevertheless, my knowledge is limited and I remain researcher at all times;

(3) the *tacit knowledge* for the researcher (me) is a result of my experience as child therapist and instructor of the same;

(4) *the qualitative method* is chosen once the 'problem' has been identified through the literature review allowing the researcher to have a better understanding of the question and the inquiry at hand;

(5) therapists and videotapes of the therapeutic process in each of the two geographical areas (Ontario and Leiden, Holland) are chosen to represent a *purposive sampling* through the 'snowball approach' (participants providing

researcher with other potential participants); a homogeneous sample (non-directive play therapists) of informants is selected for the inquiry;

(6) the *emergent design* of the questioning permits a free-flowing dialogue between the researcher and participants so that the process of the interview can move where the information leads it to;

(7) analysis of the data via the individual interviews (6 in Ontario and 5 in Leiden as well as focus groups in each location) indicates emergent themes. As the themes begin to emerge through the *data* analysis the researcher follows an orientational approach projecting an "explicit theoretical perspective that determines what variables and concepts are most important and how the findings would be interpreted" (Patton, 1990). This *orientational qualitative inquiry*, in fact, can aid the direction of the dialogue between the interview participants and also the viewing of the data. In an attempt to be consistently 'open-minded', I consulted with committee members who played 'devil's advocate' to observe any bias;

(8) the analysis of the 3 sets of videotapes from each setting (=6 relationship development processes, ie. tapes of 3 sessions) serves as a very important aspect of this project. A thematic analysis of these therapeutic processes from both settings will serve to further establish evident themes and test for reliability and validity;

(9) the *grounded theory* is what allows me to examine these themes and add to the theory base that was already in existence;

(10) the *case report* constitutes the dissertation including literature review,

statement of the problem, methodology to address the question, data analysis and grounded theory;

(11) the theory is *tentatively* applied, that is, clearly representing this particular study.

The naturalistic research design permits the researcher to spend time in the field with the participants as an observer and minimizes the suppositions with which the researcher approaches the environment of those being observed. The aforementioned diagram of this research design has gathered participants from two like but geographically different locations who were presented with the same 'grand tour' or opening question, that is, *"When you are entering into a treatment relationship with a child in play therapy, what do you see as important in this process?"* Their responses were coded and categorized in such a way that any suppositions about the outcome of the results were virtually impossible. Themes were developed and were further tested by the questioning of focus groups and observation of video tapes for the same and new information. This unique analysis procedure for the purpose of data analysis followed a similar 'snowball' approach as the data gathering, in that the themes emerged at the data was accumulated. The ensuing grounded theory provided a culmination of the data analysis and literature review pertaining to a final description of the relationship development phase of the play therapy process which is documented in the case report. The following in-depth review of these research phases provides a closer view how these themes emerged.

A. Gathering the Data

Individual Interviews

The choice was made early on in the dissertation process to gather data and ultimately arrive with relevant themes that describe the relationship development process in play therapy. Established therapists, as participants in the play therapy process, and videotaped recordings of the process were selected to offer data for the purpose of this study. Marziali (1984) suggests that participants in the process of therapy provide "authentic versions of the quality of the treatment relationship" (p. 422). The same method for gathering subjects as used by Coady & Wolgien (1996) was employed by having 'good therapists' identify other reliable therapists as participants. The 'snowball approach' (Strauss, 1987) of gathering subjects for qualitative research is an established practice of gathering participants for studies. It was determined that 'good' play therapists could respond to questions and discuss their conceptualizations of the relationship development process.

Consequently, a unique group of participants was gathered over a one and a half year period for the purpose of obtaining the data. This process involved several stages with an open window of time so as not to coerce the final group of selected participants.

First, a group of six play therapists within a community of Ontario emerged as the participant group, each being recommended by another. This 'snowball' approach accumulated groups of recommended play therapists in the two settings as the data gathering stage emerged. All had been trained in non-directive or client centered play

therapy following the basic principles of play therapy laid out by Axline (1947). One therapist has a background in expressive arts therapy in addition to play therapy expertise. All in the final group were willing participants and one was eliminated at the outset due to difficulties in arranging interview times. All are women and engaged in play therapy within mental health settings, school boards or private practice. In both settings, women were not specifically chosen but were recommended by others as being senior in the field of child and play therapy.

The participants were interviewed initially alone in a setting of their choice with four choosing their workplace setting and two choosing the researcher's private practice office. Introductory letters and the ethical guidelines of the study (Appendices A & B respectively) were presented to every participant receiving their signature as an indication of agreement to the terms of the research. The same 'grand tour' question was asked of each participant at the outset of the research interview to allow a fairness and objectivity about the intentions of the researcher. Each interview followed the lead of the participant as each had specific interest, foci and case examples to illustrate the responses. The interviews were between 45 minutes and one and one-half hour in length. Each was terminated when a 'natural' ending was evident, that is, when the researcher and participant felt that information had been generated. There was an attempt to provide a setting of little interruption with an elimination of telephone ringing and other interferences. One participant agreed to be interviewed with her newborn infant close-by which proved not to cause any concern to the fluidity of the questions and her thoughts.

Second, the 'snowball' approach used in this study to locate the participant groups involved contact with author and play therapist, Dr. Joop Hellendoorn at the University of

Leiden, Holland at the suggestion of Dr. Garry Landreth, Chair and Professor at the University of North Texas, Denton, Texas. The latter had been recommended as a potential mentor by one of the Ontario participants who had just completed an on-site supervision course with him. 'Getting in' as described by Lofland and Lofland (1995) was a task to reckon when doing research in the Leiden setting as the researcher was an unknown but with links to others who were known, namely, Dr. Garry Landreth. The University of Leiden was recommended for its clinical and academic expertise. This setting teaches several courses in play therapy and has a professional play therapy clinic used by both the community and state as well as for clinical internship purposes. One-way mirrors, audio and video setups provide an ideal setting for learning play therapists in an academic setting.

Dr. Hellendoorn suggested that she and four other play therapists would be available for one hour interviews and set up a schedule accordingly. They were of similar theoretical orientation to those in Ontario, a quality necessary for homogeneity in the overall sampling process. The same letters of introduction and ethical considerations as in Ontario were read and signed by these play therapists. As well, the same grand tour question was presented at the outset of each interview. Each interview lasted between 40 minutes and one and one-half hours. This flexibility in time allowed the participants to speak and end their discussion when they felt appropriate.

All interviews took place in the English language with freedom given to the Dutch participants to complete their thoughts in Dutch in order to enhance their response. My limited knowledge of the Dutch language necessitated periodic translations as certain

Dutch words represent a larger description. Included in the findings are expansions on this theme as some therapists did need to complete their thoughts in Dutch.

Focus Groups

Preliminary themes gathered from the individual interviews were presented to the focus groups in each setting. Each group consisted of all the therapists that had been interviewed with the exception of the Ontario group, which had one additional member, a Masters of Social Work student who was being supervised by one of the individual participants. It was agreed upon by all that her presence was conducive to her learning and she was encouraged to participate. In the Leiden focus group, one therapist was unable to attend and the group continued with the majority of the individual interviewees present.

At the outset of the focus group, each play therapist was provided with a list of the summarized themes or recurring patterns (see Appendices C & D) that resulted from the individual interviews regarding the relationship development phase of the play therapy process. They were asked to review them, dispute them where necessary and add to them, if applicable. A pre and post rating system of these themes was implemented in each focus group and the members were asked to rate the themes in terms of importance at the beginning and end of the group. These rating forms are found in Appendices C & D. The Ontario focus group was reconvened one year after its first round for the purpose of giving the pre and post rating system. In both cases the ratings were the same by the majority of participants (ie. the participants ranked the themes the same at the end and

beginning of the groups) with some minor deviations providing an indication of the reliability of this procedure. In the case of the Ontario focus group convened for the purpose of implementing this rating system, an additional theme was added that was agreed upon by all participants as worthy of being included as 'new information'. In no case was a theme deleted or questioned as being important to the relationship development phase of play therapy.

Technical Considerations

Individual interviews and focus groups were audio-taped using a backup system should any technical difficulties arise. The use of audio-tapes and other technologies is useful for the accurate recording of participant narratives (Fetterman, 1989; Patton, 1990). The decision not to take notes during the individual interviews and focus groups was made early on in the research process because it was seen to be an interruption to the 'flow' of the dialogue, focusing of questions, summarizing of process, and the participants' narrative.

Videotapes of the first three sessions of three different therapies in each setting, Ontario and Leiden, were requested and received. Therefore, eighteen sessions were observed for the purpose of 'negotiating outcomes' or allowing observation of the relationship development process, gathering new information and testing for trustworthiness (Lincoln & Guba, 1985). This 'observer role', which may include videotaping, "most closely approximates the traditional ideal of the 'objective' observer" (Adler & Adler in Denzin & Lincoln, 1994, p. 379). Standard VHS tapes were used and

the tapes from Holland were transcribed to the North American VCR system by the University of Leiden. In each case, a release was signed by the institution or play therapist allowing for use of the videotapes for research purposes. In addition, the Ontario and Leiden settings procured the ethics releases giving the permission from the children, their families and the therapists for the researcher to view the videotape recordings for research purposes. It was agreed upon that the tapes would be returned upon the completion of the research.

To maintain objectivity and not skew the presentation of the data in any way, all interviews were transcribed by an individual adept at using a computer program compatible to my own. The transcriber included all sounds that were uttered during the interviews such a sighs, silence, laughter, etc., so an honest and thorough depiction of each interview was obtained. It was important that the same person transcribe all the interviews, both individual interviews and focus groups, for consistency in content and process styles.

The voluminous amount of data on paper, computer disks and hard-drives, audio and videotapes were organized and protected for reasons of confidentiality, easy retrieval and protection against damage. The videotapes and audio-tapes were stored in a bank vault until they were used as were back-up copies of all research information compiled on computer diskettes. The transcriptions of the interviews were placed in separate binders with names of participants left out so as to allow for as objectivity in data analysis at all times. Photocopies of the original transcriptions were made during the data analysis system, so that a blank copy would be available in case of damage or loss.

Costs incurred for this study, particularly for travel to Holland and the transcriptions of the interviews, increased during the process. Scholarships provided by Wilfrid Laurier University (Faculty of Social Work and the Graduate Student Association) helped to ensure the viability and thoroughness of the study by covering a significant proportion of these costs.

B. Analysis of the Data

Silverman (1994) refers to 4 types of interpretation that might occur in the analysis of qualitative data: 1)observation 2) interviews 3) textual analysis 4) transcripts. As the aim is to gather an *authentic* understanding of the therapists' experiences in the relationship development process and to interpret the data, all four methods are used in this study.

The naturalistic form of inquiry demands flexibility in the analysis of the data (Lincoln & Guba, 1985; Patton, 1990). This type of analysis takes the data from the level of description to that of explanation by making sense of it through the observation and documentation of themes emerging in the raw verbatim notes. As the interviews and focus groups took place, individually coded themes emerged and the understanding of the data increased. The process was both additive (combining codes into typologies) and divisive (breaking categories into sub-categories) (Glaser & Strauss, 1967). Eventually common themes developed as a result of the recurring aspect of the categories. All of the data were included in the unique data analysis system that was developed for this study.

Systems for qualitative data analysis are adapted from Lofland & Lofland (1995), Miles & Huberman (1984), and Strauss (1987), among others. An extensive literature review took place for the preparation of this stage in the research. No one method of analysis seemed to fit the observation of the therapeutic process which is continuous. Identification of words that could be retrieved for coding, categorizing and thematic analysis are available through numerous computer programs but the selection of specific words needed to accommodate to those programs seemed restrictive. An observational strategy featuring the process rather than the specific words seemed more appropriate.

The philosophy of the naturalistic paradigm provided a sense of freedom that was necessary in this study. It is at the point of data gathering that many researchers get stuck due to the swelling amount of data that quickly becomes available. Rothe (1994) refers to the voluminous amount of data that can be collected in qualitative research as "the alligator pit" (p. 137). But the freedom of the naturalistic paradigm provides a flexible model of data analysis that allows the researcher to take the vast amount of data and live with it, understand what it is saying and, then allow it to address the research questions.

Appendix E includes the steps from interview transcription, to development of codes and eventually to categories. This appendix includes copies of actual worksheets from the data analysis process to exemplify each step in the process. The categories indicated in this emerging analytic procedure represent and observe recurring features and commonalities in the data and are organized into obvious themes for conceptualization. The analytic steps that were used for this research study are indicated in Table III:

Table III Thematic Analysis Steps

1. Interviews, both individual and focus, were transcribed onto the front side of each page. These interviews were read once for familiarization, twice to highlight phrases that represented the process or topic under discussion, and thrice to test reliabilility of the aforementioned highlighting process. Consistency in the second and third readings was evident. There was a several week gap in time between these two readings.
2. The process of 'initial coding' used an approach devised by Lofland & Lofland. Opposite each page of transcription, the verbatim/highlighted phrases were placed under the column 'content', each becoming a code. A code is an "abbreviation or symbol applied to a segment of words - often a sentence or paragraph of field notes - in order to classify the words" (Miles & Huberman, 1989, p. 56). These codes act as "hunches", generated early in the data analysis process and then narrowed down.

   Focused coding follows, thereby picking out those codes that are representative of others and eliminating those that are redundant. Two readings of the codes took place, followed by a 'trial' process of categorizing. This was tested by picking a section of the transcripts and assigning categories for a second time to test for consistency. This proved to be the case and categories were developed by winnowing out less productive and useful codes, and focusing on a selected number (Lofland & Lofland (1995). As is indicated by Moustakas, Sigel, and Schalock (1956), "selection is extremely important in establishing a set of categories for observation" (p. 110). The selection was a detailed one, as

almost all codes were incorporated into the development of categories in this study. Some were collapsed together and others left in their own right. It was assumed that all responses and narratives that emerged during the discussions in the individual and focus interviews was relevant to the research questions at hand. By the observing the 'process' of each discussion topic, a vast amount of information could be categorized. All categories were placed together, and were divided into obvious themes, or subjects of discourse. The resulting themes were titled: *description*, *qualities*, *understood goals*, *external supports*, *therapeutic process*, and *facilitation of therapeutic growth*.

3. Each category was then considered to be a member of a theme class and several hundred of these were cut into individual squares and placed on a large chart. In this way, each theme and all the categories were obvious to the eye. Lofland & Lofland (1995) recommend a diagrammatic presentation of the themes and categories for the purpose of conceptualization and familiarization. They indicate that "a *diagram* is a succinct visual presentation of the relationships among parts of something" (p. 197), in this case the relationship development process. The themes were then organized into sub-themes for further organization of the material.
4. The videotapes of three therapies (3 sessions per therapy) from the Ontario and Leiden settings were observed. The children observed were a mixture of male and female in each setting, all being under the age of 12 and presenting with issues of behavioural dysfunction, depression and reactions to family breakup. The therapists were recommended as being senior in the field of play therapy.

Each tape was analyzed by observing the same categories under the identical themes developed from the transcribed interviews. These videotapes were observed in their entirety and divided into units of ten minutes as suggested by Keisler (1973). This unit segmentation was chosen through experimentation with a test case and found to be appropriate due to the length of time that a child can be in stationary play, at times with no dialogue. This unit of time provides segmentation of the total interview time so that comments and the analysis can be made about smaller pieces rather than the whole process at once.

5. An emergent category of 'new information' was added to the thematic analysis of the videotapes to provide opportunity within this natural and emerging research process for new and different material.

Summary

This unique system of data analysis was developed in order to reduce and transform massive amounts of data into meaningful units that could be simplified, processed, combined, compared, and ultimately understood. Through this tailor-made data analysis system, the detailed information from all data sources serves to describe the process.

Assuring Validity, Credibility and Truthfulness: Trustworthiness

Use of the naturalistic paradigm requires that the researcher be convinced both of the appropriateness of this approach to the research question, as well as to be scrupulous

in ensuring the credibility of the data and methodology used (Lincoln & Guba, 1985). This methodology assumes that what is true can only be discovered by understanding the experiences of the participants (Glaser & Strauss, 1967).

Lincoln and Guba (1985) outline four components of trustworthiness which parallel the criteria for truth in the positivist paradigm: credibility (internal validity); transferability (external validity); dependability (reliability); and confirmability (objectivity). Cresswell tackles the "accuracy of the account" (Cresswell, 1994, p. 156), or generalizability of it, in terms of *internal and external validity* (Merriam in Cresswell, 1994; Miles & Huberman, 1984). I choose to use his terminology as it conceptualizes the complexity and importance of trustworthiness and authenticity of qualitative research in a clear way for the purpose of this study.

While I have studied, practiced and taught the play therapy process, I have been fully aware that I am still in a learning position. I entered data coding and analysis with an open and curious mind, at times innocent and excited about the emerging results. The data were therefore allowed to speak on their own. Due process was ensured to maintain objectivity, credibility and confirmability of the research process.

Internal Validity

Internal validity, or the accuracy of the information and whether it matches reality (Merriam in Cresswell, 1994) was addressed through the processes of triangulation and member checks, each contributing to the dependability of the data.

Triangulation

Data for this research study was collected in a variety of ways and from a variety of sources, that is, the process of triangulation. Triangulation is a process in research whereby "a data or item of information derived from one source (or by one method or by one investigator) should be checked against other sources" (Lincoln & Guba, 1985, p. 315). This process attests to the accuracy of the specific data items. Individual interviews, focus groups, observation of video tape processes and informal field notes offered four sources for data gathering. Attempts were made in the data analysis to find convergence among the sources of information by discovery of codes, categories and themes from the interviewing process and observations of the video tape processes of play therapy using these same themes. Units of time were used to maintain objectivity and comfort in the observation process and the category, of 'new information' or "disconfirming evidence" (Denzin & Lincoln, 1994, p. 348) provided room for discoveries of additional categories and themes. The observation of videotapes for similarity or differences to the developed themes from the interview processes provided a way in which the findings could be ensured to conform.

Peer Debriefing

The use of focus groups also allowed peer debriefing, a research process that encourages the checking of data analysis results with peers and others. A preliminary summation of themes from the individual interviews was presented for member checks in the process of data collection. In this way, categories and themes were taken back to the informants or participants and consulted for accuracy.

As well, through this process of 'member checking' and reconvening the focus group for further review of the themes, the epistemological assumption of the qualitative paradigm that distance can be minimized between the researcher and the participants (Lincoln & Guba, 1988) was addressed. The participants in fact were informants in so far as they suggested other potential participants through the 'snowball' approach. This process further minimized the distance between the knower and the known.

Dependability

Continuity and trust in the relationship between the researcher and the participants is essential to ensure that the study's findings reflect what is contained in the data. A trusting relationship between the participants and myself was developed throughout the research to ensure that the former not feel expectations to respond in ways they think they should, but feel comfortable to relate their experiences as they see them (Kirk & Miller, 1986). Being 'allowed' into the Dutch university setting in which I was an unknown indicated a developing trust which was cherished and built upon during my research days in Holland and through continued communications.

Lincoln and Guba (1985) discuss the role of the external auditor as crucial to the dependability of the study. As has been described in another doctoral study (Unger, 1995), the auditor, often the dissertation committee chair, ensures the data collection, data analysis and other steps taken in the research process. This is done to ensure an accurate re-presentation of the participants' experience. In the case of my study, the entire dissertation committee acted as consultants throughout the whole process, often suggesting ideas beyond those documented in the research literature. While encouraging

an abundance of work, I was provided with comfort throughout the process in that I felt guided appropriately at all times.

External Validity

The intention of qualitative research is not to generalize findings from the data, but to form a unique interpretation of events (Merriam, 1988). But as Lincoln and Guba (1985) point out, "It is...not the naturalist's task to provide an *index* of transferability; it *is his* or her responsibility to provide the *data base* that makes transferability judgements possible on the part of potential appliers" (p. 316). The thickness of the data, in this case, the thematic conclusions from a variety of sources ensures a degree of transferability or generalizability of the research results.

Reliability

The reliability issue, a precondition of validity, represents the limitations in replicating this study. Preventing bias was the most dominant concern in the recognition of consistency of the data results. Using two groups of play therapists with similar theoretical underpinnings, in two different settings, Canada and Europe, and finding similar codes, categories and themes in each, only to be confirmed by observations of video tape processes from each location, indicates a strong likelihood that this study could be replicated elsewhere. The selection of participants and objectivity in this study further speaks to the reliability of the results.

Conclusion

The writing of the case report has not presented as a block as is often found in the process of doctoral research. The discovery process, the emerging system of analysis and the writing of the 'case report' or dissertation followed smoothly, albeit detailed and time-consuming. Notwithstanding, there have been very few moments of intrepidation as the discovery process moved without preconceived notions and with a lot of naiveté. Anxiety accompanied this innocence.

Nevertheless, I have always felt certain that the naturalistic paradigm fits the research questions proposed for this study. The study asks 'what' questions in terms of 'what are the common identifiable themes, if any, in the relationship development process', and 'how' questions about 'how the relationship development process' can be described and 'how these themes facilitate the relationship development process'. These inquiries are in themselves seeking out a description, a premise for the qualitative/naturalistic research method.

It was the opportunity to participate in 'a discovery' that drew me to this research project. The methodology that provided an emerging process of discovery and ultimately, description, was clearly applicable to the task at hand. This, in fact, became the 'journey within the journey', that is, the voyage of discovery of the early relationship development process through the research journey.

SECTION FOUR- Discovery of the Lay of the Land

Introduction

The preceding sections charted the course for this 'journey within a journey'. The introduction found in Section One provided the impetus for this process of discovery. The literature review of Section Two tracked what has come before in the journey of discovery of play and its facilitating capabilities for relationship development within the therapeutic context. The map for the journey then follows in Section Three and is carefully put into place to provide a smooth passage. The territory that is being discovered is vast and dense and, thus, being able to see the 'forest for the trees' has been a goal at all times.

Section Four traces the journey through the study's findings. These research results are related in a mode that ultimately corresponds with the research questions, presented on pages five and six. Organization of the data is presented in six recurring themes, each addressing an aspect of the three research questions that guide this study. The themes of *description, qualities, goals, supports, process,* and *growth* constitute a summation of the data. They have been selected as themes or recurring ideas because they kept coming back, so to speak, in the discourse of the participants. The numerous categories from the data analysis process are all represented within these themes. When considering the therapeutic process, qualitative data analysis allows the patterns to be seen

(Mills, 1995). These patterns of the early relationship development phase of the play therapy indicate the lay of the land in the research process.

For the purpose of discovering the recurring patterns and themes from the large volume of data collected from the participants and subsequent focus groups, the categories developed from the codes or verbatim responses are all placed together in one pool. Consequently, there is no differentiation as to whether the data originated from individual interviews or focus groups and from which setting. In this way partiality and subjectivity is eliminated to the best of my ability. Anonymity was agreed upon with all participants so as to protect the privacy of those cases used for discussion in the research interviews. Consequently, the identification of participants in the presentation of data and themes was not done.

However, the map does represent the territory within the journey of this research project. By presenting the data from the individual and focus interviews, the themes of the relationship development process in play therapy are represented. The further examination of the focus groups and videotapes of the relationship development processes from both research settings serve to complete the survey and offer detail of common patterns as well as 'new data' for the data analysis section of this dissertation. In this way, following the map, so to speak, facilitates the exploration of this journey and represents the new territory.

Chapter Seven

Theme #1: Description of the Relationship Development Phase of Play Therapy

To explain the relationship development process through which children and therapists move one first needs to understand how the process is described, that is, how it begins, how it is described by others and what are the important ingredients in the process.

When does the 'journey' begin?

The building of the relationship between child and therapist is highlighted by several of the participants in the study.

> It's almost like...the ripples if you throw a stone into the circle of trust and if you do the slightest thing like maybe the play...maybe you get a little too intrusive, maybe you ask the wrong question well they're...they'll kind of push you back a little bit and you kind of are out of that circle, you get to come back in ...and the time kind of shortens. But it...it's like there's a that whole circle thing and you're just kind of in and out of there but it all happens through the play.

The mutually developing nature of the relationship from the first introduction is a common pattern. The give and take nature is stressed by one, "I don't develop a relationship on my

own. It's with the child...When you are in the room with another person then there is a relationship always." This notion that the relationship development process commences upon the coming together of the child and therapist describes the inevitability of the phenomenon. As described by another participant, this process is a "bottomless" one speaking to its unending capacity and the mutual shaping that occurs between child and therapist throughout its existence.

The phenomenon of play facilitates the development of trust by providing the child the opportunity to move at his or her pace into the relationship. As is described by one, "it's the invitation which...this relationship is related [to]." The fragility of this early process is highlighted by another, "I must be on my guard when some kind of relationship is developing...it's now 1 year and I'm still very cautious...moving ahead is [in] very tiny steps". One suggests upon attempting to sort out the definition of relationship development in play therapy that "the whole process is [the development of trust]. The power of trust as a tool for relationship development is echoed throughout this study.

Describing the Nature of the Relationship

The wave-like nature of the relationship building between child and therapist is recognized as a common trait. "It's a very tricky and delicate process, I find", stresses one play therapist in the study who describes the process as "coming in waves, in cycles...it's just one whole phase...I think it never ends". It can be seen as a 'phase within a phase' as suggested by another participant:

> It [play therapy relationship process]comes again in different phases...but of course you have the starting phase...you find during the first 10 sessions...a good basis for work is...well you get that in your first sessions...in that sense you can speak of it as a different phase. It's different at that moment of course from later on and from saying good-bye for instance...but if you talk about relationship in general, yes, it's just...it continues or it discontinues.

Another comments on the "cyclic process" of the relationship development process, and the metaphor of "waves" is expressed to define the process. "I think of it more in waves...wavelike...it has its ups and downs but it is always going up a little bit".

From the data, the relationship that develops between the child and therapist appears to be in a state of flux as indicated by the cycle or wave analogies aforementioned. One suggested that "no matter what kind of relationship you have it's...it gets a different quality than [earlier in the process]". The phenomenon of 'push and pull' is used to describe the contradictory nature of the relationship development process. A child who required long term play therapy is described by a participant as needing

> a lot of relationship building because this kid has been really scarred and really he...trusted me but there was a tremendous defensive wall there because he was also defending his mom and her reputation and it took me three years to really get him to trust and three years for his mom to work with the school system and...three years is sort of you know that little dance that you do where you approach and avoid, approach and avoid...eventually she [mom] began to tell me the...story of their lives and the secret that I know that her son knew but it was not allowed to be talked about.

The necessity for the therapist to walk through the process of coming close and distancing requires intuition on both parts. As described by a participant, "I must have some sort of feeling that I can talk about more difficult issues or play about more difficult issues or combine those".

Another suggests that "we are often in a synchronistic relationship...often they are not needing a lot of adjustment time". This comment speaks to the commonality in the intuitive aspect of the relationship, that there is a process of moving together in harmony as the term suggests. Nevertheless, it also suggests that some relationships develop that sense of harmony quicker than others. The nature of the child and his or her presenting problems contribute to this differential.

Important Ingredients in the Process

Safety is often used as a term in play therapy literature and practice to describe that sense or feeling necessary to intuitively assess the relationship as developing. As one suggests,

> We go around, we look around in the room and I refer to the last time he was here, 'Do you remember when you were here?'...so I refer to the first time...When the child is new I take much more time to explore the room...that's an important condition, to feel safe in the room. It has to feel safe with me but also the room has to be known then [the child] can feel free to choose play toys and to choose what he will go to play...then the child can choose...what to play.

From the data it is evident that a feeling of safety and the development of an intuitive sense about the level of the child's felt safety are important steps in the development of empowerment. The freedom afforded through the play process facilitates this sense of safety and self-growth. While discussed as part of the 'process' in Chapter 11 of this section, the interconnectedness of freedom and play, which in turn allows the child to feel a sense of control and empowerment and, ultimately, of safety is reiterated in each chapter of this section. These qualities are integral to the understanding of the play therapy relationship and are recurring patterns in the data of this study.

The nature of 'creativity' is an important aspect in the description of the relationship development process of play therapy. One suggests that "we [child and play therapist] get powerful opportunities to create...trust...and ...to not let things build up or...disappear". The data suggests that the phenomenon of creativity provides a sense of control in the play process, the child having the opportunity to create and direct the trusting relationship with the therapist as he or she is able.

Creativity, discussed by many in this study, facilitates a sense of power for the child through the freedom offered in the play therapy process. The child when given autonomy in his or her selection of play and pace at which he or she works in play therapy can create an environment that feels comfortable. One participant indicates,

> ...the therapist is responsible so that what is important...what is defining my actions, giving freedom to the child...the child can choose what to play...the principle is [that] I follow...when the play is exceeding the borders and it is in chaos, I try to stop it for safety so that the child feels safe. I'm here to protect him

or her and I try to influence it to do some play in which the child can restore himself.

Another describes the process of resolving difficult issues for the child through the play therapy process, stating, "they come to treatment not because of having more of the nice things...they have again to re-experience some things which haven't been [worked through].

Yet another therapist describes the process of conflict resolution and its relationship through the opportunity of creativity during the early play therapy process. She states that "there will be a feeling, a kinesthetic response of relaxation and confidence...that place where risks can be taken...so I'm working towards a kind of intimacy...where that conflict resolution can happen, we can disagree with each other and it won't blow up. I won't leave...it's just safety". She further adds that the element of creativity in the treatment process facilitates this sense of security with which the child can recreate and resolve difficult issues, stating that "we [child and therapist] get lots of powerful opportunities to create trust...to not let things build up or disappear".

A common language through play is established in the early process of the play therapy relationship. As expressed by one, "you have to find the words that the child will understand at least" stressing the interplay between therapist and child. This 'dancing together' in the development of a method of communication that is comfortable for both child and therapist is seen as a gradual process that requires some guidelines at the beginning with the gradual development of comfort. As suggested by one participant,

we go around, we look around in the room and I refer to the last time he was

> here...when the child is new I take much more time to explore the room so the child's (that's an important condition) feels safe in the room. [The child] has to feel safe with me but also the room has to be known then it can feel free to choose play toys and to choose what he will go to play.

Another explains the communication that develops between child and therapist as a 'voice'. She speaks of the reciprocity of allowing someone to speak and with that freedom the story of the child is developed.

> Just the attention is a big factor...that somebody will actually talk to them, that you'll listen...that's a phenomenal experience for a lot of these kids where they've lived in families where it's absolute chaos and you know that there isn't anybody to listen to their story...[drawing pictures] gives them a voice. It's them telling you what they know a lot about...they like to talk about themselves and if you're interested they like you for that.

The research participants suggests that the opportunity to communicate with the therapist gives the child permission to develop the relationship and, in turn, to provide a safe and trusting environment in order to offer his or her narrative or story about that part of the world that requires the focus. There is a "mutual familiarization" that occurs, as one puts it, stressing the contribution of child and therapist to the relationship development process

Preparation for the 'working through' process describes the importance of the early relationship development process in play therapy. This early phase provides the strength and environment for this middle phase of treatment. One participant conceptualizes this link in the play therapy process and the importance of the early relationship when stating,

> I need to become the person he can be angry with in a safe way and without feeling threatened by it. Without feeling guilt about it...Sometimes you have a first session or the first two sessions and quite a lot is happening and then all of a sudden nothing any more because of course the child gets confused, doesn't know...can I really do this...you see the first signs of the child wanting to do something you get into...'overgang' [Dutch word for 'transition']...from one phase to another; it is not a clear cut thing...it's a longer process...you see it with different toys...you see the emotion coming up.

Another expresses the relationship and working through phases as together providing 'a good enough' basis in the family as parents may not give enough security to the child and so the child stays at the same point.

Conclusion

Staying with the data, these ingredients and descriptions of the relationship development process in the early phase of the play therapy process highlight the research participants' contributions to this dialogue. The description of the process, the first of the recurring patterns in the analysis of this study, is closely linked to the second theme presented in this dissertation, that is, the qualities of the process. Discussion of these qualities or characteristics in Chapter Eight further detail the description of the relationship development phase of the therapeutic process.

Chapter Eight

Theme #2: Qualities of the Relationship Development Phase of Play Therapy

Quality is described as "a property or attribute" (Webster's, 1961, p. 691). The previous description of the relationship development process in play therapy provides a general overview while the following chapter stresses particular characteristics that further enhance this description.

Obvious qualities from the research conducted for this study are presented as recognized needs for the child in the therapeutic process, characteristics of the overall process itself, the defenses that the child develops for protection and the boundary setting that occurs early on in the relationship between child and therapist.

The Child's Needs in the Early Relationship

Space and freedom are readily described by all participants as essential characteristics for the child and therapist to create an environment that leads to the development of the therapeutic relationship. One indicates, "I tend to give them enough

space and freedom to explore what they need to explore...I think there's also a sense of freedom which contributes to a sense of acceptance". Another expresses the relationship between the freedom allowed and the unconditional acceptance when stating, "I take everything the child says as serious. I listen very carefully and I get the feeling that it's important".

Recognition of the pace of the relationship development and the need to develop an honesty are commented on as being integral to the process. One states that "it takes a lot of time...before you have a firm relationship...just being as real as possible and believe in the child and believe that there will be a relationship...being honest and real". She further expands upon the concept of honesty in the process. "It doesn't matter how long it takes...if you are patient, if you have a lot of time, if you respect the child's speed, his way of being". Another who involves the parents early on in the therapy indicates that "it will [after] two or three times before I have something to work on, something to tell the parents and to share my first impressions with them". Further expansion on the theme of support and involvement of parents in the relationship development process is presented in Chapter Nine.

The evolving nature of the early relationship development process is highlighted by a participant who suggests that "it is a slow process. It is not there and then suddenly it is there...it is the distance that can be tolerated by a child...it is in his expressions...the child feels more free in what he wants to tell...sometimes the child doesn't say a word in the beginning but slowly that will start". One describes the process differently yet commenting on the patience that the therapist must possess when stating, "it's a long process and if you don't have patience...one of the problems in the school systems is they

want it fixed now and we sort of worked to help them understand that it is a process". Another describes her innate way of working with the child and yet her need to recognize the natural pace of the child.

> I like [family play therapy] because the pace is quicker. I have a couple of boys right now who really need to make sure that everything is organized and set up very carefully before they start to play...sometimes that means ten minutes of organizing the GI Joe's in just the right way...I think there's probably been times where it's like 20 minutes spent that they need to get it just right for what they're looking for...it's a slow process. I mean it's not kind of exciting for me at that stage but that's what they need to do.

The need to respect the child's way of being is expressed by several as inherent in the early relationship development process. This is stressed by one participant who states that "it doesn't matter how long it takes the child...if you are patient, if you have a lot of time, if you respect the child's speed...his way of being". Another identifies a major goal in the overall process as "the child [experiencing] safety...so all I do is hope the child feels safe, feels respect, feels accepted, my actions are aimed at that end and in the child I can see if that has been established".

Suggested by participants in this study, sensitivity and empathy are part and parcel of the respect needed within the environment conducive for the relationship development. "Sensitivity to the child and, of course, what the child's problems are...that's something that is very important...what I call empathy". One looks back on several relationships in the play process that had been developed and stresses the need for neutrality and

suspension of judgment in the recognition of the quality of sensitivity in the relationships with the children and their parents in the play therapy process.

> I've had a lot of experience of learning how rich some of those relationships can be if you suspend your judgment...you know if they know that you're not judging them...and it took me a long time. I would call this mom periodically...then she began to tell the story of their lives and the secret that I know that her son knew but it was not allowed to be talked about.

The overall environment for the relationship development for the child and therapist is "created best through developing a very empathetic and understanding type of environment for the child where they feel like they are accepted for who they are and that there isn't a right way and wrong way of doing things". The relationship between suspension of judgment and developing empathy is part of the overall sensitivity that is an important quality in the early play therapy process.

Another describes the need for sensitivity and empathy in terms of nurturance that needs to be fostered. The actual offering of a food item or snack can be symbolic of this recognition of the empathic nature of the relationship. She states that "I let them know that those crackers are there and if they would like a snack that they're welcome...so food can be a way of building up a kind of nurturing or safety".

The child's need for acceptance, a non-judgmental atmosphere and growing respect are amongst many essential qualities indicated by the participants as important in the early relationship development process of play therapy. The actual process itself possesses obvious characteristics that further the description of this early phase in the treatment.

Characteristics of the Process of the Early Relationship Development

When asked what as to the signs that the relationship between child and therapist is working or effective for continued work together, a common response involves the intuitive nature of the overall process. "It's the intuitive part of the work...it's a difficult question but it can be seen as quite simple too because...[from the moment you collect the child in the waiting room] there is something between you and the child already." The exploratory process involved in this intuition is noted as being imperative described in the statement, "Sometimes it is necessary to do nothing...to wait...I try to explore it very, very, very carefully". The participants suggest that the therapist develops a sense as to when the child feels the level of comfort necessary to move on in the relationship to a more intense involvement. It is this unspoken indication that the relationship is developing, growing and working that is described by the intuitive qualities that the relationship development process possesses.

One participant described the reciprocal nature of this intuitive sense between child and therapist. She states, "I think that [the child] would pick up [on the therapist's anxiety] but even if you've had a little bit of anxiety but you could still be confident". The same therapist speaks to the vulnerable aspect to this intuition when stating, "I'm very

conscious of the power I have over this vulnerable child...the children are as accepting of me as I am of them...little children are not going to turn their back on you".

The recognition of these inherent qualities in the power of the developing relationship between child and therapist is stressed in the data as being as a result of the freedom allowed. This permits the exploratory process for the child to develop a sense of safety and trust in the surrounding environment and yet the vulnerability involved in the growing empathic and intuitive relationship.

The exploratory process can encourage a quality of empowerment for the child in his or her discovery of the therapeutic relationship. As one suggests, "...technique is responsible [in play therapy] so that is what is defining my actions, my giving freedom to the child or sometimes I do something or I stop something or I intervene because of that. The child can choose what to play...the principle is I follow". This process of allowing the child the freedom to explore, with the therapist moving with the child permits the child to experience a sense of control and power over his or her environment.

Another expresses the continually changing relationship in the therapeutic process in terms of developing a sense of security and power. She states, "it is an interesting process because as soon as the child feels more secure it can show a little bit more but as it shows a little bit more it gets more insecure because it is a problem. So it's a continuous process of getting the feeling". She returns to this same concept in a later description of the "wavelike process" of the relationship development process. The control over the environment takes place as the child has the opportunity to move forward and then pull backwards with freedom. The therapist in turn intuitively senses the needs of the child to do so as the relationship development is in process. One suggests that "it's [the

relationship development] one whole phase" and another suggests that "it is a different phase...it continues and discontinues". Both views speak to the movement within the relationship development process and its connection to other stages in the process.

In describing the early process of the therapy another participant reinforces the need for empowerment when indicating that "I generally show them around. Show them what the responsibilities are of...what they can use and play with when they're here with me and let them know that they are kind of in charge". This phenomenon of empowerment can be built in from the outset as a need and goal of the therapy but requires the careful guidance and understanding of the play therapist to recognize and guide the process. One describes that "empathic competence or skill of course is important...to really observe well".

The process of the relationship development between child and therapist is described as an interactive process that "builds communication methods...so the child can know that I understand what he or she is playing and when that is not interrupting". The quality described here is the mutually developing intercourse by words, thoughts and messages through the power of play. The qualities aforementioned such as intuition, empathy and exploratory empowerment facilitate this emerging language or mode of communication that allows the child to understand and relate to one another.

The Development of the Necessary Defenses and Boundaries

An evident quality in the relationship development process between child and therapist is the development of defenses for self-protection and the recognition by the

therapist that this is necessary for the child. One participant suggests that "at the moment when the real special things come out in play there can be lots of resistance...there is a need there [for resistance]". This same therapist describes the need for the defense of resistance "as a way for a child to put it [anger] somewhere else, to get it a little bit away from the inside. This transformation happens". It is expressed as a form of communication, sometimes silent. The child knows that he or she can resort to a form of resistance and the therapist allows this to happen, all the while recognizing the need for its existence.

The necessity for coping mechanisms is recognized as essential to the therapeutic process for children. One states that "everybody needs their own defensive coping strategies. We all have them so if a child can't talk about them...they're not ready to talk about it and I respect that".

Boundaries are encouraged and recognized as necessary qualities in the development of defenses for the child . "Sometimes they may be afraid to take the risk", one suggests observing the need to have boundaries set early on in the process with which to bounce off of for the purpose of testing the limits. There is a need "to be clear so that the child knows what is going to happen", another indicates. It is recommended by another participant that "it's not something you tell the child until the subject comes up ...because a child challenges it ...at that moment you make clear what the rules are". Different perspectives on the timing of the discussion about limits and boundaries indicates the interest in this need and the varying perspectives on how rules can used therapeutically to display necessary defenses when the child requires them. Exercising confidentiality in the therapeutic process further allows the child a sense of power that the outside, ie. the

parents, are exempt from their *private* story. The child develops an understanding that the intermittent progress reports will be given to the parents but the details of these private narratives are kept within the bounds of the relationship between child and therapist. This allows a sense of empowerment and a defense, or protection, from the outside world. "The child knows that there is a guarantee that what he is playing or talking with me about is confidential". This statement by one participant expresses the sentiment that privacy allows boundaries within which acting out can freely occur. The ensuing empowerment is stressed in another's interpretation of the need for confidentiality in the therapeutic process,

> I let the child know that what they share with me is private and sometimes I use the word confidential, sometimes I don't...but they can choose to share whatever they want to with their parents about what they did here in play therapy...they have some control over what is said to the parents and that's part of creating the safety.

The power of freedom yet within the confines of boundaries paradoxically gives the child a clear sense of what can be expressed and how the process of acting out and resisting difficult feelings can become part of the therapeutic process through the safety of the therapeutic relationship.

Conclusion

Needs of children in the therapeutic process such as space, freedom, recognition of their naturally moving pace, sensitivity and empathy have been reviewed as essential

qualities necessary for the development of the therapeutic relationship. The intuitive sense that the child and therapist have in this development further characterize a better description of the process. The explorative and empowering process as described by the participants in this study highlight the powerful nature of the communication that develops in the early sessions between child and therapist.

Examination of the therapeutic goals as understood by play therapists further enhances the understanding of the relationship development between child and therapist in play therapy.

Chapter Nine

Theme #3: Goals of the Relationship Development Phase of Play Therapy

To indicate the goals of the early phase of the play therapy process for the purpose of this study is like describing the end of a race or a journey. The hoped-for or overall result is what is meant in this discussion of Theme #3. The participants conceptualize the desired gains in the early phase of the play therapy process in terms of the desired environment conducive for growth, the eventual wish of the child to share his or her story, and a sense of empowerment through this process.

Goal: Development of a Conducive Environment for Growth

Describing the first phase of treatment as the development of "trust vs. mistrust...trying to be a trustful person...that will be the bridge...that allows [the child] to develop safety", one therapist stresses the need for a play therapy environment that exudes important ingredients necessary for growth. Upon being asked to explain her meaning of *trust*, she indicates that "there will be a feeling of ...relaxation, confidence...that place where risks can be taken ...I'm always working towards a kind of intimacy...where conflict resolution can happen...it's just safety". The development of trust in the early part of play therapy is an intangible yet visible process that involves a growing and assured

reliance on another, and there is often an intuitive sense between child and therapist when it is present.

The development of mutual trust and a secure base in the moving therapeutic process follows as emerging path. One therapist describes the situation of a child who "still doesn't have a sense of self to [enter] into an exchange of feelings...and to have a good sense of being together". Another comments on the 'building of communication' as giving the child a sense of accomplishment in the early phase of play therapy.

> ...the child needs to have some ego strength because then you can give it some freedom in giving form to the play and to integrate the things that happen to him or herself. When there is a child who has little ego strength then the goal of the therapy is... more educative...more adding so the child can learn and integrate.

The entire relationship development process can be described in terms of giving the child the secure sense of self as a result of the safety that is built into the process. One participant stresses the importance of the play therapy model that Virginia Axline practiced and wrote about in terms of the control that it provides for the child.

> It [the non-directive play therapy model] gives the child...some safety because they can set ...the limits, they can set the boundaries in terms of how much information they're going to give. It gives them a bit of control over what's going on and I think for a lot of kids that end up in therapy settings, they're there because there's a lot of stuff out of control in...around them whether it's emotionally or things...family is breaking down, whatever happens that gets these kids going, they're not feelings that there's very much control. I need to give them

> back a little bit if they're going to get some sense of themselves back and get some esteem built up.

The interconnection between control given to the child in the therapeutic process and the ensuing sense of power and self growth is made clear in these previous quotations. Some speak of the 'freedom' of the play therapy process as allowing for exploration and an eventual sense of control. Others question the use of the word, 'freedom', claiming that it is "too large a concept...the child feels free to express certain feelings, certain ideas [more specific] than freedom in general". These variations in the acceptance of 'freedom' as a universal concept in non-directive play therapy indicate the differences in the way therapists define the concept and the differential applications of freedom in their therapeutic work.

The goals for therapeutic growth are best described in terms of behaviours rather than descriptive terms can be seen as vague, such as *freedom* and *trust*. One play therapist expresses the importance of goal setting for the realization of growth for the child and therapist in terms of 'global' and 'specific' goals.

> Do I set goals? Well, I mean the long term goal is that they can be successful in a classroom...[so] they could be happy with who they are and how they interact...I guess there are global goals and there are specific goals. The specific goals being the schools and the global goals being the long term ability for this kid to love without those problems and to feel accepted...I have got a kid right now who just bottomed out...he was on the streets...it was a lot of relationship building because this kid has been really scarred and really, he trusted me...there was a tremendous defensive wall.

The goal is indicated as grand and vague, and with specifics, becomes approachable and observable. Another therapist indicates this need for specificity similarly,

> I start with where they're [ie. the children] are at...I tend to give them enough space and freedom to explore what they need to explore...there are few rules that I'll lay out...I think there's also a sense of freedom which...contributes to a sense of acceptance that they're going to be accepted by me.

The interconnectedness between the availability of a free environment, the ensuing development of trust and child's sense of acceptance is evident when clarifying the grander terms, often used to describe the eventual goals of the play therapy process.

Goal: Offering the Opportunity to Develop a 'Voice'

When being asked about the different methods that might be found useful in the development of trust within the play therapy process, one participant speaks of the ways in which a 'voice' or 'medium of expression' can be acquired.

> Just the attention is a big, big factor...that somebody will actually talk to them, that you'll listen to them. I mean that's a phenomenal experience for a lot of these kids where they've lived in families where it's absolute chaos...there isn't anybody to listen to their story...gives them a voice.

The development of a common language is indicated as a necessary step in the process as the narrative begins to emerge. One indicates that "you have to find the words that the child will understand". With this sense of being accepted, the child feels more safe to offer his or her world. This same therapist suggests,

> I start to give the child all the opportunity to do that [share the story] but then little by little I might start to see if there are positive points or slight portions of the play themes which are more safe than others...I'm checking all the time.

The necessity for the therapist to be sensitive to the cues of the child and to the pace with which the child shares the story is as much a goal of some in the relationship development process as the child's behaviour of sharing. The connection between the trust felt in the relationship and the child's willingness to offer more of his or her world is conceptualized by one who states, "I had a boy come in the other day...and he shared a piece of his life...I think as time goes on and they have more trust in me they don't just say, yeah and maybe a one liner. I'll get more. They'll just give me more. Bringing me things from home to show me". The development of a common language is clearly indicated as a delicate and mutually forming phenomenon.

The addressing of the therapist's own personal reactions is seen to greatly affect the ability of the child to offer his or her narrative. One participant illustrates this dynamic in the presentation of a case example where observation of defense mechanisms served as a bridge to understanding and communicating with the child.

> By paying attention to what was going on in me I think I was better able to start tuning in on what was going on with him and I would have liked to have had a discussion about what was going on...that he was more upset about what was going on but I wasn't able talk to him about it...his parents were in a custody battle...I knew things were a little heated up...so I was kind of aware that he was probably acting out some of the tension...I wasn't able to make that bridge with him and it was partly because he was so defended.

The recognition of the necessity for resistance and other defenses is suggested as an integral goal in the relationship growth between child and therapist. The association between the expression of resistance and sharing of the narrative is commonplace as suggested by one participant. "I certainly encounter lots of resistance around expressing affect...dealing with certain parts of their story...I just try to use their manner of resistance...you find a metaphor for it or being with them in it...try to reflect that I know it comes from a needing". Another spoke of the child being "off balance" and the therapist needing to be aware of this weakness and to facilitate the growth of a defense. She describes the process,

> ...he didn't have any groundedness. We just did balance things. We used elephant metaphors, we used African music and marching and drums. Just things that would weight him to the ground and ...include that in his repertoire...so it came together as a little fellow who had different ways of defending himself, different ways of expressing his anxiety and vulnerability, different ways of being safe.

The data suggests that the voice that is developed in the early phase of the play therapy process consists of a mutual respect between child and therapist so that when a child needs to hold back, move ahead and take a different direction the therapist is attuned to this need and provides the opportunity and freedom to do so.

The agreement between child and therapist to enter into a relationship of 'confidentiality' offers the child 'a voice of protection'. A participant in this study expresses this concept of rules for privacy when stating

> I attempt to set up safe boundaries, safe environment...for the play in terms of physical safety and safety in terms of emotional. I'm not going to say hurtful

things and that there's safety there if they tell me something that they're not sure they should be telling me.

As indicated in this study, the development of an environment conducive for reaching the goal of 'offering a voice' is a mutual growing atmosphere where child and therapist come to understand and respect one another so that if painful feelings are experienced, there will be no further harm done. Eventually the story will be offered and it will be received competently.

Goal: Promoting a Sense of Empowerment

Some conceptualize the opportunity for empowerment as beginning at the very outset of the therapeutic process. One participant indicates that she offers the child "free choice" during each interview. Another in the focus group format stressed the importance of speaking about the confidential nature of the play therapy environment stating, "I always use child-centered [play therapy]. This place is for the child, not for the courts, it's not for legal battles...". Impressing upon the child that the entire experience is focused on his or her wishes and experiences gives the child a sense of power and control that some have not experienced.

The development of the actual treatment plan can include the child from the outset also allowing an ongoing sense of authority and ability to own his or her destiny in the therapeutic process. One play therapist who works with the school board indicates that "the child may be brought in and we go through this whole plan with the child and why we're doing this and why it's being set up the way it is so that the pieces are understood".

Later in the same discussion, the therapist validates the child-centered model of play therapy as promoting empowerment when summarizing:

> It gives the child ...some safety because they can set the limits, they can set the boundaries in terms of how much information they're going to give. It gives them a bit of control over what's going on and I think for a lot of the kids that end up in therapy settings they're there because there's a lot of stuff out of control in...around them whether it's emotionally or things...family is breaking down, whatever happens that gets these kids going they're not feeling that there's very much control. I need to give them back a little bit if they're going to get some sense of themselves back and get some esteem built up...it becomes a way to give them a little bit of control in a safe setting.

The indication of trust and security being present in the early relationship development process occurs, according to this study, when the child is able to challenge and take risks in the play. One participant suggested that "sometimes I can either win or lose at a game or they can win or lose at a game. I notice the shifting". The movement from following to leading can be indicative of the child's ability and willingness to move closer to or risk being controlled in the case of losing to the therapist.

The child's sense of being in charge of their therapeutic process can be indicated by the way in which he or she externalizes feelings, stories and behaviours. A participant in the study expressed this association when stating

> this is a kid who's from an amazingly dysfunctional family...he can't control himself...he externalizes everything. He just reacts, he doesn't conceptualize anything and he's actually been able to talk to me, not willing at first but he will

> talk to me now about his problem...so I think that that's real success because he externalizes [now]...he wouldn't ever do that...so now each session he's willing to talk to me but we might play cards for a while.

The delicate balance of providing the child an environment for an empowering experience whilst allowing him or her to feel as though it is because of his or her choices is part of the careful journey in the relationship development process of the early play therapy experience.

Conclusion

Amongst many goals that may be set out by the child, the play therapist, the parents and others that are part of the child's world, three main goals have been reviewed from the perspectives of the participants in this study. The emerging growth of the play therapy environment gradually leads to the elective sharing and risk taking in the development child's narrative, a choice that the child either does or does not make. Consequently, the sense of empowerment that is experienced as a result of feeling the strength and support involved in letting the therapist into his or her world becomes an indication that the therapy is moving forward.

The child's world also includes those significant others that effect their willingness to enter into the play therapy relationship. Chapter Ten reviews the therapeutic supports as a distinct theme in the growing description of the relationship development phase of the play therapy process.

Chapter Ten

Theme #4: Therapeutic Support in the Relationship Development Phase of Play Therapy

It has become evident through this study process that the environment in which the children resides prior to, during and after the therapeutic process has an effect on the preparation and continued engagement in the therapeutic process. The child and his or her family/support system which includes teachers, caretakers and other significant people all affect this level of commitment to the therapeutic process.

The recurring patterns in the data analysis process of this study and presented in this chapter describe the participants' views of the importance of proper preparation for the child and family, the mutual goal setting that can and does occur with children, families, supports and therapists, and the team work that ensures progress during the relationship development phase of the play therapy process.

Preparation for the Play Therapy Process

As identified by one participant and echoed by others, it is essential to clarify with the child and his or her parents/guardians as to why and where the child will be attending play therapy, and how growth as a result of the process can be observed. The components of the environment are presented by this participant in her following statements.

> I think the relationship is the key aspect of being able to conduct play therapy with a child because you have to establish a sense of safety and security. The child has to feel that this is an environment where they are safe in order for them to start dealing with whatever is bringing them into play therapy. And I think that is created best through developing a very empathic and understanding type of environment for the child where they feel like they are accepted for who they are... so I start off by usually asking the child if they understand why they're coming to see me. So we have to have some kind of context for...sometimes the child doesn't have a clue why they're coming to see me even though I have talked to the parents about this in a previous intake interview, about preparing the child for coming to see me.

Another participant suggests in her preparation of the children for therapy that "I assume that most parents tell them something and of course with the parents we prepare for the first time but (a) I don't know whether parents do that and, (b) I still feel that I have to explain myself because the children need to hear it from me".

Clarity about the amount of preparation that the child and family has at the outset of the play therapy relationship is placed by many as an important introduction to the therapeutic process. One therapist suggests that she "problem solves" with the parent during the initial process with regards to "what's going to happen to the child, where they're coming from, who I am...because they know the child better than I do. They know...how well they respond to transitions and new people and how much time they need". Another suggests that the "framework" that is presented for the child is paramount in the early relationship development between child and therapist. She wonders "what do

they [ie. the parents] tell them...that was one of the first things that I thought about in developing a relationship, what do they hear about coming to see you?" Giving the parents or guardians a context or framework that helps to explain the meaning of the therapeutic process affects their child and ultimately, themselves.

The data suggests that the reason for the fragility of this recurring pattern in the relationship development process, this is, the parents' feeling of vulnerability and uncertainty, is as a result of their perceived unequal position in the process. One participant in a focus group setting suggested that "it's not a level playing field. The parents are outsiders". That statement prompted another to say that "parents, in a sense, become the child going back to school". Another agreed tapping into a whole new dynamic on the issue. She stated, "they regress tremendously. And when they have another adult who's there ...as someone who's met them in their home and who understands how they feel, it isn't that you're necessarily going to advocate for them but you understand where they're coming from". These quotes suggest that the position and role of the play therapist involves a relationship building process prior to the actual meeting with the child. The safety and clarity felt by the parents can set the tone for the actual therapeutic relationship between child and therapist.

Developing clear boundaries is indicated by several participants as essential in the development of trust or insured reliance on the integrity of the play therapy environment. One stresses this point when stating

> ...the relationship will not be safe and the environment will not be one that the child can trust unless the parents have also bought into that need. The therapy

can't happen unless the parents understand that trust and confidentiality, boundaries are inherent...that's were the work happens.

Another speaks of the lack of freedom for the child in the early period of the play therapy relationship as suggesting that "I don't think that any one who goes into therapy feels free. It's a contradiction to me...children don't come by themselves...it's the parents who are ringing and saying we have some problems...it's not freedom for the child." The boundaries that are set for the parents effect the child and need to be set and clarified by both. One therapist when entering into a play therapy relationship stresses "I need to set up a safe situation from the first minute". Another supports this necessary receptiveness by the parent and child with the play therapy arrangement indicating that "until the age of 10 or 11, most children do what their parents want them to do. So if the parents say to them it's good for you, then they come". This data suggests that ultimately it is the parents' responsibility to create an environment of permission and eagerness for the child at the point of entering into the early relationship development process of play therapy.

The Mutual Goal Setting Process

Expressed by several participants is the notion that parents may use the therapeutic process for their own gains as indicated in the statement, "they may have their own agenda for the therapy" when beginning the process for their child. It is identified by several interviewed in this study that the relationship development process begins with both the child and the parent(s). One articulates this fragile process in the following words.

> Actually, parents are one of my pet topics because I think they're still very much undervalued in play therapy and I think it's very important to involve them from the first. Not to give them the idea that they dump the child here and they'll get him back better but that it's really something that we want to do together and that they are really the experts when it comes to their own child and that I hope to learn very much from them and that we want to do it together, a joint venture actually...we go look at the playroom ...the demystification of therapy is a very important point.

As suggested by the participants, the process of providing clarity in the parents' understanding of the relationship between child and therapist in play therapy can prevent a building of a 'we-they' attitude leaving the parents to feel as though they lack some control in the process. One speaks of the therapeutic relationship as potentially like a "rivalry between parents and yourself [therapist]". Another visualizes the dilemma of creating a delicate balance when working with children and their families by using the metaphor of "walking the fence all the time and sometimes you fall off a little on one side and sometimes you fall off a little on the other but how you give support in those three and four directions...I try to be careful".

The balancing act of creating trust and confidence with the caretakers of the child can take various lengths of time as basic trust may have been lacking in the home environment prior to the advent of the referral process for play therapy. One expresses her role as "the go between...advocating for the parent". This involves the necessity for clear goals and direction for the therapeutic process when dealing with the child, the family and

other settings such as the school. One participant comments on the sensitivity that the therapist must have as to the pace that this careful process might take.

> It is a slow process...before starting the therapy there is a meeting with the parents and the child to explain what's going to happen and why he or she is coming and so on, in global terms...before starting [the process] is with the parents. In the first therapy it is the parents...one or the other brings the child here, waits in the waiting room and after the therapy is finished, [the child] goes back to the parents...

The data suggests that the development of trust with the child can begin with the relationship that the therapist develops with the parents or caretakers. This follows much the same process that occurs between child and therapist ensuring that there is clear boundary setting and opportunities for freedom and growth within the play therapy experience.

Intermittently, as the play therapy advances, the parents may be informed of the general progress that is being made or not made and the goals laid out for and with the child may be reviewed. One suggests, "I talk with the parents once in two weeks or once in three weeks, and sometimes a colleague is doing that. I don't talk about what is going on in the playroom, we are talking about what is going on at home". The boundaries that are laid out with child and parents at the outset regarding rules of confidentiality are strongly upheld during the review meetings with parents. One play therapist suggests that "when I want to talk over a special topic of the child...I discuss it with the child before I discuss it with the parents". This data highlights the need for clear boundaries at all times.

The therapeutic progress, as indicated in this study, can allow the child to develop a better sense of who he or she is in relationship to their parents. Consequently, the process of emotional separation does occur and, in fact, can be a desired goal during the treatment. This process is described well by one participant.

> When the child exposes some curiosity about what you are doing with the parents I think you affect somehow a part of their ego development...at a certain point they start asking questions and that to me is a sign...[that] they are starting to get interested in 'I'm a separate me and she's [parent] a separate she. They are my parents and what are they doing over here'.

Recognition of this need for the child to develop a separate sense of self and an ability to be autonomous and in control of their environment needs to be discussed openly during the early process of the therapy, more specifically, during the intake and referral stage that involves both parents and child. This continues intermittently as progress updates and opportunity for dialogue are provided.

Clarity in goal setting varies from family to family as some prefer to be more informed of changes and detail in behavioural changes than others. One indicates that "the degree of involvement varies greatly but I think in all cases ideally there would be involvement". Empowering parents in all situations can be done by allowing the child and family opportunity to share their ongoing stories and changes without continual direction and leadership by the therapist. This is presented by one play therapist who suggests that she

> takes a back seat to the parents to empower them. So they notice that and I'll say that because it's such a big shift that it's hard to kind of figure out...who's in

> charge here now. So, I'll just say, 'you know your mom's here today and when your mom's here things are different when it's just you and I'.

Another suggests that "the parents are almost like therapists in some way. They're safety mechanisms...yes, they are very much helping me". The focus on development of the 'team' is the concept that clearly develops as a working goal in the play therapy relationship. In the process, secrets can be eliminated and narratives shared.

Parents as Part of the Team

"It's a balancing act...it took a long time to build trust with parents because trust wasn't there with the parents, the trust wasn't there with the kids". Parents enter into the process of therapy for their child with their own issues and feelings which need to be recognized and worked with. One indicates,

> I think what happens with parents is not only their educating the child, I think that's why there are separate processes because what happens is the parents [have] their own feelings about their childhood and it doesn't have to do with what the child does...it's like two different processes.

Understanding the motivation for the treatment of their child is a first task in the process. If the parent is clear as to their own needs and the children's goals, then the progress for the child is more visible. One states that "that's a real key thing and you try to get parents committed right from the beginning and help them to see that you know this isn't the child that has the problem".

Giving the parent confirmation that they will be involved in the process is valued by all participants as an important step in the overall therapy for the child. One therapist involves the parents from the outset and between the play therapy sessions so as to provide a bridge.

> One of the things I have said to the parents is that if the child has a lot of negative beliefs about themselves I have an affirmation basket that they can have at home...it can be a way of giving them some positive messages...I talk to the parents about this as something they can do at home but I also use it in therapy...a positive way of building them up.

This transitional activity encourages the parents to own a part of the child's therapeutic process and also to potentially contribute to the growth of the child.

Included in the bridging process between the child's therapy and the home environment is the teamwork involving ongoing updates and "sharing of first impressions', as one participant puts it. The effort to involve the parent in the ongoing progress reinforces the control that they want to feel rather than being left as an 'outsider' or 'rival'.

In addition, the teacher can be included in the overall bridging process. One play therapist indicates that "we always get a lot of feedback from the teachers as they watch the progress of the kids once they go back into the classroom. Another indicates the need for an open communication system between the child, therapist and teacher so that there is freedom to learn of classroom progress and to "prevent secrets" from developing. One participant suggests that she has a "multiple client" system when working with teams and the play therapy process.

> I always have a multiple client in the sense that the child is my client, the child's teacher is my client, the child's parent is my client and in a sense the larger school administration, the principal and whoever else is a part of that piece of the picture is also a client. So trying to work all of those pieces...it took me a long time to figure out how to pull that together...I bring it back to what we are all here to do because of the child...for me it's very child-centered...it's about the child.

The conceptualization that the child-centered approach of play therapy involves the pulling together all of those in the child's world, thereby ensuring a therapeutic environment, stresses the need for confidentiality and clear boundaries for the child while in therapy.

Conclusion

The delicate process of involving parents or caretakers, schools and other significant supports in the child's world is presented in Chapter Four as a recurring theme as expressed by all participants in this research study on the early relationship development process in play therapy. Reaching that point of comfort both the child and the supports in the child's life entails clarity in boundary setting and the stressing of confidentiality, goals and intentions in the overall therapy process and the focus on teamwork that allows and supports a sense of power and control in the growth of the child.

The process is truly a delicate one in that it can be easily injured and fragmented should the parents/caretakers, schools or others involved with the child feel that their relationship is being usurped or interfered with through the intensity of the relationship

between child and therapist. If a balance is struck, then trust is coaxed along, and a sense of empowerment for all involved ensues.

This dissertation will now turn to a closer examination of the actual process of growth that occurs during the relationship development between child and therapist in play therapy.

Chapter Eleven

Theme #5: The Process of the Relationship Development Phase of Play Therapy

The process of the play therapy relationship is a phenomenon that shows a continuous change over time. All aspects of the early play therapy relationship can be included as part and parcel of the overall process. In order to best present the data gathered from the study's participants that describe the process or progress of the relationship development, six different areas will be presented: the function of boundary setting, clarity in goal setting, communication factors, attachment concerns, recognition of defenses, and the use of metaphor through toys.

The Function of Boundary Setting

This suggests that the setting of boundaries or fixing of limits within the therapeutic process involves both implicit and explicit interactions between child and therapist. Dialogue is often required between the two regarding the basic rules and parameters for 'what can or cannot be done' in the playroom. The therapist can silently give permission to the child to set his or her own limits or boundaries with which to enter into the play therapy relationship.

One participant observed very early on in the process of play therapy that a child "wasn't used to playing with other kids...he really didn't want to interact with others" and that included the play therapist. There is opportunity for the child in the play therapy environment to play in a parallel fashion with little interaction with the therapist should that be his or her 'rule' for comfort and security.

Likewise there is a choice that is given to the children to express what he or so chooses and therefore boundary setting is a mutual and intuitive process with the therapist understanding the needs of the child and the child feeling safe to keep within his or own preferred limits of expression.

Identifying boundaries can dispel unsubstantiated fears and fantasies about the therapeutic process. One participant indicates that "because the child likes to go to you and they don't know what you're doing exactly, they can fantasize anything. I think it's very important to make clear to them that this is only ¾ of an hour a week". The data suggests that clarity around issues of time, place, toys and rules contributes to the establishment of a stable and consistent environment. The pace at which the therapist moves with the child during this initial phase in the treatment relationship is taken very seriously by one therapist indicating,

> ...usually I go with the child...we talk a little bit about the toys...I give it to the child just to overcome the barriers with the child who has never been here and doesn't know the rules...rules are important...but I don't talk about the rules at the start...there is lots of freedom...I tell them that all the materials are to play with...so I hope they don't feel hurried or forced in any way.

The boundaries are presented in a cautious way to work in tandem with the atmosphere of freedom.

Nevertheless, one play therapist chooses to dispute the concept of 'freedom' as being developed within the process of boundary setting. She suggests that one might reframe the identification that the child has as a feeling of control rather than of freedom.

> I would like to change the word freedom to some sort of sentence in which we give the child the sense that within the boundaries of the room...they can feel free to do whatever they like...it's more like you'd like to give the child some feelings of control if you can say 'no or yes' within these boundaries...for us, this is something that is already clear for the child. The client [child] must take much longer to really experience that sense [of control].

Added to the description of the value of boundary setting is the notion that the actual mutual limit setting is just the beginning; it is the time allowed for the child and therapist to come to a full understanding of what impact the limitations have on the process that makes a profound difference. The testing of limits eventually allows the child a sense of control.

Eventually in the process, with the territory clear, the limits in place and boundaries understood, the child is encouraged to have a sense of familiarity and decreasing restraints so that the therapist can "try to understand what he likes and what he doesn't...what he wants to express". The child and therapist tentatively move through this early part of the relationship development working towards a mode of communication to facilitate growth.

One therapist indicates her style of finding the feeling of comfort in the relationship and its powerful influence on the child's growing sense of control. "I guess I'd just follow the child...he's the one who decides the speed of the therapy...you can't work harder than the child does". The child moves with the therapist "in a symbolic way", as another participant suggested. She continues, "that's why [he or she] is in the play; it's interesting". The mutuality of the 'lead and follow' process that does occur is recognized as a part of the relationship development phenomenon. Another likens it to a "little dance of approach and avoidance", a recurring phenomenon in the early relationship development phase of play therapy.

Clarity in Goal Setting

The data suggests that the use of clarification in the play therapy process, whether it regards boundaries or another important aspect of the process, is essential as it allows the relationship between child and therapist to be more readily understandable and conducive for the sharing of narratives and stories that will contribute to a growth experience. One participant stresses that "they are confused...when I get to know a child, [the first concern] is that they feel a measure of security in the relationship...they don't know me yet". Clarity regarding the evolving nature of the play therapy process may be the goal for the child and therapist. As one indicates, "I know I'm going to work on negative beliefs but how am I going to do it with this child? Well, it just kind of evolves". This can be an implicit or explicit part of the early process in the relationship development but clarity for the child, wherever possible, allows him or her to have a sense of direction.

Flexibility is necessary in the development of clarity in the goal setting regardless of the treatment model. One therapist suggests that there is a correlation between goal setting, the degree of directiveness and subsequent relationship development in the play therapy process.

> I tend to take a more undirected approach and it depends on how clearly the problem is identified in the beginning. If the problem is very clearly identified then I might take a more directive approach after I have the child's trust and a good working relationship...but if it's not clearly identified then I tend to take more of a non-directive approach...and see what comes through their play.

While this may be a certain style of play therapy intervention for this particular play therapist, there is permission within the umbrella term of 'non-directive play therapy' to move along the continuum of offering no guidance to intermittent direction for the play activities with the child. In either case, as is illustrated by the just mentioned quotation, clarity in the goal setting as to the degree of direction in the play activity enhances the communication and comfort in the process. In this way, the relationship between the child is more or less predictable, a quality that enhances a sense of security for the child and a shared empowerment in the play therapy process.

Development of Communication

The child and therapist create an emerging and mutually agreed upon way in which to share thoughts, feelings and reactions. This development of intercourse or connection is facilitated by the relationship development process by virtue of the interaction that exists

between the individuals in the therapeutic environment. This interaction is gradual and carefully shaped as the process takes place.

As has been indicated in the previous section, "function of boundaries", toys carry the potential of serving many purposes in the play therapy experience. They assist in the "overcoming of the first barriers", as one play therapist suggested and can pave the way for the initial dialogue in the relationship. This same therapist suggests that "especially in the first stages...we go into some more [discussion] about the toys. We talk a little bit about the toys: sometimes when I think the child is looking at something special I can take it out of the cupboard and we talk a little bit about it". The toys become the tool for initial introductions and development of familiarity.

In addition to the use of toys as a symbolic way of getting to know the playroom and the relationship, the intricacies of developing a sense of comfort in the early phase of treatment are complex. "I let them get used to my voice and my being there and so on...", suggests one therapist in her recognition that the introduction to a new person and all of his or her characteristics will be considered by the child as the relationship grows.

The development of a language is a continuous and, at the same time, a delicate process that requires intuitive understanding by the therapist. One suggests that

> it's a continuous process of getting the feeling...I talk quite a lot during therapy. That is, I try to verbalize what is happening in the play...I think it is important to find out when a verbalization is acceptable to the child...do I have the right emotion in my voice that combines with what a child is doing.

One takes the process of language development very seriously, using an intuitive sense to recognize words of comfort to the child and the use of voice tone to further the sense of solace.

Yet another treats the development of communication style very differently, paying little attention to words spoken. Through the development of the relationship with a child from another country, whose native tongue was other than English and who, consequently, was hesitant to use many words of the therapist's tongue, alternate ways of communication were recognized.

> The child probably didn't know but...she [the therapist] had a little bit of a problem with the English language. She was from Beijing...I don't know what the child would have picked up...very little, it wasn't a big problem that she had with the English language ...she made some comments to the child...it was just her use of the language. The child paid just about no attention to that.

These comments suggest that the child receives from the relationship, not just messages from the words, but a welcoming and sense of acceptance to move ahead in the play from non-verbal gestures.

Another participant works with a differential approach to accommodate to the child's lead and expressed needs for direction and/or freedom in the play therapy interventions when building a style of communication between child and therapist.

> ...the themes and patterns are there [in the play] and ...I will start in a non-directive way. You know, welcoming...seeing what they're going to do, seeing if they've got an agenda...if they need to tell me anything or if they want to ahead with the play...but then I will hope for the thread that allows me to lead it in a

> direction and again I use repertoire...I'm hoping to add something to the session and add something to their repertoire whether it's knowledge based...intuitive...some internal process...mostly it's around affect...emotion and supporting health expression of emotion. So I'm waiting for opportunities to do that.

The mutuality of the growing language and mode for communication between child and therapist is increasingly evident in the description of this aspect of the process of the early relationship development of play therapy. One suggests that the intuitive process is "to know through subtle external expression of body language or something in the play or facial expression and inner happening for the child and then to reflect it", thereby recognizing "the powerful opportunities to create trust".

The tentative nature of the development of a mutual language in the early play therapy process can be seen as like "testing the waters". A participant suggests that "I'll throw in and see if there's any room for them say, 'follow a lead'...if they're open for doing more directed tasks". The therapist provides the physical setting, the child enters and is given the opportunity to move closer to or remain at a distance both in terms of language spoken and use of other modes of communication. The therapist follows the lead, as it were, of the child and intervenes appropriately according to his or her intuitive sense. This indicates the existence of mutuality in the gradually forming style of intercourse between child and therapist.

There is an expressed need to recognize the continuity of communication styles between therapy and life outside with parents and other support systems. The therapist may attempt to recognize patterns of language used in meetings with others involved in

the child's life and model a more positive way in which they can interact. One participant suggests,

> if there's a lot of negative entitlement and they can't see that maybe the way they're talking about their child is really hurtful...I'll do a piece with that parent around what is it that's...getting in the way...obviously you're feeling unheard at some level because you're telling this story in lots of details.

The process of modelling new and improved behaviours for the child and family as well as providing a 'mirror' in which they can see the negative behaviours introduces the therapeutic use of communication. The evolving style of intercourse, whether it be with the child alone or with others in their environment, is part of the process and can be employed in the growth as the therapist assesses, understands and intervenes.

Formation of Attachments

The child's ability to develop relationships in the play therapy process is identified by this study's participants as being related to the attachments that each child has in his or her life and existing environment. Participants in one of the focus groups designed for this research spoke about this association.

> Participant #1: ...there will be some kids who would be more likely than other kids, who would be more easily able to move into relationships with the other person [therapist] as well as with some of the kids [in group therapy]
>
> Participant #2: ...as you're talking I'm thinking of the kids I have worked with...where attachment was the whole difficult issue...the other place that I think

> you can measure the differences of how kids relate differently is between parents and therapist...parents are often saying to me, 'you know, he seems to like you better' or something to that effect...I am bringing different ways of relating to the child that they might be able to start to incorporate...relationship becomes more than a task.

Using his or her intuitive abilities, the therapist observes the process of the play therapy interactions and assesses the pace and intensity with which the child attaches on any given day,

> ...it depends on the space the kid's in that day, like if they come in and ...they're really up front. I had a boy come in yesterday and he looked at me and he says, 'I had a bad day at school'. Within two seconds he's telling me this...maybe, you know, he doesn't need it as intense that day.

The recognition of the needs of the child and observation of attachment concerns is part of the developing process of relationship development between the child and therapist.

The attachment that forms between child and therapist is recognized in the observation of the transference phenomenon, as indicated by one participant.

> I take the example of a young boy who had lost both of his parents. Of course, he's very angry with the whole world and his foster parents, especially with his foster parents...it's a horrible situation actually. In principle, he's very angry with his parents but his parents have gone away when he was one and the other died when he was five, so there's nobody to be angry with...So I need to become the person he can be angry with in a safe way and without feeling threatened by it. Without feeling guilty about it...bring it back to the transference with the child.

The relationship that develops between child and therapist may be necessary to replace or re-enact the absent relationship as a result of loss, abandonment or rejection. Intuition on the part of therapist is necessary to be aware of the growing intensity of the relationship and what it may represent in the life of the child.

Working through trauma issues can depend upon the relationship between child and therapist to provide an attachment process for healing and growth purposes. An example was offered by one participant that substantiates this premise.

> ...[this child] already had a history of ...being in a home...in an orphanage...from two months old she was smashed around... she was traumatized in the adoptive family...sexually molested at the age of six. So she come into therapy for a lot of reasons but one of them...was to talk through this kind of happening and the first two months...she's a very angry child, she shouts and behaves in an awful way to teachers and other children...she didn't try the toys, she didn't like me...so we went through these sessions and then there were sessions in which she almost threw away her angry behaviour and behaved in a totally different way...then again she became frustrated because I said something or I didn't do something...in the session we go through this confrontation...she picked up the relationship to behave...at that point I thought, 'I must be on my guard with some kind of relationship [that] is developing'

Of the many treatment issues expressed in this excerpt are the notions that the child's healing occurs through the relationship development process, that the therapist's insights and understanding into the child's needs are as a result of historical knowledge of this

child, and the intuitive process on the part of the therapist is important so as to observe and intervene appropriately.

The participants suggest that the attachments preceding therapy relate directly to the relationship development within the therapy and the recognition of these is paramount for the advancement of the relationship and growth as a result of the therapy.

Defenses as Necessary Tools

In previous chapters of this section on data analysis, the recognition of the child's pace, the child's need for security and safety, differential presentation of the child's stories based on the level of comfort in the relationship development and other processes involving defenses have been discussed. This portion of Chapter #5 which reviews 'a description of the process' specifically devotes itself to a presentation of the necessity for defenses that children gather when in fear of attack or losing control within the play therapy process.

One therapist describes the process of the child's journey into the early relationship development process who felt at ease at the outset and then retreated to a defensive position.

> I once had a child that was at ease in the beginning but when we started to talk about the problem he wasn't at ease anymore and he comes in with his...gloves on and he keeps them on and I was talking to him about what was in it [the glove]. His fists were like this, or...because you don't want to show it, so keep them like this. And I think he becomes more at ease to talk about that ...he has to do what

> he wants...but I tried to understand so that's the way I try to make him at ease and show him that it is O.K. what he's doing.

Another participant concurs with the need to acknowledge the affect and defenses that are put into place to deal with these feelings. She states that "I have a whole lot of grieving children...if they're angry, I wouldn't vary my presentation. I would just acknowledge that they were angry or if they were playing with ...the dolls were angry then I would acknowledge the anger". This same play therapist presented another case example that substantiated the use of regression as a necessary defense when a child was uncomfortable in the early relationship development process.

> When she [child] saw the Chinese girl [therapist] she regressed, not completely though because there was some affect, but it was much similar to the beginning. Now there was a little bit of progress because she didn't turn around. I mean she was not withdrawn in her own little world drawing with her back towards the therapist but she didn't progress.

Pacing the interventions regarding resistance as a defense is necessary in this early phase of the relationship. One suggests,

> resistance...I have to give it some time and be sure for myself that I was not impatient...and other times [I might say] 'you like to play and now, and see that you don't feel happy' or 'you are not playing'. That can happen so the don't force him.

The defenses that the child needs to put into place are necessary as is the intuitive ability of the therapist to be aware of these guards against more pain.

The beginning of the relationship may be accompanied by a facade of trust which is susceptible to change as the child feels that there is latitude to test his or her sense of security. One reinforces the need for patience during this tentative period.

> Kids are...unless they have been seriously injured...more trusting...if you just come on slowly...if they are not ready to talk about having a problem you can still talk to them and sometimes it'll take half a year before they're ready to talk about it...sometimes just the relationship itself will make a big shift...

The extent of intervention during this fragile period of the relationship development is left to the judgment and the play therapist based on the theoretical model used. One suggests that "if the child was really anxious or resistant...I wouldn't do an interpretation...it would be much more low key". This is echoed by others who have indicated earlier in this dissertation that they follow the lead of the child thereby allowing the child's story to be told when the child feels that the therapeutic environment is conducive, ie. safe and protective.

In summary, the child's use of defenses is, in fact, a protection from moving too quickly into the relationship with the therapist. The value of this tool serves to intensify the relationship development process by pacing the closeness and distance to suit the fears and wishes of the child. Eventually, when the child is ready and feeling protected, his or her story will be shared and will be part of the interaction with the therapist. If the child cannot handle such interventions, the defenses are put back into place.

The Metaphorical Use of Toys

As suggested by the participants, the use of toys and all other activities that children enjoy in their play environment serves a very special role in the early relationship development process of play therapy. Through the use of this medium that provides an opportunity for expression, the child is offered a way in which to link to the therapy. One play therapist suggests that "using the genogram and drawing pictures...gives them a voice. It's them telling you what they know a lot about". In this way, the toys and activities serve as a metaphor, with the play taking the place of words.

The relationship that develops between child and therapist is expressed through the introduction and use of toys as the medium of natural expression. As one expresses, "toys are a bridge to the relationship". Yet another suggests that the toys encourage the phenomenon of triangulation to occur when she says "...I'm thinking of triangulation, me, the child, the toys". This was followed by the response from another participant in a research focus group who continues the dialogue about the recognition of toys as a medium and a possible impediment in the relationship development process. She stresses that the toys are "...the barrier" in the relationship adding that

> if I keep adding another toy it becomes this wall of reflection...I have a little boy right now...just wants to play games that have rules and structure...he feels safer that way...I've been able to build a relationship with him...he started bringing in his favourite teddy bear...he's sharing a part of himself.

The pacing that the child used to introduce the toys, first using the therapist's and then his own, allowed an emerging sense of safety and trust. The barrier is likened to a defense

that is put into place to protect the child from an intensity in the relationship that he or she does not feel ready for. Another participant takes the concept of toys as barriers a step further and states that "I give it [a toy] to the child...to overcome the first barriers with the child who has never been here and doesn't know the rules". The toys provide the medium of expression and serve as a form of protection in the relationship development with therapist.

Toys can be selectively chosen by the child according to the direction that the child wants to take in the early process of the therapy. One suggests that "the roles that toys have in the relationship and in the way that they shift the course of the relationship [facilitates] residual trust that they're able to access to begin our relationship". The toys as metaphor can be called upon by the child to create a distance, make a statement, take control of a uncertain situation, amongst other roles. An interesting observation is made by one participant who observed one child in a play therapy supervision program utilize different toys in the relationship development process with three therapists.

> The toys he used with me were not the toys he used with them. He used more aggressive toys when he was with them...we had this Bob doll...kind of like a bat. I think in passing he might have bopped it once [when he was with me]. With them he really hit that doll.

This excerpt illustrates the differential use of toys that the child may engage within when developing the relationship whether it be to come closer or move away from the new and strange person that they have been introduced to for therapeutic purposes.

Conclusion

The previously discussed six sub-themes describing the early phase of the relationship development process of non-directive play therapy review the necessary for clear limits and boundaries for children and therapists yet within a framework of some flexibility. The issue of goal setting within the early relationship is one that is unique to the approach of the therapist and to the presentation of the child. In the early process a certain communication style develops between child and therapist through the symbolic nature of the play and the intuitive understanding of each other. Facilitating an attachment experience for the child is recognized as essential to the growth of the child accepting that the child acquires and uses defenses with which to create distance and for self-protection as the process intensifies. The creativity afforded through the symbolic use of toys in the relationship development experience is seen as providing both a bridge and a barrier in the connection between child and therapist.

Identifying indicators of growth follows at this point in the dissertation as the next final step in this description of the early relationship development process between child and therapist. This discussion highlights ways in which the aforementioned themes facilitate or make easier, as it were, the early relationship development that develops between child and therapist in the play therapy experience.

Chapter Twelve

Theme #6: Indicators of Growth in the Early Play Therapy Relationship

Growth in the relationship that occurs between child and therapist in the play therapy process is manifested by symptoms of progressive development. From the data analysis thus far there are highlighted behaviours that emerge in the therapy process that indicate that movement is occurring, that is, the relationship is developing. Discussion of the sixth theme serves as a culmination of the previous five themes: description, qualities, therapeutic support, goals and process of the relationship development phase of the play therapy. The presentation of the indicators or behaviours of growth is a summary of those qualities as told by the research participants that facilitate the mutually developing connection between child and therapist.

The indicators of growth are told by way of sub-themes, those being: a growing narrative, progressive sense of empowerment, mutual intuitive perception and improved sense of self-protection.

A Growing Narrative

An indication of a mutually developing relationship between child and therapist is present when a sense of trust and prediction is evident and the child feels safe to share his or her story, or narrative. One participant, when asked when she conceptualized the relationship as working, speaks in terms of the child feeling able to tell her 'secret'. "I think a very simple [example] is a girl of eight years old ...she told me a secret. She told me one day where she was hiding the little key of her diary at home". Another indicated the same in terms of freedom to engage in conflict within the narrative.

> I think things move on when the child presents things to move on with and that would be the indication that they are feeling safe in the relationship and the environment...the holding or the container, that is my image for being a trusting person for them...and so when they start presenting questions or when they start saying 'did you know this...I need to tell you this', or in play some piece of their story or some conflict shows itself, then that's the sign for me that we're moving on. Lots that I do is intuitive...I think that I don't move on until they start revealing more of themselves.

The interdependent aspect of the relationship growth is indicated in this last excerpt depicting the intuition that the therapist has as to the wish to move ahead with more risk taking and sharing of personal information. Both participants accentuate the proneness of children to tell their most personal of stories, their secrets, when feeling as though the relationship is comfortable.

The children present conflict or challenge as their sense of a stronger relationship with therapist is evident as presented by yet another participant.

> How much of their world I can see [an indicator of the relationship working]. I think how they are with me, if they can challenge me, at times, you know, I think that says a lot. Not only about where they're at with themselves and how comfortable they are and how many of those kinds of social skills they have but also how comfortable they feel with me...how they are with the transition to the ending of the session is an important thing too...there'd be a sense of urgency as we'd get closer because he's warming up again and feeling a little safer...they'd invite me into their play.

The invitation to the private world of his or her play is the result of the bond that is felt by the child, understood by the therapist, and deemed as safe enough to present both the story and the challenges of his or her world.

The growing narrative depends on the child's sense of safety and trust within the therapeutic environment. One participant describes the indicator of trust as existent if there is a perceived level of comfort for the child. When asked about what is looked for in the development of trust, the play therapist suggests she looks into the play behaviour.

> One of the things I look for is the way the child plays. Whether or not the child is looking, is playing the way I think she or she would play in any other setting. Because if they are playing the way I would perceive them playing in their home, that tells me there's a level of comfort with me and if there's a level of comfort with me then I will assume there's a degree of trust. If the comfort isn't there, the trust won't be there...they go together.

There appears to be a mutual effect between trust and comfort, in that one causes and is as a result of the other. Trust results in a sense of comfort for the child which facilitates trust and so on. With this sense of comfort the child shares more of his or her world, seen in the sharing of stories and important life events.

Progressive Sense of Empowerment

The child's indication that they have mastered a sense of control and empowerment in their world suggests that the relationship in play therapy is working. The child has a sense of comfort and trust in the bond that has developed with the therapist and risks are taken. Taking the lead and inviting the therapist into the play is seen by research participants as an indication of their growing strength. When asked when the relationship in the early play therapy relationship is working, one indicates:

> they invite me into their play...that's a big indicator. I also watch while they can play without me as an important piece for assessing where they're at. But that would be another important thing I'd be looking for...can they take the lead in my relationship with them. Can they invite me into their play? Can they take some time for themselves in the play?...I wait for them to invite me.

Another participant suggests that she "looks for some kind of recognition, safety...that it's safe [for the child]...I'm not a stranger". The familiarity that is intuitive sensed by both child and therapist in an indicator that risks can be taken and that progress will be made during the painful process of the child sharing his or her story.

The child's indication of trust may be apparent in the physical distance that he or she ensures is from the therapist. One participant suggests that the non-verbal messages given by the child are valuable in determining his or her sense of comfort. "When the child accepts and feels comfortable when I am near to him or her...or just stays where is and looks relaxed". Another speaks of the expressive value of behaviours in determining the indicators of growth in the relationship development process.

> How do you measure change? ...but it's there and you can see it...how the student [child in play therapy] comes in with smiles on his face and how she reacts to different things that they're doing so you look for different things...there are so many ways of picking up on kids...what they're thinking.

Observing each "tiny, tiny step" is stressed by a participant in one of the research focus groups who suggests that behaviours, however direct or indirect they may be, need to be recognized as indicators of growth in the relationship development between child and therapist. Another member of the group volunteered an example of a young child who progressively showed signs of progress in the treatment.

> She was very reserved, very quiet when I first started working with her...she did [smile] but it wouldn't be as spontaneous as it is now. It was more in response to something that I said...she would always respond to me non-verbally with shaking her head...and now she seemed to find other ways of showing, rather than just a simple nodding. It's a lot more expressive.

The indication of behavioural change as seen by the therapist indicates the child's deeper attachment to the therapist and a sign that the therapy can move to a more intense level.

The readiness for the 'working through' of issues in the therapy can be a further indicator of growth in the early relationship development between child. The therapist through his or her intuitive skills is aware that the child is readier than at the beginning of the therapy to share more information about themselves. One participant looks for the middle phase of the play therapy as an overt indicator that the first phase, the relationship development phase, has sufficiently been passed through.

> ...the middle phase. That's the phase in which the child's play and life themes become more clear and you get more of the themes and you start to recognize when it comes. So that gives me [an indicator] because I recognize it, I know what it is about...it makes it easier to intervene directly.

This intuitive ability of both child and therapist in the relationship development stands alone as a sub-theme that contributes to the awareness that their connection is flowing and safe enough to move into the middle phase, or a more honest expression of emotions.

Mutual Intuitive Perception

The child and therapist interact during the early relationship phase in play therapy and use their own, often silent, intuitive sense of the growing strength of their relationship. The innate and instinctive knowledge of both helps to ascertain that the process is moving ahead, developing those signs of trust, safety and security for movement forward in the treatment. One participant describes it as an ever moving and continuous process.

> That is the feeling that the child needs to have...as soon as the child feels more secure it can show a little bit more but as soon as it shows a little bit more it gets more insecure because it is a problem...so it's a continuous process of getting the feeling...it's a real symbolic process...what is important is when the child does something and I have the right voice and the right words and the right verbalizations so that it is...acceptable to the child and to what measure I can talk about feelings...do I have the right emotion in my voice that combines with what a child is doing, corresponds to what the child is doing...or am I too early or too intense.

The measurement of comfort for the child can be indicated by the reaction to the therapist's presentation, in the case example just cited, by the reaction to the therapist's voice.

Another participant intuitively assesses the child's comfort with the growing relationship by observing other symbolic signs of movement and growth.

> ...when we meet for the first time I explain the playing room...then I look to the eyes of the child, if he is very frightened or if he is very relaxed. If he won't...pick up any toys then I follow him around...if he won't sit down, I follow. It's just carefully looking and following the child.

Moving with the child and determining when the child feels comfort in selecting play items serve as indicators of a sense of safety in the relationship.

Upon being asked "when the relationship is in place", another participant clearly suggests that he intuitive sense is what is used measure the deepening of the relationship.

> ...I go on my attitude...intuitive sense...But I know when the child is feeling safe enough and, you know, it's partly language...the way they come into the session...the kind of work they're willing to do in the session...are they willing to talk about, you know, daddy leaving...or how they feel about the sexual abuse. Those kind of things let me know that the bond is there, that safety and trust...it's a hard thing to define as you know when it's there...generally once I have a good relationship with a child then I can keep building on that.

Comfort with the externalization of feelings is an indicator of growth as shared by several in the research results. The change from hesitation in the child's presentation to a sharing of his or her private thoughts and emotions to an increasing willingness to discuss feelings about difficult life issues serves as an indicator of the relationship growth. One participant suggests that a child was "not willing at first but he will talk to me now about his problem...that's real success...he externalizes now".

Another participant concurs with the need for intuitive perceptions on the part of the therapist in determining the growing strength of the relationship with the child. She suggests that "it's the movement of the child...a child can be very tense but there are small signs of relaxation...one of the most important indicators is that the child goes on doing what it's doing and doesn't feel intruded upon...doesn't need to look at me...to say anything...that's a good sign".

The value of instinctive knowledge both on the part of the child and therapist is a key concept in the determination of a growing therapeutic relationship in play therapy. Each has his or her way with which to intuitively sense a growing level of comfort in the child.

Improved Sense of Self-Protection

The participants suggest that the development of internal strengths within the play therapy environment takes place as the child develops a sense of comfort, safety, security and trust in the therapeutic relationship. As the communication and bond develops between child and therapist the relationship integrates those aspects of the process that encourages autonomy and control. One participant expresses this phenomenon as a mutually growing one.

> Because for building communication [in the play therapy method] which was the method here there needs to be some ego strength because then you can give the child some freedom in the play and to integrate the things that happen to him or her self. When there is a child who has little ego strength, then the therapy is more directed and there is less freedom...more helping, more adding so the child can learn and integrate...ego strength is for us rather important criteria. When the child is four...the ego strength is being and coming...ten years old is tricky because some children feel safe and feel free and feel happy expressing themselves in play but there are children of ten years who think it is for little children.

This same participant recognizes the strength of the child who "holds me at a distance...I must go behind...without going more in depth to the level of the feels being expressed...when I go fast it can influence the relationship". There are many factors that influence the growing strength of the child within the relationship development process such as developmental stage, maturity, issues that the child presents with, need for

distance and closeness, and many other variables that accompany the child into the therapeutic process.

Several participants suggest that children choose to continue a play activity of safety and comfort until they are ready to move on. This repetitive trait in the play allows for the familiarization of the activity until the venturing into the new and strange world of other play activities. One participant has a sense that the relationship is working "by the way the play continues...whether or not there's progression in the play". She cites an example where movement from repetitive to progressive play indicates a growth in the relationship.

> ...a little girl...a doll house. For weeks and every appointment we would get out the doll house and she would play with the doll house...and it would often be the same. The repetitive play. She would play it out the same way. So interestingly enough as I talk about progression of play, lots of repetition occurred and then one week I noticed that she took the mother figure of the doll house people and instead of playing with here as she had been she sat her around the front of house by the front door and virtually ignored her. So finally I said, 'where's Mom today?' and she says, 'she's over there, we don't need her anymore. She reached the point where she resolved the issue enough...she had separated...she had done her work.

The resolution for the child was clear through the metaphor of the play with the therapist being observant of the relationship between the play and the growth of the child.

One therapist clearly indicates that three sessions are necessary in her work to develop the necessary trust and sense of self within the therapeutic environment.

> I think it takes three times and then you know the pattern...but I think when the moment is there that they let more go with them, let their feelings out...[a case example] he could show me more with or he had seen all these things together...it was a recapitulation.

In this way, a recapitulation was an effort on the child's part to look back over the gains made in the early part of the treatment process and recognize his own growth.

The development of ego strengths is recognized by both child and therapist, often observed intuitively by the play therapist and reinforced metaphorically by the use of the toys. It is a mutually shaping process that serves as a clear indicator that the relationship development process in the early phase of the treatment is based on the child's growing ability to protect him or herself from painful circumstances that may be ahead.

Conclusion

The data suggests that indicators of growth and strength building within the play therapy process are a reflection on the strong bond that is building between child and therapist, and vice versa. One effects the other, they are mutually entangled and observable by both participants in the therapeutic process. The child's willingness to share his or her story is dependent on the sense of self-protection and strength to take care when 'the going gets tough'. In this process of doing so, the perception of control and growing empowerment is felt by the child and the relationship between child and therapist is consequently strengthened as the process continues. It is the therapist's intuitive abilities that allows for this growing phenomenon of relationship building to occur. He or she is

constantly cognizant of the child's movement in the play therapy relationship and determines when to intervene for the child's benefit.

Summary

Table IV represents a summation of the categories and themes that have been discussed in Section Three. The six themes are represented by the general headings and the categories are the indicators of the themes.

Table IV

THEMES AND CATEGORIES OF THE Early Relationship Development Phase OF NON-DIRECTIVE PLAY THERAPY

1. Come to an understanding of the Rel. Dev. Phase through a description

Move through a wavelike cycle, engaging, regressing and moving ahead

Create an atmosphere of freedom and ensuing empowerment

Engage in a building process beginning at first sight developing trust and sharing narratives

Participate in a delicate process of developing creativity through symbolic play

Develop a mutual familiarization and common language

2. Set mutually understood goals

Provide an empowering experience developing in an increased sense of self

Facilitate a sense of safety, ease and acceptance that permits self-guided play and an

environment of freedom

Move from a closed and protective position to an easing of affect and presentation of narrative

Incorporate more appropriate social behaviour and integrate the relationship

3. Seek and utilize external supports

Recognize that there are varying degrees of support resulting in an ongoing balancing act

Encourage careful preparation for parents and families to provide clarity about the nature of play therapy relationship, setting boundaries for protection of privacy

Affirm for parents that they can feel like outsiders and need to continue the narrative and sharing thereby bridging the progress

Facilitate a parallel process for parent as well as child empowering parents to create a shift in their own ego development and family growth

4. Engage in the therapeutic process

Allow pattern of communication to evolve through freedom of play activity and boundary setting

Engage in expression of affect and creativity through the metaphor of play that toys provide

Recognize the need for distance at the beginning allowing safety and trust to gradually develop

Become more aware of self and ability to move into relationship development

Develop patience in allowing the narrative or story to be told when ready

5. Demonstrate therapeutic growth

Engage in a warming up process as indicated by verbal and non-verbal cues

Move through fluctuating leading-following positions resulting in the child feeling comfortable taking the lead in the play therapy

Allow secrets and stories to be shared with a freedom to elicit feelings

Incorporate the therapeutic process into life outside of the therapy

Observe a change in the level of resistance and need for repetition in the play

6. Observe qualities of therapeutic process

Experience a relationship building of boundaries, space, varying paces and freedom

Participate in experience of nurturing, empathy, acceptance, sensitivity, patience and respect

Facilitate the strengthening of ego development through acceptance of resistance as a defense

Explore through the relationship growth the opportunity for empowerment

These themes stand alone as new and better description the early relationship development process in non-directive play therapy. New information discovered in the video tape analysis step of the research study brings out an additional category that was missing in the analysis of the interview transcripts. The child's need for 'comfort play'

during the early therapeutic process is indicated as a necessary for self-preservation and a sense of empowerment in the child.

The following chapter will outline the analysis procedure using the video tapes of early therapeutic processes and the findings.

Chapter Thirteen

The Videotape Analysis of the Early Relationship Development Phase of Non-Directive Play Therapy

Introduction

As is identified in Chapter Six of this dissertation, the diagrammatic description of the steps of this naturalistic study of the early relationship development process of non-directive play therapy indicates the analysis of therapeutic process via videotape as 'negotiating outcomes' or putting to scrutiny facts and interpretations previously stated. As a naturalistic inquirer, I believe that negotiation must occur if the basic axioms of this research paradigm, found in Chapter Six, are to be followed. This is a process of 'checking out' the consistency and accuracy of the previously identified themes of this early play therapy process. By way of this step, the trustworthiness of the data is tested.

Chapter Thirteen is divided into three sections in order to address the goals of this step in the research process:

1. test for reliability by answering the question, 'are the results consistent?' and, to test for validity by answering, 'do the themes accurately represent the early relationship development process?'
2. gather new information and establish evident themes, if any, by focusing on what

is missing in the other data analysis steps.

The three steps of this stage in the data analysis of the videotapes are: 1) the presentation of the method of analysis, 2) followed by a review of the recurring themes summarized in table form that have been derived from the interview data analysis, and, 3) the offering of new information regarding the description of the early relationship development process between child and therapist. This new information is discovered specifically from the videotape analysis and represents information that had not been previously described by the participants/play therapists by way of the audio-taped and transcribed interviews. In fact, this new information is new data that was missing in the previous steps of analysis.

This new information together with the previously mentions six themes assist in the ultimate development of the grounded theory of the early relationship development process in non-directive play therapy as presented in Section Five of this dissertation.

Method of Analysis

At the conclusion of the interview data analysis stage, a summary was formulated that brings together the recurring ideas of the themes that describe this phase in the play therapy process. These are indicated in Table IV. The themes represent the general recurring traits of the early relationship development process in non-directive play therapy and the categories represent the behaviours that were identified within each theme.

For the purpose of the videotape analysis process, each theme and accompanying categories were put into a chart form and divided into 10 minute segments so as to set up observable units. The allocation of this time unit was chosen from others as the one that would best allow the qualitative observation of the play therapy process. Some children play silently, without dialogue or connection with the therapist, for several minutes at a time and the 10 minute segment dealt with this possibility. As well ample time was available to summarize multiple significant observations during each segment. This *summarizing* unit "consists of that part of the material about which the researcher makes a summary statement" (Kiesler, 1973, p. 39). The chart of themes, categories and divided by units, found in Appendix E, offers a convenient way to observe and make comments on all three sessions observed. Behaviours that allowed for clear observation and identification of changes in the treatment process were indicators of each theme and were identified by the participants in this study. These behaviours for each category within each theme are to be found in Appendix E. A test case was used to determine if this system of analysis was both efficient and non-biased. The results were favourable and found to describe the process adequately. To further test the reliability of the results from this data analysis system, one of the videotapes was re-analyzed by myself, the researcher, several months after the first analysis. The results were found to be very similar. As part of the emerging research process, a section for 'new information' was added under each category to allow for the presentation of new observations that had not been previously evident in the data analysis process. It is within this new category that information arose that had not been discussed previously in the data.

Recurring Themes Identified via Videotape Analysis

A likeness was found between the description of the early relationship development process as suggested by the play therapists in each of the research settings and through the observation of the videotape process from each of the settings.

The following review provides the general observations of the three early sessions in the play therapy process for the three cases from Ontario and three cases from Leiden. Each theme and category was commented on by myself, the researcher, for each session in each case by observing the behaviours that had been identified as observable. For the sake of brevity, summarizing comments are made on the evolving process from first to third session within each theme and category.

Themes #1: Description- come to an understanding of the relationship development phase

Category 1- *move through a wavelike cycle, engaging, regressing and moving ahead*

As suggested in the videotape analysis, at the outset of the relationship between child and therapist, the play tends to be more often directed by therapist, although in some instances the child chooses to take control of his or her own play. In two instances, the therapist and child indicated a development of their own 'voices', interacting with their narratives or stories. Session #2 indicated the children's increased initiative to choose the play as well as the location for the play. One child placed the therapist in a 'dead position' talking control of the play; in another play scenario, the child selected the role of 'queen'

for herself and directed the play within that growing narrative. Session #3 indicated a marked change in this child's effort to play with the therapist. In one case, the child sets up a play activity involving 'biting' of the therapist by a toy alligator; in another, the child asks the therapist for permission to play, but chooses another item for play than the one selected by the child and therapist.

The increasing comfort and security felt by the children allows for the freedom in this testing behaviour. The process of moving into the relationship, pulling away and engaging when ready contributes to this sense of security.

Category 2- *create an atmosphere of freedom and ensuing empowerment*

In almost all instances, the child takes control of the play with the therapist following. One child indicated and facilitated the destruction of a play item in order to play out the feeling of anger. In another play activity, the therapist presented a game for the play time with the child ultimately finding a way to direct the preferred art activity. During session #2 all children were given the freedom to choose his or her play and a sense of control in the direction was indicated in such statements as "we will start with the queen" or "let me roll [the toy]". Session #3 indicated more evidence of challenge as facilitated by the child, evident in one child's insistence that "the door be locked", or in another child's testing of the therapist by asking, "don't you like to play with the baby?" and another child's abuse of toys in the playroom. Following the therapist around the room and being permitted to do so was another child's effort to take control of his or her own behaviour in the therapy room.

The freedom that the child is provided in the playroom ultimately encourages the child to test, challenge and make choices in all aspects of the play. Consequently, the child has a sense of taking control of his or her actions and a feeling of empowerment or authority over him or herself.

Category 3- *engage in a building process beginning at first sight developing trust and sharing narratives*

In all cases, stories were forthcoming in the first session of the early relationship development between child and therapist. In half of the cases, the mother was a central part of the narrative. In one instance the child indicated that "mother is angry at the kitten" offering both the metaphor for dialogue and the affect the accompanies the story. Another set up a play involving 'mommy and daddy' clearly directing the therapist into the role of the mother. One child set the therapist up to be injured and ended the play when the need was self-evident. Session #2 offered in two cases a blatant indication of withholding the narrative as if recoiling from a forthcoming presentation in the first session. Two children coincidentally used the metaphor of bridge building to continue their play and yet maintain a detachment from the direct presentation of narrative. One child became increasingly concerned about 'the key', its whereabouts and his protection over it. The hoarding nature concurs with the protectiveness that the child builds in the second session. Two children addressed their scary and angry feelings by setting up doll and puppet play, choosing to forge ahead with the presentation of affect. Session #3 indicates a stronger sense of security as several children entered the playroom moving directly to toys of their choice, some of which had been used previously, directing the therapist to 'do

things for me [the child]' such as asking that the story be finished by the therapist, insisting that the therapist "not make fun of me" and engaging the therapist in a story of baby and father, baby crying and needing the parent for soothing. Another child need to return to the farm activity that had been employed in the first and second sessions.

The children indicated a trust in the emerging process of the early relationship, entering the playroom willingly and engaging in play activity that is self-selected and increasingly trustworthy as their stories unfold.

Category 4- *participate in a delicate process of developing creativity through symbolic play*

The initial play activity, at times directed or suggested by the therapist, facilitates a direction for the child. Some children chose to continue with the suggested play, but the majority found their own play items that addressed their developmental and emotional needs. One child symbolically acted out "the door is locked" and the need for privacy, another mimicked the crying sounds of a baby, another set up a house with clearly laid our roles of mother and father, and one child reenacted the activities of a store break-in, police being summoned and then built a bridge to a castle to complete his symbolic narrative. In session two this same child directed the therapist to take on a role indicating that "I will be the story owner" and used the play gun for negotiating purposes. Session #2 indicated the child's ability to feel more at ease with his or her own creativity, choosing play that is familiar such as selection of 'the queen' for the symbolic needs of one child or the 'valentine' play that facilitates a story about friends. A sense of history in the relationship development process is evident in Session #3 as one child completed his play

indicating that "we almost forgot the bridge [that had been used in previous sessions]". Another child directed the therapist into a symbolic play of patient and child, using the bandage to represent a need to be self-soothed. One child set up a play activity in which the mother was lost and then found.

The narratives are forthcoming, often acted out symbolically through the child's ability to be creative, but increasingly needing a sense of attachment and security with the therapist in order to use the therapist in the metaphorical play.

Category 5- *develop a mutual familiarization and common language*

Clarification of actual words used in the therapy process is part of the early relationship between child and therapist as indicated in the videotape observation. One child needed to hear what the word "challenge" meant in the game activity, two children asked for clarification about what "truth" and "play" means, and one child asked that she be made clearer about the trees and sizes of them. One child presented a personal language using sounds that had be to distinguished as part of her method of communication. Session #2 indicated the use of words and language as testing tools so that the child could, in one instance, challenge the therapist about remembering her name, or developing a private language about caring for "the baby". Interestingly, one Dutch child needed clarification about the use of the familiar and more formal use of the word "you" in the second session. Sessions three presented less need for clarification but more effort to identify, using chosen words, that the child and therapist are "a team", or that they have developed a "secret language", just for them. The Dutch child took the liberty

to use the more familiar use of the word, "you" indicating her comfort with the increasing closeness.

A language, both literal and figurative, develops between child and therapist through the processes of clarification, developing challenges and growth in the personal and private words used to develop their 'voice'.

Theme #2: Observe qualities of the therapeutic process

Category 1- *experience a relationship building of boundaries, space, varying paces and freedom*

The videotape analysis indicated that a self-selected boundary setting process occurs early on the relationship development process was evident in the videotape analysis. The child chooses his or her own play activity and often, whether to play alone or with the therapist. One child was very clear as to when and how she wanted the therapist to be part of her doll house play. Another engaged the therapist in a telephone play activity and then resorted to acting like a dog, letting the therapist know indirectly that the play was over. Another turned her back to the therapist, thereby symbolically indicating that she was setting her limits of distance in relation to the therapist. Session #2 provides the child the opportunity to change his or her boundary setting or to test the limits of the play activity. The child who, as previously mentioned, changed the direction of the play in the first session by becoming a dog, directed the therapist to "lie in a bed" in the second meeting. Her need to control the therapist and her behaviours to accomplish this contributes to the trust that is developing in the early relationship development process. Another changed the play activity every 10 minutes, as if to exhaust the therapist. In this

way, the unlimited control that the child was allowed in the play activity became the tool for setting her own limits as she played them out until comfortable. Session #3 gradually illustrated a wish for "you and me" play, through sand activities, farm and doll house scenarios, puppets and games. Intermittently, the child moved from a close position to one of being farther away as if to say, "I am going to let you know that I need distance".

The ability afforded to the child by the therapist to select the play, engage the therapist and then disengage gradually allows him or her to feel a sense of empowerment in the boundary setting rather than having this imposed upon him or herself.

Category 2- *participate in an experience of nurturing, empathy, acceptance, sensitivity, patience and respect*

The therapist's ability to follow the child as opposed to directing him or her indicates an empathic quality in the empowering process. In one situation, the child clearly needed to be destructive and the therapist allowed this process to occur understanding this need. In Session #2, one child needed to flick a toy flag clearly attempting to annoy the therapist who sat patiently while this process occurred. Her observation of the need of the child to resist indicated an empathy for release of the pent-up feeling rather than maintaining order in the playroom. In other instances, the direct addressing of feelings indicates the sensitivity of feelings seen in the offering of a teddy bear to a child who appeared to need something to hold. Session #3 makes evident the progressing empathy and respect of the child in the process of encouraging the child to talk about or play out the anger felt. Using the metaphor of the bridge, the therapist in another instance offered an intervention indicating her awareness of the growing and yet,

fragile process of trust development when stating, "Can I trust it [the bridge]?...I am making a playground for children".

The mutuality in the emerging process of relationship development is indicative when observing of the qualities of nurturing, empathy, acceptance, sensitivity, patience and respect for it is a reciprocal and intuitive process. The child learns in these early sessions how much he or she wishes to share and how close to come to the therapist, and the therapist correspondingly gets a sense of how fast, slow, direct or indirect to move with the child.

Category 3-*facilitate the strengthening of the ego development through acceptance of resistance as a defense*

As indicted in the videotape analysis, at the outset of the relationship development process, the non-directive play therapy experience allows the child to move in the playroom in a way that suits his or her need and wishes to share emotions. One child specifically chose to read a book, not coming close to the therapist either physically or emotionally. In most of the cases observed, the therapist is cognizant of this need in the child and remains at a distance until 'invited in'. In one situation, the therapist was asked to "be dead" on the floor and towards the latter part of the session she inquired, "Am I still dead?", thereby allowing the child to direct the play. In the Session #2, the children were obviously feeling more comfortable with the items in the playroom, selecting those that were familiar or that they were curious about. One therapist, in an empathic way, indicated, "I am glad you found a way to feel safe", thereby allowing the child to be aware of the benefits of taking control in the playroom. A child, in the second session, proceed

in the play by burying play cars near the hospital that had been set up and stated, "I did a bad thing". This self-induced play activity and ensuing response indicates a sense of safety in the second session with which a symbolic statement could be made and the resistance lessened. Session #3, in almost all cases, involved the therapist taking more risks in interpreting or reflecting on the child's play and need for defenses. One child proceeded to burp in a way as if to annoy the therapist and this was dealt with by therapist being patient allowing the child to discover and change the behaviour. In another situation, when a child attempted to throw the doll or 'the baby' away, the therapist suggested, "You are throwing the baby away", a typical non-directive but powerful play therapy response. In another situation, the therapist encouraged a child to try an activity for himself when he clearly wanted assistance, thereby validating the ability of the child to choose and master the opportunity of having to make this choice.

The videotape analysis indicated that the intuitive ability of the play therapist to be aware of the needs in each of the early play therapy sessions, that is, for distance at the outset and less resistance as the therapy progresses, facilitates the child's own sense of self and growth in the therapeutic process.

Category 4- *explore through the relationship growth the opportunity for empowerment*

At the outset of each first session, a variety of approaches is taken by therapist to involve the children in the play therapy process. In two of the six cases, the therapist directed the activity while ultimately giving the choice to the child to play or not, or to change the activity. In all cases the children took ultimate control of their own choices,

one choosing to play another game from that suggested by the therapist, two others clearly moved to the doll house and farm activity for their play, and one other wanted to build a bridge which became in a theme in the play of each session. Session #2 indicated a move on some of the children's part to relate through the play on 'the therapist's level' by pulling up a chair next to the therapist, another asking the therapist, "will you play with me?", and yet another indicating a need to control the whole process by stating, "if you don't [do what I tell you], I will shoot you!" The need for the direction of the play depends on the history that the child brings into the playroom, but in all cases they used the play activity to direct his or her choices and gain control. Session #3 provides an opportunity for the child who has developed a familiarization with the playroom to move quickly to toys and play that provide security and comfort. One child who played in each session with a toy farm, began the third session with an alligator and moved eventually to the same play of each of the preceding sessions, that is, the farm. Another child engaged the therapist in a reading activity, choosing to seek out a partner in a favoured activity. One child chose to play with the therapist as if she were the toy, putting an apron on her, laughing in the process. The sense of control was visible in the child's satisfaction.

The freedom afforded by the therapist in the non-directive play therapy environment provides the child with the opportunity to follow, lead, be directed or to direct, a number of choices from which to experience an ability to regulate his or her play therapy world.

Theme #3: Set mutually understood goals

Category 1- *provide an empowering experience developing in an increased sense of self*

Early on in the play therapy process, the child recognizes the boundaries that are available within which control can occur. One child who initially engaged in a puppet play intuitively took control of her choices, as did another who illustrated a sense of self-satisfaction when mastering the building of the farm. The child silently gives cues that he or she is able to make choices in the play, that he or she understands the feeling that this brings and shows some indication of this progress or lack of progress. One child indicated a clear sense of satisfaction in creating the therapist into 'the mother' and designed what the mother would do. In Session #2, this same child insisted, "Let's move everything", as if she took from the first session a sense of complete control. Another indicated in the second session, "It's my turn" and proceeded to design several play activities. Another took it upon herself to recoil, distancing from the therapist although making reference of herself and therapist as "we". She indicated a sense of a togetherness in the play environment that she could call upon that when ready. Another kept the therapist at abeyance calling upon her when she was ready. Session #3 indicates a growing risk on the part of the child to proclaim this sense of empowerment in the early play therapy process. One child indicates, "I'm little and you're big", another refused a directive from the therapist by responding, "No" to her. The ability of the child to use words of authority and interpretation indicated a growing confidence in the early relationship.

Through the understanding of his or own ability to direct the play and the ensuing sense of control, the child develops an increased sense of strength and ability to use words and actions.

Category 2- *facilitate a sense of safety, ease and acceptance that permits self-guided play and an environment of freedom*

Differentially, children choose to follow the lead of others in the play therapy context or design their own activities. Some children choose to be totally in control of the play, seen in one case in which the child directed the therapist to be "an injured patient" and asking the therapist to "wait a minute". In Session #2 another attempts to "demolish" the therapist with a gun indicating a growing feeling of ease, safety and security in the playroom and in the relationship development process. Session #3 allowed one child to regress to the role of the baby, once the therapist reflected that "the play is like a baby". The reciprocity between therapist and child facilitates the recognition of the needs of the child, when to intervene with the child and the child's growing sense of security with the process. Together they contribute to a environment with which the child can share feelings and stories that need this sense of acceptance and safety.

The freedom of the play by the child and the therapist's understanding of the child's growth in the relationship development process contribute to the child's ultimate goal in the early play therapy process, that is, to experience an environment for sharing of parts of his or her life that require observation and change.

Category 3- *move from a closed and protective position to an easing of affect and presentation of narrative*

Through the process of a puppet play, one child elicited feelings from the outset of the play therapy relationship, as did another child who set up mother and father play and allocated them roles in the household. Another child was much more indirect in the giving of affect, choosing to play as a lamb and metaphorically spoke of the lamb's feelings while speaking in the first person, "I'm wounded, almost dead". Session #2 allowed one child the opportunity in the relationship development to enact a 'fight' using the puppets and the therapist allowed an opportunity in the third session, when the child was readier, to talk about "the scary feelings" of this second session play. Another child who displayed feelings of angry through the metaphorical play involving monkeys, displayed in the third session a progression to feeling the anger himself, by dropping on the floor and "crying like a baby". Another child, who felt unsafe in the second or third session to offer any personal story either directly or through the metaphor of the play, felt the freedom and self-direction in the third meeting to defocus onto a game, feeling frustrated with her wish to win. The obvious difficulty with loosing is a presentation of affect that is indirect, albeit present.

The opportunity to move from a closed or private position in relation to the play therapist to one of openness and forthcoming in presentation of affect is an objective of the relationship development process. This is turn can allow for the resolution of larger intentions or goals of the play therapy process.

Category 4- *incorporate more appropriate social behaviour and integrate the relationship*

In one situation used for the videotape analysis, the goal for the therapy was as direct as "helping with feelings outside [the therapy]". In this way, the therapist is setting up the therapy to utilize the gains made by way of the relationship within the living environment of the child. One child utilized 'the bridge' as a way to constantly link the therapy environment with the life outside, asking that therapist talk with Mom while playing with the bridge activity. In Session #2, one child was very forthcoming in her need to talk about fear of loss as it related to mother. Another child continued with the farm play from the first session, acting out the behaviours that he was familiar with on the farm. A female child chose to return to an activity of 'the queen', placing herself in that role and feeling quite comfortable in that position. Two children in Session #3 became much more verbal about 'mother and father', either placing them in specific play activities or searching for one's own mother. The relationship with the therapist was evidently safe enough to freely incorporate needs and desires involving significant others on the 'outside'. Two children, interestingly, chose to change behaviours and appearances for this third session, as if attempting to recreate their identity as the relationship developed.

The application of outside life, or the child's familiar environment, to the inside life, that is, the play therapy context, occurs at different speeds for each of the six children. Some use the play to keep this other life at a distance, and some choose to incorporate it from the outset.

Theme #4: Seek and utilize external supports

Category 1- *recognize that there are varying degrees of support resulting in an ongoing balancing act between these supports*

At the outset of the relationship development process between one child and therapist, she indicated the 'protection' that her mother provides for her in the school environment. Another child was forthcoming with her supports, suggesting that "Mommy wants me to see you". These children are able to make the association between their support, their mother, and the caring that she provides for them. In all other four cases, there were no indications by the child that supports were evident in his or her life, or that he or she chose to speak about. Session #2 indicated a consistency in the children's wish to speak of the parents or other supports, while one child wished to continue her dialogue about her mother from the first session, suggesting that "my Mom helps me". In Session #3, there was not a continuation of this dialogue, attempting to engage in a game with the therapist instead. In another situation, a child's mother was introduced into the third play therapy session to assist, at the encouragement of child and therapist.

There is a strong indication that children move into the play therapy relationship, choosing to keep it separate from other relationships on the 'outside'. A child who attempts to associate the two may need to do so to be clear that they are different and satisfy different needs.

Category #2- *encourage careful preparation for parents and families to provide clarity about the nature of the play therapy relationship, setting boundaries for the protection of privacy of the child*

Surprisingly, many children move into the play therapy context making little reference to any preparation for the therapy. Two children provided a direct reference to being prepared for the therapy by parents, and one acted out symbolically in the play the aspect of 'the team' that therapist and parents have formed. The boundaries of the play therapy context are reinforced in Session #2, and in one instance the child when standing on the table reminded herself, "We don't do this at home" as if to test out whether the playroom is same or different. Session #3 involved little dialogue about the parents' need for clarity or protection of privacy but one child indicated that her mother reinforced the safety of the playroom for the child.

The preparation that is provided for the child is done before the play therapy begins and is not often part a direct part of the relationship that develops between child and therapist. It is much more implicit and an assumption that is assumed by both child and therapist.

Category 3- *affirm for parents that they can feel like outsiders and need to continue the narrative and sharing thereby bridging the progress*

While the majority of children indicated that they do not bridge the therapy process with the home environment by continuing the narrative there, one of the six children spoke repeatedly about how her mother protects her and another was very clear about her wish to continue talking about the play dough activity that had occurred in the play therapy. The same occurred in Sessions #2 and #3 although there was ample metaphorical play that such as farm, puppet and doll play that may or may not have been related to actual environments of the child on the 'outside'. When leaving the third session, a child

commented on the 'fun' that made at school suggesting that she felt secure about bringing her life into the play room. One mother of a child indicated her acknowledgment that there may be a need to talk to the therapist about her child and/or therapy by stating, "If you need to talk to me, my sister is with me today". She may have been suggesting that her sister's presence was in fact limiting such a discussion.

The therapy that sets up a continued dialogue outside the playroom may see this occur more than if it left to the discretion of the child and therapist. The children on the most part see a separation between the play room and the home environment and chose to keep it that way in the early relationship development process.

Category 4- *facilitate a parallel process between the play and home environments for parent as well as child thereby empowering parents to create a shift of their own ego development and family growth*

In order to bridge the therapist with the home environment, some children joined with their mothers in the final moments of the first play therapy sessions. One child insisted on checking on her mother, wondering, "is she OK?" One particular child made no reference to family or parallels with family, while another made some effort to relate to family life through the metaphor of farm play. Another engaged in a repetitive play of mother taking care of father, indicating an incorporation of family into the play activity but making no reference to an actual real-life situation. This same child in Session #2 reflected on grandparents and a wish for money from them to buy a doll. The family attachment is clear in this child's play while another child spoke of "my Mom helps me" and played out the need to protect her mother. In the three other cases, the metaphor of

the play indicated an incorporation of family into the play but not a direct reference to them. The third session continued a detachment from parents, even more so than in the first two sessions.

The facilitation of a parallel process for parent and child in the play therapy situation and the home environment is not as visible in the actual therapeutic process as it is in the review of the overall life of the child. The empowering of parents to create a shift in their own ego development and family growth occurs indirectly as a result of their involvement in the planning and follow-up of the play therapy process.

Theme #5: Engage in the therapeutic process

Category 1- *allow a pattern of communication to evolve through freedom of play activity and boundary setting*

The child and therapist appear to engage in boundary setting by discussing the rules and limits of the play therapy session both directly and indirectly. One child needed to establish a clear understanding about the ending of the session as soon as she entered. Another set up roles and rules for her puppets, thereby incorporating some understanding of the same for herself. The majority of the children appeared to relish the freedom of the play environment and rather than discussing the boundaries overtly tended to test them out. This was done by asking questions, pushing limits within a game setting and moving erratically from toy to toy. The second session involved similar reactions from each child with termination being an issue once again for the child who queried it in Session #1, drawing the therapist into the play, directing her every move, and then reading a book together talking out 'the rules' through this process. This behaviour continued in the third

session as if it was taking on their form of communication. In one case, the therapist set a rule of honesty by owning up to 'forgetting the markers' after the child had requested them . This became their form of communication. In Session #3 the child who played with the bridge indicated, "We almost forgot the bridge!". The bridge had become one of their play themes with implicit rules. This in turn provided their unique style of communication that had been forming from the outset of the play therapy process.

The communication between child and therapist is set up early in the play therapy process by the dialogue and reactions regarding the rules and boundaries of the playroom. The child both implicitly and explicitly strives for clarity as to what is expected of him or her and how much latitude there is to experiment with the freedom provided.

Category 2- *Engage in the expression of affect and creativity through the metaphor of play that toys provide*

In each case observed, the child used the play environment to gradually share a piece of their story through varying degrees of creativity. One child who set up the farm play in Session #1, reacted to the termination in the second session by 'destroying the fence of the farm' in the second session. The third session brought to the fore this child's intense fear of losing through a game. Another child showed little expressed emotion in the first session, but attempted to destroy the therapist with a gun in the second, and asked for therapist's help in the third. A young girl set up 'a home' in the first session, acting out a story of mother and father, taking on the role of 'the queen' in the second session, and engaging the therapist in the play in the third session. A child with an impending court appearance was provided the opportunity of expressing direct feelings

about her fear in the first session and after a neutral second session with little reflection on her emotions in the second meeting, she acted out her need to win and to be empowered through reading a book in Session #3. One child stayed completely within the metaphor of the play to express feelings about loss. In the first session she molded play dough, in the second she acted out the feared loss of her mother through the puppet play, and talked about "scary feelings" through the puppet play of the third session. The gradual theme of needing to be 'a baby' surfaced through the first three sessions with one child, who asked questions about fathers and mothers in the first session, presented grandfather as a theme in the second and indicated that "Papa is going away" in the third.

The expression of affect is inevitable through the creativity provided in the play therapy environment. The availability of the toys and the children's wish to work with them provides them the opportunity to talk directly or indirectly about their fears and wishes.

Category 3- *recognize the need for distance at the beginning allowing safety and trust to gradually develop*

Through the play process, the children moved closer and farther away from the therapist throughout the first three sessions of the early relationship development process. One child proclaimed to the therapist, "You're still dead" during the first session, having orchestrated her play death. The second meeting for this child indicated a continued need for the child to maintain a detached position from the therapist and the third finally involved the child asking for the therapist's participation. In all cases the third session portrayed a readiness for the child to involve the therapist in the play. The first two

sessions allowed a protection for the child to maintain a physically distant and independent play. Two children engaged the therapist in the earlier sessions, one asking for affirmation through a sand play in the first session and the other bringing the therapist in and out of the puppet play.

The needs for all observed children to manipulate and control the therapist's proximity to him or her varied from child to child. The freedom and lack of directiveness afforded by the therapist in the first three sessions provided an environment of flexibility to establish this relationship.

Category 4- *become more aware of self and ability to move into the early relationship development*

The children and therapists observed illustrate a variety of needs and abilities to connect with each other early on in the play therapy process. One child displayed an understanding of her needs by keeping a distance at the outset, asking for participation when feeling safer with that and then distancing again. Another child insisted upon parallel play, pulling the therapist in and out of the process and finally in the third session asked, "Will you play with me?" This was similar to another child's gradual wish to be engaged in play with the therapist after asking for affirmation in the first session, interrogating the therapist in the second, and becoming part of 'a team' with the therapist in the third. Setting up a progressively resistant situation was the need of another child, being compliant in the first meeting, expressing anger through the monkey play in the second, and blatantly disagreeing with the therapist in the third.

The particular needs of the child dictate their movement in the play room to choose a distance necessary for him or herself. A self-awareness in all children is obvious by virtue of the children's abilities to pick and choose when to come closer and move away from the therapist, thereby moving into the relationship at their own pace.

Category 5- *develop patience in allowing the narrative or story to be told when ready*

One child was clearly not ready to tell the story as the therapist attempted to learn more about the child. This was echoed in the second session when the child was clearly not ready to talk about self, indicated through a puppet play but then proceeded to tell the therapist about 'scary feelings about Dad'. The third session pushed this narrative further as the therapist opened the opportunity for sharing of the story with the child moving in and out of the narrative. In other cases the therapists gradually took a 'back seat position', choosing not to pursue the feelings that the metaphorical stories displayed through the sand play, puppetry, doll and monkey activities in the second session. These therapists recognized the need for the children to tell their stories but to 'slow down', rather than continue to share too much too soon.

The intuitive process involved for the non-directive play therapists is indicated in all cases observed. The therapist facilitates the sharing of the children's stories, moves with the child's needs to continue or to move away from this sharing, and is astute as to the sharing of too much, thereby backing away when necessary.

Themes #6: Demonstrate therapeutic growth

Category 1- *engage in a warming up process as indicated by verbal and non-verbal cues*

Initially the majority of children and therapists engaged in the early relationship by playing, remaining detached from sharing parts of themselves and gradually they 'warmed up' to engaging with each other in the process. One child, while choosing to play a game that had been offered by the therapist in the first session, indicated that "I am excited to be here...being with my Mom and you, I feel good", and in the third session automatically moved to the therapist asking that she "play my game". The tables had turned in just three sessions, from a following to a leading position. Another child acted similarly, keeping some distance in the first two sessions and in the third showed a marked change asking for assistance with her dress-up clothes. The child who played continuously with the farm activity asked for assistance in the third session having moved quite erratically in the first two sessions. One child involved the therapist in her fantasy trip in Session #3 indicating, "we are in Austria" having taking a leading position in the second session and an independent position in the first. The child who played with puppets in the second session in order to create a clear distance from therapist, finally asked the therapist, "Will you play with me?" and proceeded in the third meeting to ask for the therapist's continued participation. In fact, she attempted to 'push' the therapist at the termination point of the third meeting, suggesting, "Will you come a play with me?", as if to use the possibility of engagement as a form of testing the limits. The child who attempted to devour the therapist with the crocodile in the second meeting, appeared to want the participation of

the therapist in her sand play in the Session #3 but recoiled towards to the end of this meeting.

The third session appears to be significant in the warming up process as the child requires an initial meeting for familiarization, a return to test the limits and play out fears about the relationship and a move into a closer proximity to the therapist, both physically and emotionally.

Category 2- *move through fluctuating leading-following positions resulting in the child feeling comfortable taking the lead in the play therapy*

An interesting process unfolds in the child's wish to take the lead in the therapeutic process. The majority of children took the lead at the outset of Session #1, asking to play a certain activity or change from that suggested by the therapist. The second meeting appears to represent a time when the children, almost exclusively, took the lead directing the play. One child followed the therapist for the first 25 minutes and then took the initiative to direct the therapist into 'mother play' towards the end of the meeting. Another asks the therapist, "Don't get angry" after destroying the play thereby directing the response that is desired. A child who chose to direct the play from the beginning, indicated in the second meeting, "This story is finished" and moved on to another activity. She appeared to take pleasure in directing the play and changing direction to a doll house in the third session as if she had accomplished a feat. Session #3 presented a variety of attempts in the play therapy, some wishing to follow once again and others making a concerted effort to continue the leading position that had been discovered in the second session. A child who allowed therapist to direct the play at the very outset, chose a

puppet play in the first meeting which she returned to in the second and felt strong enough in the third meeting to direct a play activity, even though the therapist suggested another.

The therapeutic growth is evident in the child's own sense of strength and control of his or her play. Once confident as to the boundaries and responses of the therapist, the child usually chooses a leading position and exerts this new found ability thereafter. Taking a lead in the early relationship development process indicates a strength necessary to take further control of emotions and narratives in the later stages of the play therapy.

Category 3- *allow secrets and stories to be shared with a freedom to elicit feelings*

As the therapy sessions progress, the willingness to share emotion strengthens. A child who expressed very little in the first meeting, and showed frustration in the second moved to a metaphorical play in the third, displaying anger when the mother figure was lost, and exclaimed, "Get up!" followed by hitting the toy. Another child illustrated a gradual wish to laugh aloud in the third meeting and the therapist ventured in this same meeting into some questioning about how this child handles her anger. A child who engaged in play with a monkey illustrated little affect in the first session but showed overt anger at the monkey in the second and felt comfortable to disagree continuously with the therapist in the third session. She resorted to a 'rocking position' in the third session as if asking to be taken care of. One child remained guarded about any feelings but talked in the third session about anger that is felt when the sister takes toys away. This child illustrated a wish to have these feelings explored in a limited way.

The third session is chosen by the majority of children as the meeting in which feelings related to own life stories can be shared. In some situations, the children feel safer

playing out the feelings through the metaphor of play but the affect is forthcoming as the relationship unfolds.

Category 4- *incorporate the therapeutic process into life outside of the therapy*

Early on in the play therapy relationship one child made the connection between a book that was being read with the therapist and the life at home. The second session saw a deepening of the bridging from therapy to outside life, speaking openly about fears of father who was "scary" and of the fear of mother's dying. In the third meeting, the matter was closed and the child withheld any further sharing. Two children did not connect their home lives with the therapeutic play in a direct way but challenged the therapists in a way that might be done in the home environment. Another child's wish "to be grown up and travel" was clearly incorporated into her fantasizing in the playroom and her spoken wishes.

Of the six cases observed, one third chose to incorporate their outside life within the discussion or play in the therapeutic context. The relationship development process provides this opportunity but is called upon by the child for different reasons and at different times according to feelings of readiness.

Category 5- *observe a change in the level of resistance and need for repetition in the play*

There was an element of repetition in all of the play exhibited by the children. Several of the children returned to play activities of their choice throughout all three sessions. The use of games, puppetry, sand and farm play were chosen by three children

who resorted to these items intermittently in all of the sessions observed. The child who chose the farm, used this to test limits in the first session, to find safety and comfort in the second and to resist the termination of the third meeting. Another child who was offered a game for the initial activity in session, resorted to this play in the next session as she followed the therapist and overtly returned to a game for comfort and security in the third meeting. The narrative of this third session involved dialogue about sexual abuse and in the midst of this discussion, this child asked that she play a game with the therapist. Puppetry was accessed by another child who clearly wanted to play out her story and fears and having found this play in the first meeting resorted to this by choice in the second. The creativity afforded by the sand play and the opportunity to join together with the therapist in this play facilitated another child's ability to control her choices. Two other more resistant and hesitant children moved from play item to play item with an indication of gradual comfort in sand play. The building of the bridge was a repetitive theme in the second and third meetings, as if to offer an expression of needing to be connected in a better way.

The theme of repetition in the play of the children and the need to access certain toys for comfort, safety and security in the growing relationship development process is highlighted as inevitable and essential in the growth process of play therapy. The need for distance, protection and to deal with felt resistance is satisfied by way of this ability to resort to play of comfort.

New Information: Need for 'Comfort Play' in the Early Relationship Development

This chapter presents the themes and categories of the early relationship development process of non-directive play therapy as discovered through the data analysis of research interviews with established play therapists. These themes and categories are reviewed within the context of the videotaped recordings of the first three sessions of three cases provided by the Ontario research setting and of three cases provided by the Leiden research setting. The results of the review indicate that all categories within each theme are relevant to a better description of this play therapy process, and that, in fact there is new information that was missing in the data analysis of the individual and focus interviews.

This **new information** represents a pattern not noted previously in the study pertaining to the child's tendency to naturally move back to a play activity that provides familiarity and 'comfort' when in distress. Several case examples follow that describe this new finding and suggest that all the children chose a certain 'comfort play' that was selected by the child and returned to through the first three sessions of the play therapy process.

A child who initially chose a farm for the introductory play activity in Session #1, resorted to this play towards the end of second and third sessions, thereby facilitating and play of comfort and security as the sessions ended. This child had portrayed emotions of fear and anger in the play and displayed resistance at the end of the meetings.

Another child who built in a self-protection from telling the story or narrative too soon relied on puppetry to create a necessary distance. The metaphorical play indicated the same emotions but the child felt protected in the journey of growth and healing.

One child's need for control at all times in the play sessions was evident as the child sought out the crocodile through which the play of devouring others and destroying those who 'get in the way' could be enacted. The need for defense was very evident and the comfort and protection that this toy allowed acted as a security and aid in the early relationship development process. This same child engaged the therapist in a game of 'hide and seek', a game in which the child can control the inevitable ability to win. The fear of this child of being destroyed was part of the projection onto others to have them lose and for this child to win and be in control.

The use of doll house and castle play provided one child the opportunity to direct the therapist into different roles and to proclaim herself as "the queen", thereby feeling 'in charge'. This play primarily took place in the first two sessions with the third involving a necessary change to a different activity with which a different emotion was displayed. The comfort provided in the first two sessions allowed this child the comfort to forge ahead in the third meeting with pent-up reactions.

The game playing activity that was introduced to one child in the first sessions was resorted to throughout the first three sessions as if it was introduced as a legitimate way to play out emotions. This child with issues around her mother and step-mother resorted to this 'comfort play' in the third session both at the 10 and 20 minute marks. The choice to return to this activity was made by the child as further traumatic events were discussed in the play therapy process. The game provided this child the opportunity

to lead the play, to win if necessary, a dynamic that was necessary in the context of her upcoming court appearance.

The need to link up with the outside world became a metaphor 'of comfort' for one particular child who began her first session with telephone play, which she returned in the second session and progressed to fantasizing about exploration to other countries in the third. The telephone acted as a detached tool with which she could explore and then felt the comfort and security in the third meeting to play out the wishes.

The observation of the six children's propensity towards 'comfort play' that provided security and hope in the early relationship development process of play therapy represents new information that had not been previously discussed in the first step of data analysis. The provision by the therapist for this play through the environment of freedom and creativity allows children in the play therapy context to ultimately make a choice over their pace and willingness to share their stories and secrets. The recognition of the needed 'comfort play' within the play therapy context facilitates a better understanding of the child's growth.

Conclusion

Observed themes and categories of the early relationship development process in non-directive play therapy have been discussed in this chapter. New information that was missing in the first step of data analysis has been discovered and presented as an addition to the established themes from the data analysis of the interviews and videotapes. This discovery serves to add a very important piece of information to the therapist who is

attempting to understand the process of the early relationship development process in play therapy. Being aware of this phenomenon allows therapists to permit the child and, in fact, encourage the child to move towards a position of comfort when he or she needs to feel a sense of security and safety in the play process.

Summary

The *saturation point* (Glaser & Strauss, 1967) has been reached with little new information being added from each additional interviewee or other sources of data. Many of the same categories and themes have been discussed in a recurring fashion with only one new significant piece of information that had been missing in the initial stage of data analysis.

The next chapter will move away from discussing the data directly and examine the findings in a larger context. The research questions will be presented and answered and a model will be developed to tie together the elements of the substantive theory with a grounded theory developed in Section Five.

SECTION FIVE- A Retrospective on the Journey:

Discussion, Conclusions and Recommendations

Chapter Fourteen

Development of a Grounded Theory of the Early Relationship Development Process of Non-directive Play Therapy

Introduction

"Qualitative research is inherently exploratory, a voyage of discovery, rather than one of verification" (Bryman, 1984, p. 84). The careful analysis process of the data presented in Section Four reveals the many descriptions, qualities and indications of therapeutic growth through the observation of treatment process within the early relationship development of non-directive play therapy. The substantive theory already proposed through this analytic step in this naturalistic journey represents the ideas of the participants interviewed and the observations of the play therapy videotapes.

This chapter will consolidate the literature review of play and play therapy found in Section Two with the categories and themes that comprise the substantive theory found in Sections Three and Four. This consolidation process is represented in the development of a formal theory about the early process in play therapy. "The goal of grounded theory is

to generate a model of understanding that accounts for a pattern of behaviour which is relevant and problematic for those involved. The generation of theory occurs around a *core* category (and sometimes more)" (Strauss,1987, p. 34). Six themes and associated categories developed as a result of the interview data analysis process. Together with 'new information' found in Chapter Thirteen significant patterns that recur in the data have been identified. The generation of categories provides clear patterns that are reduced into themes for data reduction purposes and conceptualization. The culmination of those patterns found in the data with those found in the literature constitutes the final theory grounded theory. Other studies have followed this same process of developing themes from categories to develop formal theories (Coady, 1986; Lewis, 1995; Marans et al., 1991; Yen, 1989) by tackling a large amount of data, amalgamating it with a thorough literature review, thereby creating a 'rich' description (Geertz in Miles & Huberman, 1973).

Greenberg and Pinsof (1986) suggest that research methods continue to be inept in their ability to describe and reconstruct specific processes. There "is a need for studies to identify those relationship factors that meaningfully contribute to the outcome of child and adolescent treatment" (Kendall & Morris, 1991, p. 782). This study indicates how the relationship development process in the early phase of play therapy can be described and how it facilitates the growth of the child. In other words, the study and ensuing grounded theory will attempt a much needed answer to an important question: "how the relationship is important in psychotherapy" (Kiesler, 1996, p. 221).

Results and Discussion of The Themes of the Early Relationship Process in Play Therapy

The choice of narrative style for the presentation of the results of the data analysis is less on method and more on the substance of the story being told. The focus is on the meaning of the experience under study (Janesick in Denzin & Lincoln, 1984). The research results are related in a mode that corresponds with the three research questions. Each question is restated and followed by an answer that incorporates the previously presented and current literature reviews as well as the data findings reviewed in Section Four. The six themes, *description, qualities, goals, support, process* and *indicators of growth*, together serve to define the early play therapy relationship process and comment on how the process is facilitated.

Research Question 1: How can the early relationship development process of non-directive play therapy be described?

The early phase of non-directive play therapy is constantly in motion with the child and therapist entering into a mutually shaping therapeutic process. It begins with an invitation by the therapist to enter the playroom and is followed by the same, an invitation by the child to the therapist to enter into his or her world of stories and secrets (Allen, 1934; Taft, 1937).

Play, as indicated by Freud (1908) and Klein (1932), is a link between the imagined world and the real world for the child, thereby attempting to overcome the pain

of the real world. The relationship development process is fragile in nature and can be affected at any point. It is a process that moves in harmony, with the child and therapist shaping the process in a mutually developing way. It is a 'delicate balance' with the therapist gradually becoming attuned to the child's wish to overcome the pain from his or her world.

Approximately three sessions allow the early relationship process time for a mutual intuitive sensing to develop between child and therapist as was reported by one participant and supported in the literature. During this period a feeling or perception develops primarily within the child as to whether he or she is able to trust the situation that he or she has entered into and that it will be a positive experience. This development of trust is likened to 'ripples in the water', with the therapist moving into the circle of trust and relationship development with the child and perhaps being invited to move closer into the bond or inner circle that is developing. The therapist can equally be asked to step backwards to an outer circle if the child feels intruded upon.

This ever changing process of advance and retreat in the early phase of play therapy presents itself in a 'wavelike' fashion, with ups and downs representing the closeness and distance that is required by the child for protection. The child moves closer to the therapist from the outset as indicated by researchers (Allen, 1976; Cashdan, 1967; Hendricks, 1971; Withee, 1975) but this fluctuation in movement occurs for varying purposes. The child may need verbal verification from the counsellor so as to cautiously learn about the boundaries and habits in the playroom as well as the therapist's characteristics. As well, the nature of the child's difficulties can be easily or tenuously discussed according to the level of comfort and safety that is felt by the child in the early

sessions (Winnicott, 1971; Erikson, 1950). One researcher found that the child becomes curiously engaged in exploratory, non-committal and creative play through making simple descriptive and informative comments (Hendricks, 1971).

This particular description of the early relationship development process brings to the fore an important conclusion from this research project: that the child initially presents in a curious way, eagerly wanting to explore the environment that is presented to him or her by virtue of the mere existence of toys, the child's medium for pleasure and expression. Gradually the child begins to give descriptive offerings of his or her world, initially with a lack of commitment and curiosity until there is an increasing connection and ensuing trust that develops. The child bids for a deeper and a more giving relationship with the therapist as he or she wishes to share personal narratives and private stories that may have been otherwise untold. These offerings of his or her personal life provide more information about the child and the therapist handles the child's private world intuitively with respect and professionalism.

Allen (1976) offers an accurate description that echoes an important aspect of the substantive theory of Section Four regarding the child's need to provoke overt fears that emerge around each new experience. The loss that the child is experiencing in the early stage of the play therapy experience is often underestimated and unconsidered. Allen suggests, as do many participants in this study, that the child leaves behind his or her personal supports when entering into the play therapy experience which is a 'strange' and new situation. Consequently the child naturally presents in a cautious and guarded way so as to maintain a safe distance and to prevent a closeness with the therapist until the child wishes to come closer to the therapist.

The search for comfort and security becomes a primary mission for the child in this daunting process. Within the play therapy environment the child reaches out to the toys and experiences in order to create a world of his or her own that will impart familiarity and strength (Winnicott, 1971). The increasing ability for the child to be in charge of his or her actions in this early play therapy process becomes both a focus and a mission. The discovery of the child's yearning for 'comfort play', new information that has arisen as a result of this research study, adds to a better description of the early play therapy process.

The non-directive method of play therapy can afford an environment of freedom that the child incorporates into his or her play which, in turn, leads to a sense of being able to make choices and of feeling empowered in the process of these choices. This process of experiencing a sense of 'authority' over one's own self and actions is, in some cases, unique for some children who enter the play therapy process having had choices made for them. This sense of control facilitates the child's increasing realization that choices for closeness or distance from the therapist can be made, that creative play can be introduced when a sense of security and risk taking is realized, and that the mastering of a play activity can contribute to the sustaining of relationships with others (Pepler, 1982). In fact, the freedom provides, as a natural consequence, an environment that allows the sharing of narratives and conflict resolution when the child feels ready (Freud, 1905; Klein, 1932; Piaget, 1962).

As is described by many participants in this study, the early relationship development process is a phase of treatment that leads to another phase, expressed as *overgang* in Dutch, a word for 'transition' (Cassell's, 1967). The early process acts as a bridge to the more intense process of play therapy, the working through of unresolved

emotions. The relationship that develops between child and therapist is an essential ingredient in the success of the overall therapeutic process for without it the child does not move on into the working through and termination phases.

The child and therapist move together in a harmonious way, with intuition being called upon by both to determine the safety and comfort with which to move to a more intense and involved phase in the treatment process. It is a careful process as is discussed in Chapter Eight, 'Qualities of the Early Relationship Development Phase of Play Therapy'. The therapist follows the natural pace of the child, allowing the relationship to evolve. It is mutually developing, constantly changing and requiring the professional and intuitive abilities of the therapist to move with the child, coming closer when the child appears to ask for a decrease in distance and then to move away when the child appears to need an element of protection and recognition of needed defenses. The careful establishment of boundaries allows the child to create for him or herself limits which can be called upon when necessary.

The sensitivity and empathy that is required in the early relationship development process are two qualities that are inherent in a better description. The therapist, from the moment the child is greeted in the waiting room until the last follow-up session takes place, must be aware of his or her interventions and acceptance of the child. A position of non-judgment and absolute consideration of the child is a role that the therapist assumes at all times. The relationship that is developing in the early phase of play therapy is symbolic of the child's external world (Axline, 1947) and requires sensitivity on the part of the therapist with which to weave the therapy and the child's life together into their unique way of connecting.

The early play therapy relationship provides 'a voice' for the child with which to develop a language with the therapist. This mutually developing form of communication serves as a dialogue between the child and his or her environment, and as Scheuerl (1975) suggests, this dialogue influences each other. Play in itself is the catalyst for the joining together of child and therapist so that an environment can be created for the child and the therapist to facilitate a growth experience for the child. Play is described as a 'bridge to verbal communication' (Von Hug-Hellmuth, 1921; Withee, 1975) developing a common bond between the child and therapist.

Themes #1 and #2, discussed in detail in Chapters Eight and Nine, have been integrated with the literature review to offer a succinct description of the early relationship development process in non-directive play therapy.

Research Question 2: What are the common identifiable components/themes, if any in the early relationship development process?

The six themes of the early relationship development phase of non-directive play therapy that have been grounded in the data are reviewed in Chapters Seven to Twelve and further analyzed through in the videotape analysis in Chapter Thirteen. The answer to the second research question mentioned above is presented by reviewing Table V with a discussion that follows. This table represents a revised version of the one that summarizes the interview data and used to analyze the videotapes which is found at the conclusion of Chapter Five. The revision amalgamates this preliminary table, the 'new information' acquired from the findings and the literature review.

Table V

THEMES AND CATEGORIES OF REL. DEV. PHASE OF NON-DIRECTIVE PLAY THERAPY

1. Generally describe the Early Relationship Development Phase of Non-Directive Play Therapy
   - Move through a wavelike cycle, engaging, regressing and moving ahead
   - Create an atmosphere of freedom and ensuing empowerment
   - Engage in a building process beginning at first sight developing trust and sharing narratives
   - Facilitate an opportunity of mastering
   - Participate in a delicate process of developing creativity through symbolic play
   - Develop a mutual familiarization and common language- a 'voice'

2. Observe qualities that facilitate relationship development
   - Experience a relationship built by boundaries, space, varying paces, freedom and intuition
   - Participate in experience of nurturing, empathy, acceptance, sensitivity, patience and respect
   - Facilitate the strengthening of ego development through acceptance of resistance as a defense
   - Explore through a new attachment in the play therapy relationship the opportunity for empowerment

3. Set mutually understood goals
   - Provide an empowering experience developing in an increased sense of self
   - Facilitate a sense of safety, ease and acceptance that permits self-guided play and an environment of freedom
   - Move from a closed and protective position to an easing of affect and presentation of narrative
   - Incorporate more appropriate social behaviour by integrating the relationship into the outside world

4. Seek and utilize external supports
   - Recognize that there are varying degrees of support resulting in an ongoing balance
   - Encourage careful preparation for parents and families to provide clarity about the nature of play therapy relationship, setting boundaries for protection of privacy
   - Affirm for parents that they can feel like outsiders and need to continue the narrative and sharing thereby bridging the progress and aiding in the resolution of the trauma
   - Facilitate a parallel process for parent as well as child empowering parents to create a shift in their own family growth and development

5. Engage in the therapeutic process
   - Allow pattern of communication to evolve through freedom of play activity and boundary setting
   - Engage in expression of affect and creativity through the metaphor of play through toys
   - Recognize the need for distance at the beginning allowing safety and trust to gradually develop
   - Become more aware of self and ability to move into relationship development
   - Develop patience in allowing the narrative or story to be told when ready
   - Facilitate 'comfort play' for the child to provide self-protection and safety when necessary

6. Demonstrate therapeutic growth
   - Engage in a warming up process as indicated by verbal and non-verbal cues
   - Move through fluctuating leading-following positions resulting in the child feeling comfortable taking the lead in the play therapy
   - Allow secrets and stories to be shared with a freedom to illicit feelings
   - Incorporate gains from the therapeutic process into life outside of the therapy
   - Observe a change in the level of resistance and need for repetition in the play

Two models of thematic presentation of the relationship development process suggest that there are recurring or persistent components that surface in previous studies and literature reviews. Phillips (1985) suggests certain themes have a strong influence on therapist-child interactions in play therapy settings. The themes referred to are (a) the level of permissiveness and/or restrictiveness imposed by the therapist, (b) the level of interaction by the therapist with the child, and (c) the impact of these factors on the expression of fantasy and aggression (p. 98). Meissner (1992) presents the 'components' of the therapeutic alliance as "empathy, the therapeutic framework, responsibility, authority, freedom, trust, autonomy, initiative and ethical considerations" (p. 1068). This study focuses on the early relationship development process in non-directive play therapy and incorporates such themes as those identified by Meissner and Phillips and ties them together with others in order to "create an integrative theme" (Rubin & Rubin, 1995, p.255).

Six themes as illustrated in Table IV, found on pages 180-182, were identified as a result of data collection and analysis with categories describing each theme. They have been altered to represent an integrative thematic analysis in Table V, found on page 226. New information as a result of the data analysis is included in this table. Each theme is discussed in a concise way so as to provide an answer to research question #2: what <u>are</u> the themes of the early relationship development process?

<u>Theme: Description</u>

Children and therapists move through a wavelike cycle, engaging, regressing and moving ahead during the beginning period of the non-directive play therapy relationship.

From the time that the child is met in the waiting room for the first time the relationship is building. The child engages with the play therapist through the medium of play and determines how far and how close he or she chooses to be in relation to the therapist. At the time when the relationship is felt as having moved to one that is trusting and secure the child has resorted to a position 'along side' with the therapist. The process of allowing an atmosphere of freedom with limits gives a clear message that they can be safe (Axline, 1947; Ginott, 1959). Consequently the child is able to test the limits by virtue of the existence of these limits and develops a sense of empowerment as he or she finds a unique position within the play therapy environment. The security felt by the child through this process of testing facilitates the wish by the child to share his or her story or narrative (Singer, 1976). The emphasis of this natural progressive quality in the early play therapy relationship must be stressed as various categories discussed within this theme link to each other and culminate in the development of an early bond between child and therapist.

Researchers typically indicate that feelings of comfort, relaxation and security engendered within the play context promote an ability to explore which is necessary for the development of problem-solving and creativity (Karen, 1994; Rubin, 1982). Symbolic play freely assimilates the reality of the play to the ego development of the child (Piaget, 1962; Erikson, 1950; A. Freud, 1964) and together with the opportunity to be creative, the child develops a sense of mastery over his or her environment. In fact, the play opportunity within the therapeutic context is a kind of mastery (Nickerson, 1973; van der Kooij & Hellendoorn, 1986). The game of hide-and-seek used in every day life and one that is often chosen by the child in the play therapy environment offers the child the opportunity to create a game with which the test out the early relationship development

process with the therapist (Bergman, 1998; Burton, 1986; Erikson, 1977). In her work with abused children, Weshba-Gershon (1996) indicates that free symbolic play is a modality well suited to the expression, reworking and mastery of psychic trauma. In summary, the creative nature of the non-directive play therapy environment provides the child the opportunity through symbolic play to develop a sense of mastery in the early relationship development process.

The development of 'a voice' is one of the most important aspects of the relationship that develops between child and therapist. Play therapy allows counselors to communicate effectively with children through their natural language, play (Landreth, Baggerly, Tyndall-Lind, 1999). Only after 11 years old is a child able to access feelings through a verbal reasoning and therefore uses the play metaphor up until that time (Kottman, 1999; Piaget, 1962). Russ (1995) suggests that play serves two major functions in psychotherapy: (1) it is a major form of communication between the child and therapist, so it aids in the development of the therapist-child relationship, (2) it is a vehicle for change in psychotherapy. Play provides an opportunity for the child to express him or herself and to strengthen the child's abilities within the outside world (Bowlby, 1953; Gross, 1901). The voice provided through the early relationship development process continues throughout the therapeutic process and beyond. Being cognizant of the structure of the play therapy relationship (Landreth, 1991), the therapist allows the child to develop both an emotional and physical distance when finding his or her 'voice'.

Theme: Qualities

Through the establishment of safe boundaries, yet within a framework of freedom the child is permitted to experiment with the new relationship through the experiencing of nurturance, empathy, sensitivity, patience and respect that the play therapist facilitates. The metaphor of play (Meares, 1993) allows the empathy to gradually develop so that the child feels listened so and eventually protected.

A natural consequence to this environment of safety afforded by the qualities of the early relationship development process is the integration of the ego through primary and secondary integration processes (Solomon, 1954). The child presents with an ability to master his or her problems, ie. primary integration, and sets up defenses against emotional reactions that may arise in the relationship development process, ie. secondary integration.

Eventually, the child through the self-realization that he or she gains in the ego development and mastering process develops a sense of accomplishment in being able to develop a relationship or attachment to another person (Kerry, 1999). With the intuitive intervention, that is, without inference, by the therapist the child can be left with a new experience of self-actualization (Meador & Rogers, 1980). Consequently, the feeling of empowerment in this new accomplishment represents an important quality of the nearly relationship development process in non-directive play therapy.

Theme: Goals

The overall goals of the early relationship development process reiterate those qualities and descriptions of the process as just indicated. The developing bond between child therapist is an empowering one that gives the child a sense that he or she can make

choices, create changes and, consequently, have an improved sense of self. Moustakas (1959) believes that "through the process of self-expression and exploration within a significant relationship, through realization of the value within, the child comes to be a positive, self-determining, and self-actualizing individual" (p. 5).

Children and therapists enter into an environment that facilitates safety, ease and acceptance by way of an environment of freedom. Play provides for the child a relatively safe activity (Klein, 1955) in which he or she will be encouraged to grow. In this process, the child moves from a closed and protective position with the necessity for self-protection. The child moves from the to need to repeat a play activity to eventually feeling safe to drop the repetition (Conning, 1998; Freud, 1914; Sweeney, 1999; Walder, 1976) and eventually share his or her stories that may or may not be relevant to the goals of therapy.

Eventually the narrative of the child is forthcoming as the child feels that the therapist may need to learn more about him or herself for the purpose of therapeutic growth (Singer, 1976). The curative powers of the therapeutic environment does not just free the child from sufferings through the freeing of his or her stories and traumatic memories (Von Hug-Hellmuth, 1921) but also furnishes him or her with an ability to tackle the outside world. The ability to integrate the relationship that develops in the play therapy process and adapt this integration to those relationships in the outside world such as home and school is an ultimate goal for the process. Such gains further offer the child a sense of mastery that this integration process has facilitated (Piaget, 1962).

Theme: Supports

> The child therapy process cannot be viewed in a vacuum...child therapy occurs within a system of other important relationships, most prominently the child's ongoing relationships with primary caregivers...[there is a] need to consider the familial and other social contextual variables that could influence treatment collaboration (Shirk & Saiz, 1992, p. 725).

This statement by Shirk and Saiz (1992) reinforces all the categories under the theme, 'seeking and utilizing supports' in the early relationship development process of non-directive play therapy. The preparatory period (Brooks, 1985) for the child in the early play therapy relationship is an important time during which the varying degrees of the support are understood. A balance can be found so that the play therapist provides clarity as to the parameters and goals of the play therapy with the parents, schools and other significant people in the child's environment. The parents often feel like outsiders and require ongoing information, support and guidance by the play therapist or a colleague (Moustakas, 1998).

Should the significant others involved in the child's life develop a feeling of trust in what the therapist is doing in the playroom with their child they will likely co-operate. The consequence to a mistrusting feeling about the relationship between child and therapist is likely to involve the parents or others usurping the relationship so that it does not succeed (Conning, 1998).

The bridging between the child's narrative in the play therapy environment and his or her life outside is an eventual gain if the atmosphere for growth has been facilitated in the early relationship development process. The child may continue to transfer the feeling

of trust that has developed in the playroom to those outside with whom the child has a similar sense of trust. This bridging type of narrative sharing continues the therapeutic process and may aid in the eventual growth of the child as well as in the family's progress. The improvement in the child's security and growth is reflected in a parallel improvement in his or her relationship with the parent or caretaker (Bettelheim, 1987).

Theme: Process

A pattern of communication evolves between the child and therapist that facilitates their ongoing relationship. "Play may be a prelude [to the relationship]" (Ehrenberg, 1990) by providing an environment of familiarity and freedom for the child at the outset of the relationship development. The need for distance for the child at the beginning of the relationship needs to be recognized, integrating the freedom afforded by the play environment with order or limits (Moustakas, 1959). This careful boundary setting allows the child to experience his or her potential through the creativity and mastery of this creativeness in the play activity process.

The importance of the therapist's participation in this early process, a point stressed by Winnicott (1974), is to be considered as a separate category. The child's needs are recognized explicitly in this study and in others' but the therapist's needs are not to be taken for granted. The play therapist's own sense of self contributes to his or her willingness to hear the child and move into the relationship. As well, the therapist's own recognition of his or her ability to be patient with the child until the child is ready to bring forth those private aspects of his or her life is equally important in the relationship development process. As Winnicott (1974) suggests: "Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist.

Psychotherapy has to do with two people playing with each other" (p. 38). This mutually developing process not only permits the growth of the relationships but can as easily impede its progress if the therapist is unaware of how he or she may be restricting the relationship development phase.

Safety needs to be felt by the child in the early on the therapeutic process (Piper, 1999). This sense of security and self-protection that the therapeutic process allows the child time to find times, places, toys and ways of communicating with the play therapist that enhance comfort for the child. Axline (1947) suggests that the goal of play therapy is for emotional relaxation, a position for the child to experience with which he or she can feel at ease in the therapeutic process. Concurring with Axline, Rubin (1982) indicates that play facilitates comfort and relaxation. The 'new information' discovered through the data analysis process in this study indicates that children return to or move to a '**comfort play**' activity during the early relationship development process in play therapy so as to feel self-protected until ready to move on. This discovery is useful in the recognition of those qualities that facilitate in the early process of non-directive play therapy so as to enhance an environment of therapeutic growth for the child.

Theme: Growth

Through a careful preparation process for the child, the early relationship development process should indicate a welcoming environment. "The therapeutic environment is comfortable for a child when it is inviting, not intimidating" (Landreth, Baggerly, & Tydall-Lind, 1999, p. 275). The supports in the child's outside world need to be encouraging of the therapeutic process as well as clear as the intentions of the play therapy process.

When the child feels the warmth and acceptance in the early process, he or she will fluctuate between leading and following positions, so as to find a spot of comfort in the process. The recognition to follow the child's lead is central to the client-centered and non-directive play therapy approaches. "It is a child's natural striving toward inner balance that takes him or her where he or she needs to be" (Landreth, Baggerly & Tyndall-Lind, 1999, p. 278). Wix (1993) refers to the metaphor of "walking backward" (p. 49), a position that the therapist can take in order to get in touch with the space that the child is in. The movement of child and therapist throughout the early process is constantly moving to locate positions of understanding and strength. Through the power of the therapeutic relationship and the security felt within the early relationship, the potential for growth, self-esteem and empowerment within the child increases (Griffith, 1997).

Eventually, with the security felt in the play therapy relationship, the child will develop a healthy attachment to the play therapist, thereby changing his or her inner model of relationships (Benedict & Mongoven, 1997). The first task in the therapeutic process for the child is to develop a secure base from which he or she can explore the various unhappy and painful aspects of his or her life (Bowlby, 1988). Play provides the child with familiar tools to relate him or herself to the therapist and will bring reactions, feelings, stories and secrets to the play therapy environment (Allen, 1934). The interactions between child and play therapist in the early relationship process facilitate the growth of this sharing and deepen the relationship as the stories are brought forth.

Ultimately, the therapist becomes a symbol of the child's outside world. Play facilitates the opportunity "for children to learn how to live in a social order and a cultural

world" (Frank, 1955, p. 589). The environment of the play therapy room and developing relationship becomes a 'culture' with rules, boundaries and habits. Play contributes to creativity within a culture or environment that is facilitated by comfort and safety (Winnicott, 1971; Erikson, 1963). The adaptation of benefits that play provides within the play therapy setting to the outside world can be an indication of therapeutic growth for the child. When certain traits of the cultures within the play therapy environment are transferred to the outside, progress can be indicated. Using the combined therapeutic factors of metaphor, role play, communication, fantasy, catharsis, and abreaction in addition to the working alliance and attachment to the therapist (Schaefer, 1993), in addition to the opportunity to find his or her 'comfort play', the child is enabled to change his or her inner model of relationships and enter into healthy attachments.

The child's inability to articulate feelings and thoughts may result in the child's illustration of resistance and repetition of the play (Shirk & Saiz, 1992). These defenses may dissipate as the relationship matures, as the child trusts the therapist with those parts of him or her that is being shared, and the child may move on to more direct play activity. But if the play therapist is patient and agrees to accept "repeated new beginnings" (Bettleheim, 1987), the child eventually moves beyond the comfort found in the repetition of the play and presents new play scenarios.

Summary of the Six Themes

This thematic study and subsequent substantive and grounded theories stand to serve many functions. The six themes describe the process of the early relationship

development process in non-directive play therapy, they observe the needs that the child has in his or her outside world in order to provide appropriate preparation for a productive therapeutic experience. The process of the actual experience is implicit in all themes in that aspects of the process are used to describe the relationship, observe the qualities and goals, and indicate the growth that has occurred.

In short, "play not only provides a window through which we can investigate the mind but it is a major growth center of the psyche (Stewart, 1981, p. 92). It is for reason that play therapy in its various forms...has become a form of treatment for children" (Ornstein, 1984, p. 349).

Research Question 3: Which themes/components, if any, appear to facilitate the early relationship development process of non-directive play therapy?

There are seven essentials in child-centered and non-directive play therapy. They include: establishment of a positive relationship with the child, reality testing of limits, expressions of a wide range of feelings, exploration of real life experiences, development of a positive self-image, development of self-understanding, and opportunity to develop self-control (Landreth, 1991). Along with the therapeutic factors (Schaefer, 1993) found on page 38, these essential characteristics facilitate the early relationship development process in non-directive play therapy.

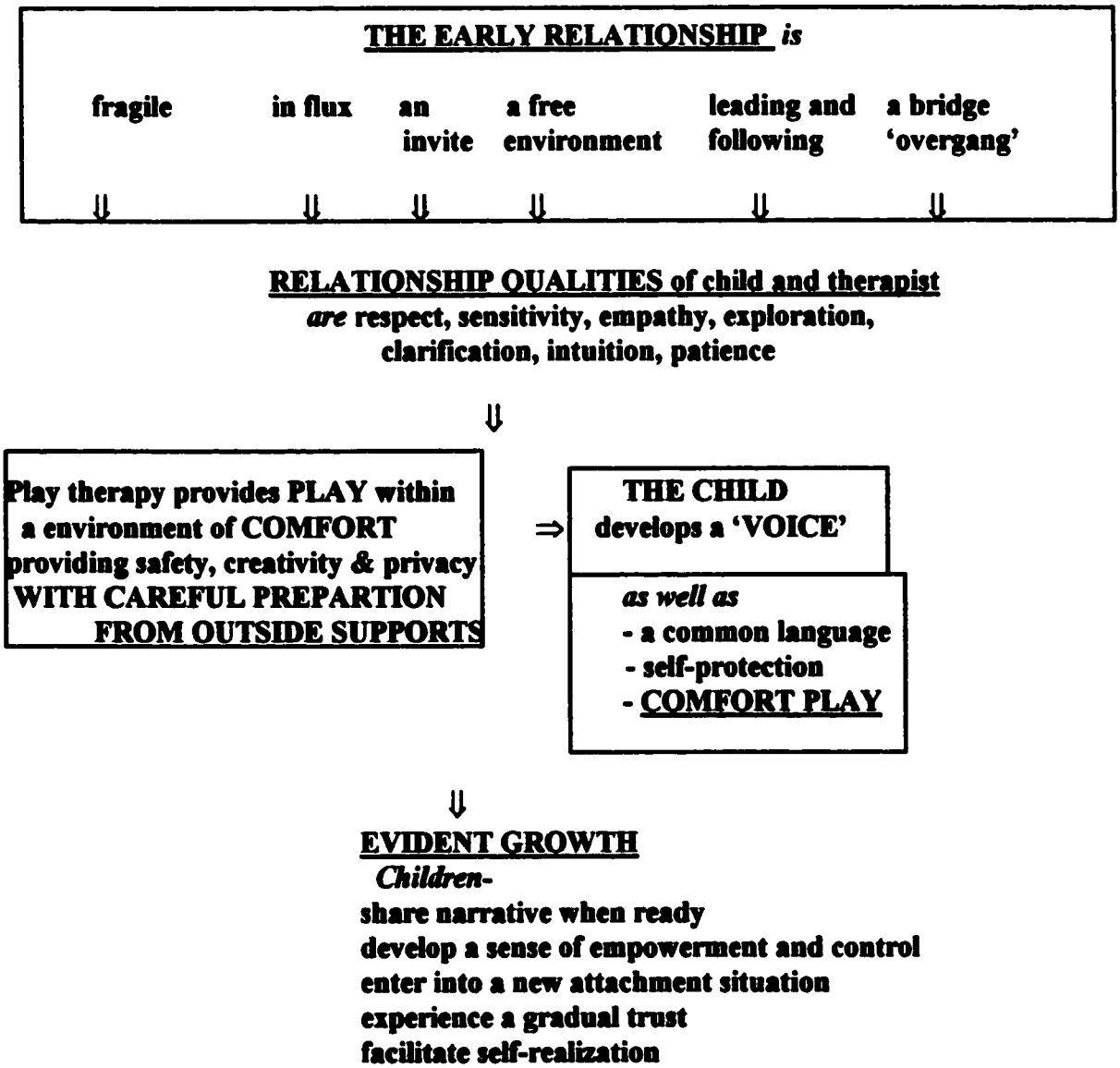
The aforementioned themes of Landreth and Schaefer, as well as those identified in this study, all work together to facilitate a positive and therapeutic relationship for the child and play therapist. In turn, the relationship development process works to enhance

the process and progress of the entire therapeutic involvement. The early relationship acts as a catalyst for the progression of the remainder of the process.

The following chart depicted in Figure II illustrates the holistic model that encompasses all themes and categories discovered through this research study:

Figure II

Model for GROWTH in the Early Relationship Development Process of Non-Directive Play Therapy



This model brings together all the findings, the literature reviews and illustrates the pivotal importance of the early relationship that develops between child and play therapist in non-directive play therapy to the growth of the child within the therapeutic context. It is a succinct diagram that encompasses the six themes and related categories from the data analysis and traces the recognition of the unique qualities that the early relationship between child and therapist possess to the point of indication of growth and recognized solidity in the early play therapy process.

As has been mentioned in Sections Four and Five, the early relationship is facilitated by all of the identified themes, those being, description, qualities, goals, support, process and indicators of growth. The participants in the study identified the early process as fragile, in flux, a free environment, one of leading and following, a delicate balance and a bridge. These descriptions necessitate certain qualities of the interaction between the therapist and child so as to allow the relationship to begin and to continue to fruition. Respect, sensitivity, empathy, exploration, clarification and intuition are all qualities that help better describe the many traits that the relationship between child and therapist possess so as to provide an environment for therapeutic growth.

Play activity possesses in itself inherent characteristics that foster the qualities of the relationship development process (Liederman in Sameroff & Emde, 1989). Eventually, the child is allowed to experience an environment of 'comfort' that provides safety, creativity and privacy so that a sense of security and trust is felt. The preparatory period and ongoing support by family and those in his or her outside world can be apprised of and involved in the ongoing progress. Unless this important component of the

early relationship process is not in place, the bond between child and play therapist can be usurped and brought to early termination.

With a careful preparation process, the development of a 'voice' or a medium of expression for the child is the ultimate gain in the early relationship process. The common language that occurs between child an therapist is a catalyst for communication so that the child's needs are understood. Clear boundaries as set by therapist and child allow the experiencing of limits with which to experiment and test the growing trust in the play therapy. Eventually clarity and security about the relationship is facilitated and the child illustrates the need for self-protection, often seen in repetition of play, resistance to a certain play and regression when sharing a traumatic narrative or memory.

With all the qualities of a solid early therapeutic relationship in play therapy, the child experiences a gradual feeling of trust and will share his or her life stories when feeling the necessary security. Consequently, the child develops a sense of empowerment when reaching the point of control over his or her existence in the playroom and reaching the point of feeling safe to share what has been previously unsafe. This process allows the child to experience insight and self-realization, tools necessary to move on to the next and intense phase of the play therapy experience, the working through process.

The early relationship development between child and play therapist allows the child to become involved in a strange and new situation and to develop a healthy attachment to another individual. This process of reparation for a child who has experienced inconsistent and unhealthy attachments is profound. Bowlby (1988) highlights the necessity in the therapeutic process: "to provide the patient with a secure base from which he can explore the various unhappy and painful aspects of his life, past

and present, many of which he finds it difficult or perhaps impossible to think about and reconsider without a trusted companion to provide support, encouragement, sympathy, and, on occasion, guidance" (p. 138).

Play therapy offers a natural environment for the early development of new relationships for young children. With careful preparation and guidance the child can experience a new environment facilitated by many rich qualities found in the early relationship development process of play therapy.

Conclusion

In this research journey of discovering the research questions for study, examining the voyages that have taken place to date, and developing new theories, the dilemma often is: when is the journey finished? As the questions have been asked, answered, summarized and combined with the literature to develop theory grounded in the data, it is safe to say that the discovery process is near completion. New and exciting information has been revealed and may have implications for further research journeys and for clinical practice in general.

The concluding chapter in this dissertation, Chapter Fifteen, provides a retrospective view of this research study and brings the process to an end. It will take the key concepts of the early relationship development process, those being, the child's opportunity to develop voice, to create an environment of self-care and protection through 'comfort play', and the new attachment situation, and apply these to a broader view of therapy. Recommendations for future journeys will be made.

Chapter Fifteen

Concluding Remarks on this 'Journey within a Journey'

This research study is neither conclusive or exhaustive and is meant to be only one route that may be attached to others for a more thorough understanding of the therapeutic process with children. The need for a better description of the early relationship development process in play therapy accomplishes just a piece in the discovery process. It is what we do with it that makes it work within the world of child psychotherapy.

There are two journeys to comment on in this final stage in the dissertation process. The selected research method, the naturalistic paradigm, deserves a commentary as do the implications for other relationship development processes within the psychotherapy process.

A Retrospective on the Naturalistic Research Journey

> Research design is the plan, structure, and strategy of investigation conceived so as to obtain answers to research questions and to control variance...the *plan* is the overall scheme or program of the research...strategy includes the methods to be

> used to gather and analyze the data...strategy implies *how* the research objectives will be reached and *how* the problems encountered in the research will be tackled.
>
> (Kerlinger, 1973, p. 300)

The specific design chosen to answer the research questions about a better description, identification of themes and the application of these to the facilitation of the therapeutic process required flexibility and time. The emerging nature of the naturalistic method (Lincoln & Guba, 1985; Patton, 1990; Glaser & Strauss, 1967) appeared to allow a gradually developing research process for careful and thorough work. At the heart of this design is the search for a grounded theory (Glaser & Strauss, 1967) which explains what the early relationship development process is, how it can be described through a thematic analysis, and how the identified themes facilitate the growth of the relationship and, ultimately, the growth of the child.

The paradoxical nature of the naturalistic paradigm has served to provide structure and organization of the research process and, at the same time, an emerging and free research environment so the data would provide a rich description. To move into the settings of the play therapists interviewed and then to receive videotapes of the early therapeutic processes from the two research settings has been a privilege. The co-operation from all those involved in the research settings has served as a major catalyst for the smooth research journey that has taken place.

The research questions have been clear from the outset and have contributed to the ease of the journey. The need for a better description of the early relationship development process, as identified in the literature, provided a good starting point for the

journey. The description was enhanced by a observation of the recurring themes and patterns in the voluminous amount of data collected. This process of retrieval served to provide an excellent way to look at and understand the emerging description as the data was analyzed. The culmination of the identified themes with the original and current literature review has lead to a better understanding of how the early relationship development phase is facilitated or 'made easier' for the child and play therapist.

The study of therapeutic process is appropriately studied with a qualitative research process because the data, through interviewing and observation, allows us to see the patterns. Having come full circle in the process, there is an evident need to continue research in the form of a new and different study.

A Retrospective on the Child's Journey for Therapeutic Growth

As is identified in several instances within this dissertation, the need for a better understanding of psychotherapy with children is profound. Furthermore, the need for research is not only necessary but difficult to do because of the many variables involved in the understanding of the child's therapeutic growth. The participants in this study have worked together with the researcher to identify several new and already known components of the early relationship that develops between children and play therapists in the non-directive play therapy environment. Play as a tool for expression has been reviewed unto itself and has been linked to the model of child therapy, namely, play therapy, a model that has become a preferred model for psychotherapy for children around the world. This study has furthered the explanation of the early therapeutic process by

taking the existing theories and has worked with them to establish a new and more thorough understanding of this early relationship development process between child and play therapist.

The implications that this study has for play therapy could be quite influential as it provides the student and experienced play therapist who follow a non-directive and client-centered approach with a better understanding of the process. Consequently, the play therapist may be able to prevent unnecessary interruptions and premature termination often seen in the play therapy process by being able to intuitively understand when regression might occur and when the child needs 'comfort play' and other forms of safety and security.

Moving with the child at the child's pace in his or her development of a new attachment is a complicated process. It is more than just 'playing' with the child. It is being aware of what the child's needs are at all times so that they may eventually feel safe enough to share his or her story. The presentation of narrative is a giving of him or herself that must be cherished and properly guided. The understanding of the early relationship development process can only but enhance this journey between child and play therapist.

Future Journeys for Researchers of the Play Therapy Process

Several points are to be made about the future of play and/or child therapy research as it relates to this completed study.

1. There is much need to describe more aspects of the therapeutic process thereby determining what are the important components that facilitate growth

are. A better description aids our ability to see what is there and then determine what is effective, rather that determine ineffectiveness not knowing what is missing.

2. Continuation of the description of the entire non-directive play therapy process would enhance our abilities to practice and instruct those who are learning. The middle and ending phases of child psychotherapy deserve equal attention, by observing the literature and research in existence and developing a theory grounded in the data. This is a detailed adventure, but would enhance the existing knowledge.
3. More in depth studies of specific themes and recurring patterns in the play therapy process is warranted. The examination of attachments formed within the relationship development of child and therapist, the variations in attachment according to age and sex of children in therapy, and the various degrees of resilience that children appear to display in their defensive structures in the play therapy process are examples of the need for indepth studies.
4. The publication of these research results and others pertaining to the play therapy and child psychotherapy process may encourage funding for further research. The detail, time and cost of child therapy research is extensive because of the many variables that affect a child's progress in the therapeutic journey.

The method of data analysis used in this study, while unique and tailor-made for the project, has been laborious and exhilarating. I would recommend the naturalistic inquiry for future examination of the description of the entire play therapy process as it allows the data to fall into place quite naturally and represents the 'voices' of the therapists as well as the children. Review of my field notes during the research journey indicates the 'nice fit' of the existence of freedom provided by the naturalistic research paradigm and the same quality that is found in the play therapy environment. This parallel process facilitated the overcoming of barriers at the outset, the tackling of the 'alligator pit' or voluminous amount of collecting data during the middle process, and the development of the emerging grounded theory in the final stage. Looking through the 'lens' of those participants involved in this study contributed to the rich description of the early relationship development process of non-directive play therapy. To observe the hard-working ethic of the Dutch play therapists and then enter into their world as they described their play therapy processes was humbling. The flexibility of the Ontario participants was paralleled in their participation in the research project as well as in their work with children. The opportunity to view the world of play therapy through these two geographically different but like therapeutic environments was invaluable.

A recommendation for future studies is the need for including children in the interviewing process, not just in the observation of the process. As Virginia Axline found out in her study of 1950, *Play Therapy Experiences as told by Child Participants,* children can often describe the process for us. This study has relied on the words of the play therapists which has presented a rich description. The words of children would only but complete the process, the journey.

The Journey's Conclusion

My journey is finished. The destination has been reached and the territory lends itself to further exploration. My personal journey has accomplished far more than ever intended. To be part of this process has been a privilege and has reinforced the pride that I have in my profession, social work. To study the early relationship development process in non-directive play therapy at this time in the year 2000 is timely. The resurgence of play therapy research literature accompanies the results of this study.

Finally, my commitment to improved resources for the benefit of young children within their relationships and the therapeutic process continues. Families will always search for ways to improve the quality of their relationships and children will always require opportunities to develop healthy attachments, which begin at home and are facilitated elsewhere in their worlds. This research and theory development offers one more leg in a very vast journey.

I would like to conclude with a quotation from Carl Rogers, the originator of non-directive therapy.

> Gradually I have come to the conclusion that one learning which applies to all of these experiences is that it is the quality of personal relationship which matters most. With some of these individuals I am in touch only briefly, with others I have the opportunity of knowing them intimately, but in either case the quality of the personal encounter is probably, in the long run, the element which determines the extent to which this is an experience which releases or promotes development and growth.
>
> C.Rogers in *The Therapeutic Relationship and its Impact*, 1967 (Edited with E. Gendlin, D. Kiesler and C. Truax, 1967)

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APPENDIX A

CHILD AND ADULT THERAPY

Nancy Riedel Bowers MSW,CSW
133 STIRLING AVE. N.
Kitchener, Ontario N2H3G9

Tel: 519/570-3741
E-Mail: nancyart@easynet.on.ca

Dear

I am a doctoral student at the Faculty of Social Work at WLU, Waterloo and will be conducting a research project on Themes of the of the Relationship Phase of Play Therapy. I am requesting your participation in this project as you have been engaged in the process of play therapy. The involvement will be approximately 1/2-1 hour on (date of interview) when we will meet to discuss the above mentioned topic.

Your participation would be greatly appreciated. The time is mininal but very important to the topic that I intend to research. I have attached a form for obtaining consent as well as to outline more details of the study. You may keep this form.

Thankyou for your participation,

Nancy Riedel Bowers, MSW, CSW, DSW
Candidate

March 13, 1998.

Information About This Study

I understand that I am being asked to participate in a research study which is being conducted by Nancy Riedel Bowers, Doctoral Student in the Faculty of Social Work, WLU with Dean Jannah Mather as the Chair of my dissertation committee.

The purpose of this study is to better understand what play therapists' perceptions are with regards to the themes evident in the relationship phase of treatment with children in play therapy. The data collected in this research will be used to promote this understanding.

The following procedures will be used: Individual Interview with selected and qualified child/play therapists; the data collected will be analyzed and summarized into themes.

The study has been designed so there will be no obvious risks involved for the participants. I understand that I am free to contact the investigator at the telephone number listed below if I have questions.

The following are benefits which I may derive from my participation in this study:

- to learn first-hand about research in social work
- to gain knowledge pertaining to therapists' perceptions of the relationship phase of play therapy

I understand that my participation is voluntary. I may refuse to participate in this study without penalty to me. I may also withdraw from the study at any time without penalty or loss of benefits to which I would ordinarily be entitled. I may omit the answer to any question.

I understand my research records will be kept confidential and that I will not be identified in any publication or discussion.

I understand that direct quotations may be used in reporting the data. The use of these quotations will be limited to those that do not disclose my identity. The researcher will obtain my consent to use quotes that may disclose my identity.

I understand that I have a right to all questions about the study answered by the researcher or research advisor (professor) in sufficient detail to clearly understand the answer.

I understand that I can receive feedback on the overall results of this research.

If I have any questions about the research, the procedures employed, my rights, or any other research related concerns I may contact the investigator and/or their supervisor.

I acknowledge receiving a copy of this informed consent.

Nancy Riedel Bowers, Investigator	Participant
Telephone: 1-519-570-3741	

Dr. Jannah Mather (Dean/Professor/Dissertation Chair): 1-519-884-1970
Faculty of Social Work,
Wilfrid Laurier University,
Waterloo, Ontario.

APPENDIX B

WILFRID LAURIER UNIVERSITY
Faculty of Social Work

Application for Review of Research Project
Involving Human Participants

Date: September 23, 1998.
Researcher: Nancy Riedel Bowers, MSW, CSW, DSW Candidate
Telephone: 519/570-3741 (home)

Research Advisor/Supervisor: Dr. Jannah Mather- Dean, WLU-FSW (Committee Chair)

Funding Agency (if applicable): Scholarship: Shankar Yelaja Scholarship (WLU-FSW)

Title of Research Project: A Description of the Relationship Development Phase of Non-Directive Play Therapy

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FSW ETHICS REVIEW COMMITTEE APPROVAL

A) _ This research proposal satisfies the Faculty's research ethics guidelines.

B) _ Minor revisions of the proposal are required to satisfy the Faculty's research ethics guidelines (see enclosed comments).

C) _ Major revisions of the proposal are required to satisfy the Faculty's research ethics guidelines (see enclosed comments).

D) _ This research proposal does not satisfy the Faculty's research ethics guidelines (see enclosed comments).

Please submit revised proposals to the Committee Chairperson.

Date_____

Ethics Review Committee Chairperson _____

Summary of Proposed Research: purpose of the research, including research questions or hypotheses; why are you doing this research; what do you hope to learn from it?

Purpose: To develop grounded theory with regards to a description of the relationship development (rel. dev.) phase of non-directive play therapy through the data analysis of interveiws with therapists in 2 settings and the analysis of videotapes of the relationship development process in play therapy from these same settings.

Research Questions: The identified research questions at this point in the project are as follows: 1. How can the rel. process of non-directive play therapy be described? 2. What are the common identifiable components/themes, if any, in the rel. dev. process? 3. Which themes/components, if any, appear to facilitate the relationship development phase of non-directive play therapy?

Reason for research: To fulfill the requirements for the Dissertation component of the DSW degree; to complete a qualitative research project of some quality for publishing purposes; to develop grounded theory re. themes of the rel. dev. process of pl. therapy.

Methodology: including procedure used with participants; attach questionnaires, if used; specify: *what will be the experience of the participants; which manipulation will be utilized with which groups or individuals; the source of participants. Please enclose a copy of the debriefing.*

Methodology: The naturalistic inquiry as seen in the works of Lincoln and Guba is being applied in this research project. Six (6) therapists from a local setting in Canada and five (5) in Leiden, Holland, where an established play therapy clinic in conjunction with the University of Leiden, are being selected to meet with myself, the researcher, to address the research topic, A Descripton of the Relationship Development Phase in Play Therapy. The participants will have used a non-directive play therapy model for child treatment under supervision. This selection process is intended to provide homogeneity in the sampling process.

The emerging research design will be employed so that the dialogue will begin with the presentation of the research topic but will allow for the development of responses specific to the participant's own interests and information with regards to the research question. (see attached Appendix A for overview of 'grand' tour and 'mini' tour questions).

A focus group will take place at the end of the individual interview process in each setting so that the researcher can present an overview of the responses to the original research topic and to allow for further data to be offered by the participants.

The participants will experience the opportunity of answering in a free fashion, needing only to follow the opening 'grand tour' question: "When entering into a relationship with a child in the play therapy process, what is important to you and the child?"

Source of Participants: The participants/established play therapists have all been acquired through the 'snowball' approach, ie. being referrred by preceding participants (one of the first group of participants approached recommends another participant, who recommends another, etc.)

Manipulation: Due to the emerging process of the naturalistic research method, there will be no manipulation employed for the purpose of receiving responses. The initial question that is intended to focus the interview is the only effort to structure the interview.

Plan for Obtaining Informed Consent: Attach information letter to parents and/or consent form. ***You must include a letter, script, or checklist of what will be said to recruit your participants. It should include: your name, your advisor's name, the name of the university, the purpose of the research, what is involved in participating, a statement of confidentiality, a statement that the research is voluntary, and a statement of the right of the participant to withdraw or omit questions.*** **(Please follow the format outlined in Appendix B - information about this study).**

In order to ensure the proper informed consent of the participant therapists, all of whom are above 18 years of age, with regards to confidentiality and use of the research findings, a detailed inclusion in the research package is given to each with room for their signature as well as the researcher's. See Appendix B for details of this addendum to the letter. Each participant is also given an introductory letter (Appendix C) indicating a general overview of the research and the attachment of the 'information letter and consent form'. Each participant is informed at this point that he/she is able to keep the letters with a copy of the signed consent form remaining with the researcher.

Deception: If deception is necessary, explain the deception in detail, and provide support for its use as the only possible research methodology.

Deception should not be necessary as the intention of the research will be clearly laid out at the time of initial contact. The nature of this emerging process is to 'work with' the participant at all times encouraging honesty and sponteneity in the responses. For this reason, any form of deception would be detrimental.

Estimate of the Risks and Benefits of the Proposed Research: ***Include both risks and benefits - be exhaustive. If possible, describe any means by which you will reduce identified risks.***

The effort put into the elimination of any risks for the participants through this research is paramount. The risk of confidential information being released through the interviews will be addressed by asking the participants to at all times disguise case material with alternative names and other disguised information. This is of particular concern in the focus group forum that takes place with other therapists present. These therapists do not necessarily work in the same setting and therefore must be reminded of the need to keep all case material disguised for purposes of confidentiality.

The benefits for the participants in this research project will be to increase their awareness of the rel. dev. phase of play therapy and will be seen in the form of a feedback at the conclusion of the study. Each participant will receive an abstract of the dissertation and conclusions as per the themes, if any, in the rel. dev. phase of non-directive play therapy. In the event of the publication of this study, each will also be informed of the location of the article/book.

Privacy: Procedures to ensure confidentiality and anonymity; be detailed and specific regarding the collection, storage and reporting of data.

The data from the interviews will be collected firstly, by audiotape and transcribed onto the computer with the exlusion of any identifying information with regards to the participants or case examples should client material be offered. The participant is asked not to identify in any way client material. The storage of the data from the interview data gathering instrument will be done on the personal computer of the researcher where no one is able to access the information. The summation of the research both for the purpose of the dissertation and abstract will contain no identifying information.

The acquisition of the videotapes from each setting will be done with the utmost of respect for the safeguarding of the material and the use of the data from the tapes. The storage of these tapes will be done in the student's private home study space where a locked cabinet is accessible for this purpose. The analysis of the videotapes will be done so 'in private' with only the assistance of committee members having access to the material. Upon completion of the analysis of the tapes they will be returned or destroyed, according to the wishes of the individuals from each setting who provided the tapes. The informed consent necessary for the children to be videotaped and for the tapes to be used for 'research purposes' will be left to the therapists or the institution from where they originated. The setting that provides these tapes will also be asked to ensure that consent of parents, children and therapists for research purposes has been dealt with according to their criteria.

Research involving captive and dependent populations: procedures for ensuring that consent is not obtained by subtle pressures on the captive or dependent subject; plans for obtaining consent of the authorities and independent advocates.

As only adult therapists will be participants in the interviewing data collection of this research project, there will not be any dependant populations and therefore, no captive participants. As indicated in the preceding section of this application entitled, "Plan for Obtaining Informed Consent", an appropriate course will be followed for the acquisition, useage and destroying of the videotapes for this research project. Each setting that provides videotapes will be informed of the approved ethical process for this study and will allowed the opportunity to present the videotapes in a manner that is deemed ethical by that particular institution or therapeutic setting (private or public).

Research involving children: specify procedures for obtaining the consent of parents, guardians or other appropriate authority.

This study will not involve the direct interviewing of children by the researcher. The use of videotapes for the purpose of analysis of data involving children in therapy will be employed. See the preceding sections that explain the procedures that will be adhered to for the purpose of obtaining the consent necessary for the useage of the videotapes.

Research on other cultures, countries and ethnic groups. Specify procedures to communicate the purpose of the research in a way that takes into consideration cultural differences.

This research study will provide 'rich' data because of the information gathered from 2 settings in Canada and Europe where play therapy is a widely used form of child therapy. The qualitative research method follows an emerging data analysis that will includes the influence that the culture, sex, age of participants, etc. may have on the results. The focus on 'qualitative' data analysis will be cognizant of any influencing factors that may effect the final analysis of the data. Consultation with committee members who are 'experts' in this regard will be heavily used to ensure a thorough investigation and interpretation of data.

Dual role of researcher and service provider. Indicate procedures for maintaining independence between your roles as the researcher and as a service provider.

My role will be one of only researcher and not as therapist. The role of the researcher will be neutral at all times so as to allow the participant freedom to respond naturally. While an 'orientational' approach within the qualitative research design (one of experience in the area of research yet maintaining neutrality) is employed, the intended role is at all times one of learner, listener and interviewer with no preconceived notions about the description of the rel. dev. phase of non-directive play therapy.

Nature of Feedback to Participants: *Content, timing, mode of delivery; if possible, specify dates.*

A proposed plan for data gathering is found in Appendix D.

The focus group involves the process of receiving general feedback with regards to the individual interviews. The final feedback for the entire research project and final dissertation will take place upon their completion.

Signed: _____

Researcher

For Students: _____

Chair of Thesis Committee

APPENDIX C

SUMMARY OF EVIDENT THEMES FROM MEETINGS WITH PLAY THERAPISTS IN ONTARIO, 1997 RESEARCHER: NANCY RIEDEL BOWERS (WLU-Ont.)

The following are important themes that have become evident (through the interviews with play therapists in Ontario, 1997) of the relationship development phase of play therapy. Please indicate by rank ordering the following themes in terms of importance for you in your work as a play therapist (1=high priority; 10=low priority).

	Pre-focus grp	Post-focus grp
The relationship development phase develops gradually with trust growing each week	_____	_____
The toys facilitate the relationship and are the bridge or the barrier to its growth	_____	_____
The child is to be given the opportunity to control and be empowered in the process	_____	_____
Setting goals for the treatment process is an important aspect to development of relationship and trust	_____	_____
Having flexibility to use different play therapy approaches and styles is therapeutic to the process	_____	_____
The involvement of parents and other 'team players' will enhance the therapy	_____	_____
Observing resistance is an important cue to realize therapeutic growth	_____	_____

APPENDIX D

Summary of Evident Themes from Interviews with Play Therapists at Univ. of Leiden, October 5-7, 1998
Researcher: Nancy Riedel Bowers (WLU-Ont., Canada)

The following are important themes that have become more evident in the relationship development phase of play therapy. Please indicate by rank orderering the following themes in terms of importance for you in your work as play therapist (1= high priority; 10= low priority).

	Pre-focus grp	Post-focus grp
The relationship development phase **is:**		
real/pleasurable/honest	_____	_____
an intuitive process	_____	_____
a communication "	_____	_____
involving parents	_____	_____
The relationship development phase **provides:**		
security/familiarity	_____	_____
clear goals/boundaries	_____	_____
convenience and familiarity	_____	_____
ego development	_____	_____
safety	_____	_____
The relationship development phase **moves:**		
in a cyclical fashion	_____	_____
in an environment of freedom	_____	_____
with empathy	_____	_____
through resistance	_____	_____

APPENDIX E

1. Example of worksheet of transcript page and accompanying page of emerging codes (content), categories (process) and themes.

2. Compilation of all codes and categories for thematic identification

3. Chart of 'cut-up pieces' indicating categories, themes and sub-themes

4. Draft of working sheet with all categories and themes

5. Same as 3 but with indicators of how the categories were amalgamated and winnowed out

6. Actual worksheets (6) of videotape analysis (behavioural indicators in brackets under each category)

1. Example of worksheet of transcript page and accompanying page of emerging codes (content), categories (process) and themes.

THEMES	PROCESS	CONTENT
P	expresses what he wants to	... know why he's coming ... explain no one can come in - inside ... tell what I'm going to talk to his parent ... what rules are for me + for him ... try to understand what he wants to express
D	rel. dev. is a process in phase.	... doesn't take much time to have the basic community ... that's 1 or 2 (session) ... later on the one is the gloves
S	feeling of ease is paralleled in parent	reach a specific point in the thing ... it's difficult for him ... instead it's a process in phases ... and follow so it's OK ... verbally he works ... in a deeper form

Interview:

he knows why he's coming and what we're going to do with ?? and at the time we have for playtime and then yah we talk about it and I explain why we have the boards on the other side of the door that no one can come in, that there is a mirror but that we don't use it when he didn't know and what I'm going to talk to his parents and what no and so I tell him what the rules are for me and for him very.. yah what he can expect but that's only the.. well I show him what the surroundings are for his..

Q: Yes. But eventually he feels comfortable and you continue to follow him and take the lead at all times.

A: Yes. And I yah I try to understand what he is doing, what he.. you know what he likes about it and what he doesn't.. well what he want's to express.

Q: Is there quite a variety in the number of sessions that you would use to develop that relationship with the child? With some it might be fewer, some it's more.

A: Hmm.. I don't know for sure umm.. I don't think it takes so much time to have the basic community. I think that's one or 2 it's O.K. but later on that's also the one with the gloves.

Q: Yes.

A: When you are reaching a very specific point in the therapy but it's difficult for them then it takes some time again. So I think it's a process in phases. I think it's.. in first there is some.. because they're not threatened. It's I follow so it's O.K. and well they like it and next they come and oh O.K. I follow again but when we reach err.. we're going to.. when I verbalize more the problems part then we need to work on it again.

Q: Work on it again. That's interesting.

A: And I think that also it's in a deeper form I think. It's another kind of.. I think it's analytically the umm.. well I think that the real work relation.

Q: Yeah. So when the working through process begins the relationships.. the working through as they call it..

A: Yah and there's also a basic.. when they and that you see the next time they are coming they if they are at ease, if you have err.. well if you don't umm.. if you use the rules O.K. then it's O.K. If the parents use their part it's O.K. if the child doesn't feel at ease because his parents are not cooperating well or so then you have to work more on it to make the fully safety I think. First we start with safety later on we start with what I am allowed to do.

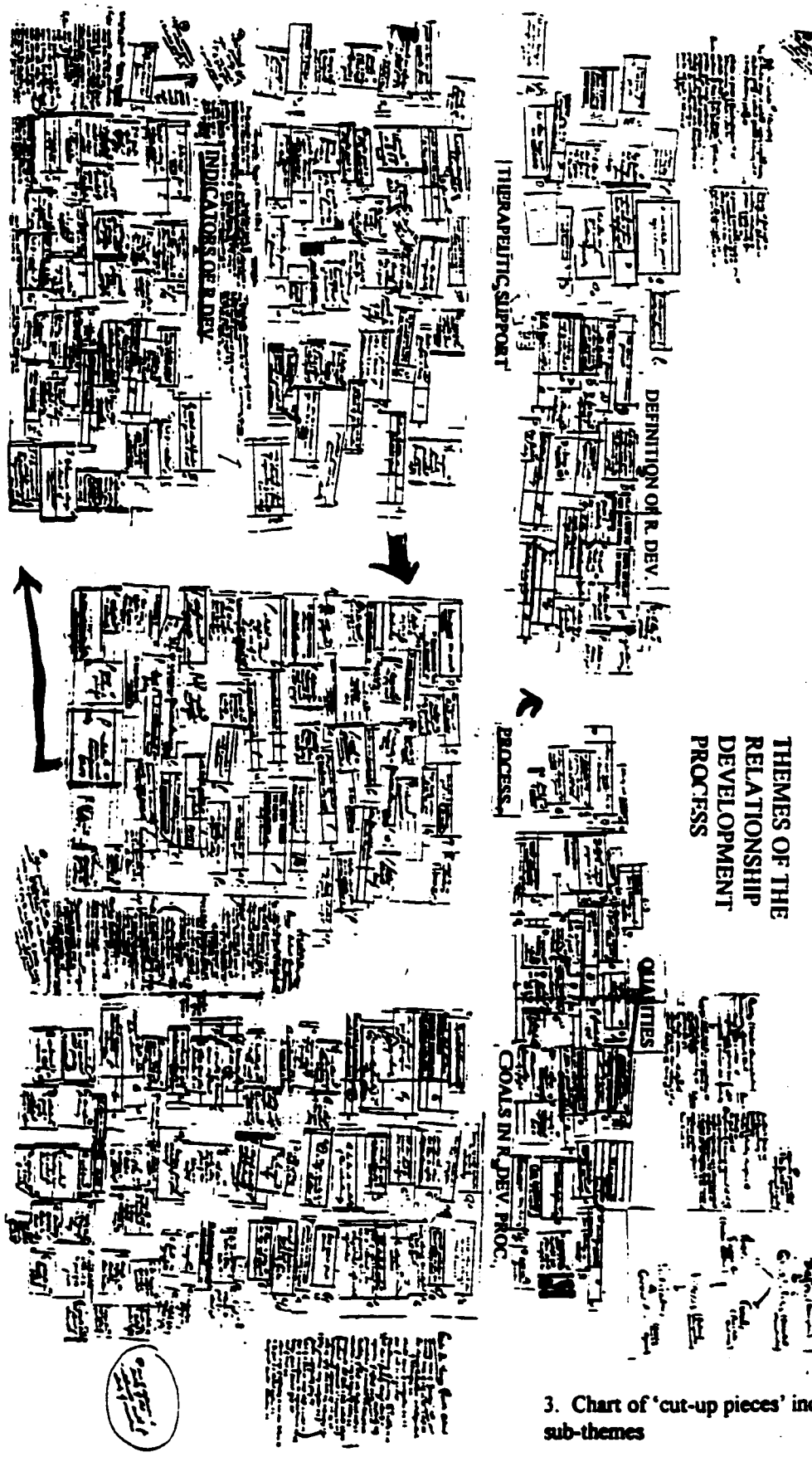
2. **Compilation of all codes and categories for thematic identification**

RESEARCH CODING/THEME DEVELOPMENT

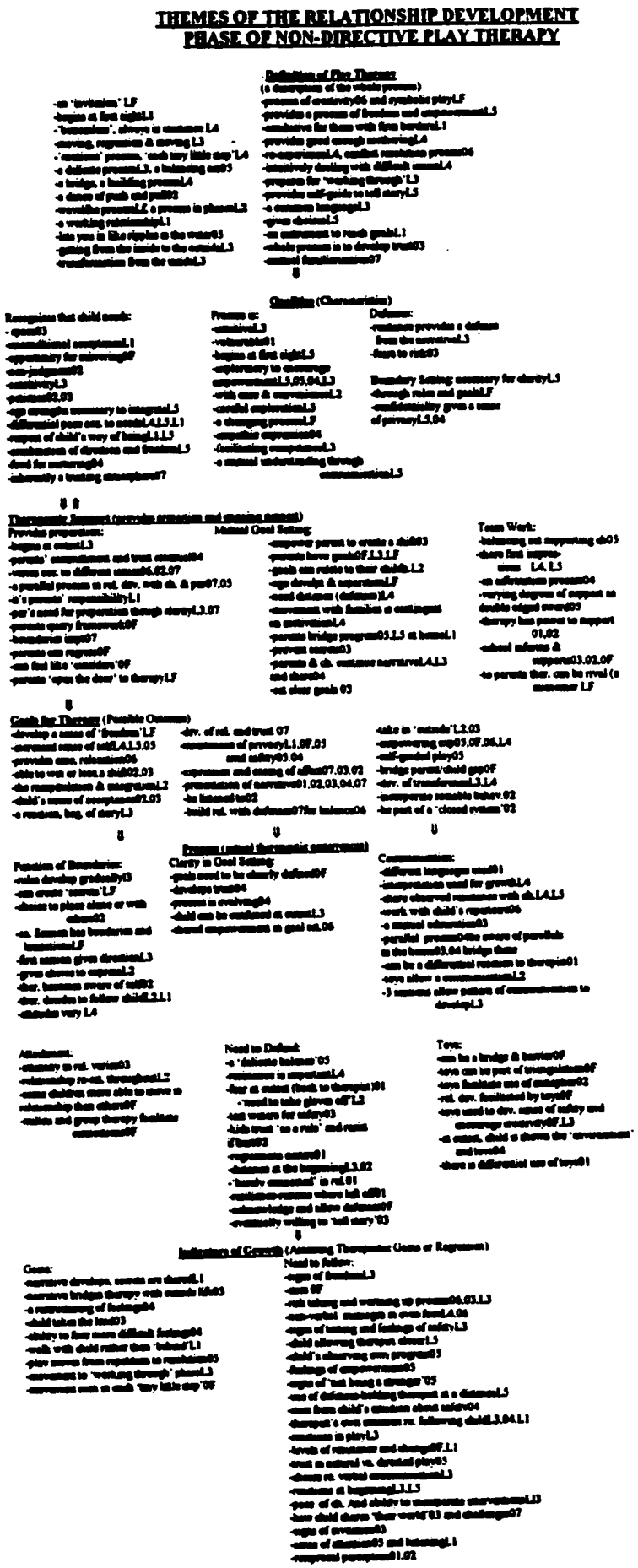
L-2

LEIDEN#2

CONTENT	PROCESS	THEME
1-(EX) ..had a child...AT EASE in the begnn'g..not at ease (after talking about problems)	L.D. enhanced [illegible]	Q
2-came in with MITTS **	[illegible]	[illegible]
keeps his gloves on...fists were like this..becomes more at ease		
has to do what he wants..try to mke what he wants..try to make him at ease..show him that it is OK..when we start it's impt that child can do anything he wants to		
when they are at ease..then they try to do something	[illegible]	[illegible]
3-he starts walking around just looking and he shows what is nice..what is not nice		
WE LOOK TOGETHER		
**I AM JUST FOLLOWING...I'm the one who follows and looks with him		
...I stay a long time following		
if it is first serious things...take time to talk with child and say what we are going to do and shy..only directive move		
4-..know why he is coming..explain (RULES) no one can come in..mirror		
..tell what I'm going to talk to his parents..what rules are for him and me		
..try to understand...what he wants to express	[illegible]	[illegible]
..doesn't take much time to have the basic "COMMUNITY"	[illegible]	
..that's 1 or 2 (sessns)..later on the one with the GLOVES ***		
reach a specific point in the therapy..it's difficult for them..I think it's a process in PHASES	[illegible]	[illegible]
..I follow so it's OK	[illegible]	5
....verbalize the problem..in a deeper form	[illegible]	
5-if you use rules it's OK..if parents use their rules..they are not co-operatitng..first we start with SAFETY..then we start with what (ch) is allowed to do		
...working relations..one with GLOVES..he was		

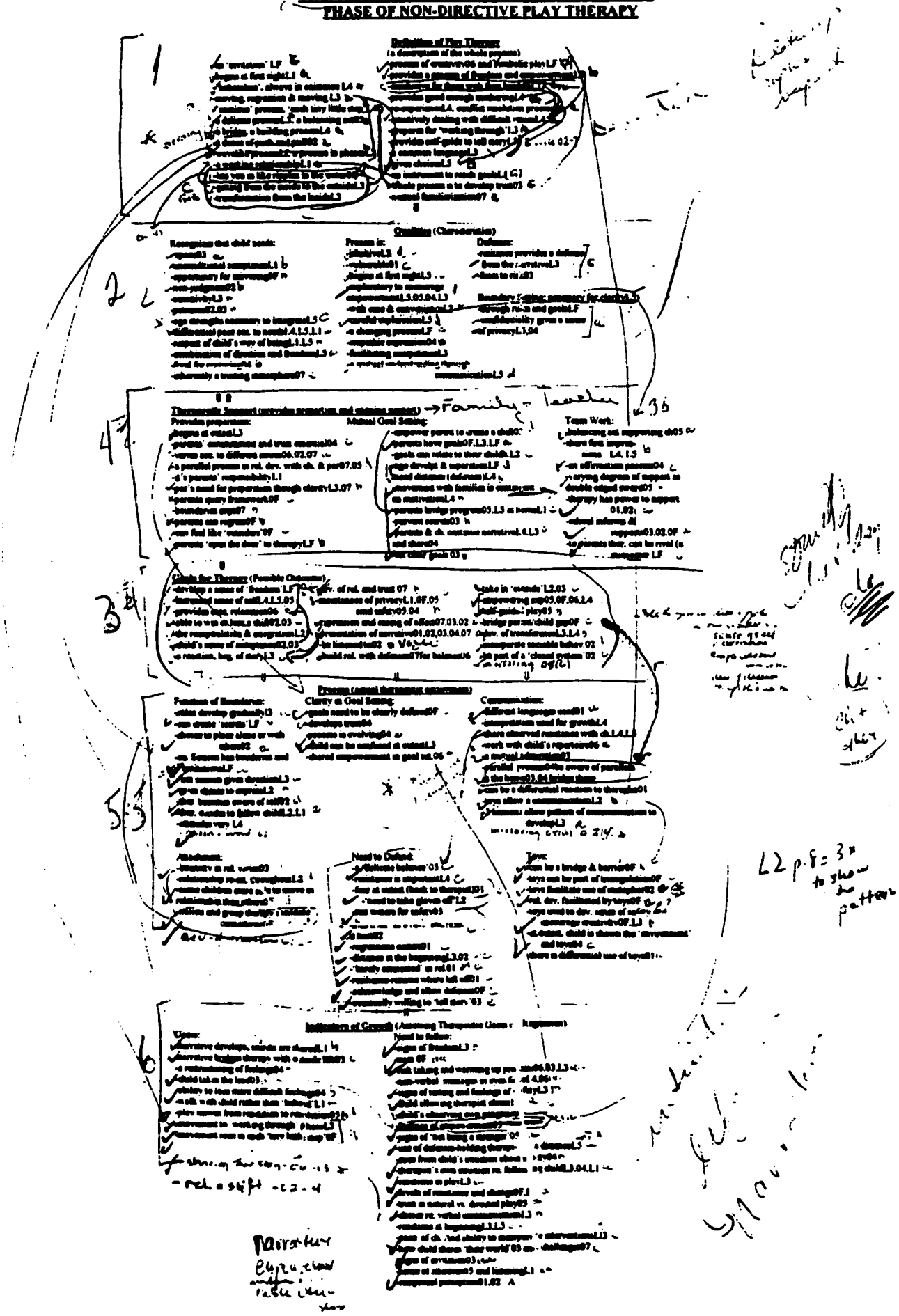


3. Chart of 'cut-up pieces' indicating categories, themes an sub-themes


THEMES OF THE RELATIONSHIP DEVELOPMENT PHASE OF NON-DIRECTIVE PLAY THERAPY
Definition of Play Therapy
(a description of the whole process)
Qualities (Characteristics)
Therapeutic Support (provides structure and ensures safety)
Goals for Therapy (Possible Outcomes)
Process (about therapeutic environment)
Indicators of Growth (Assessing Therapeutic Gains or Regression)

5. Same as 3 but with indicators of how the categories were amalgamated and winnowed out

THEMES OF THE RELATIONSHIP DEVELOPMENT PHASE OF NON-DIRECTIVE PLAY THERAPY



6. Actual worksheets (6) of videotape analysis (behavioural indicators in brackets under each category)

VIDEO #: LEIDEN (1) 2 3 ONTARIO 1 2 3

Session #1 | #2 | #3

1. Come to an understanding of the Rel. Dev. Phase

Move through a wavelike cycle, engaging, regressing and moving ahead
(ch. talks with therapist, then plays alone and then re-engages in dialogue)

	Session #1	#2	#3
10'-	ch. plays in sand parallel	child moves away from therapist - same	plays parallel, therapist tells & buttons
20'-	therapist directs new play	plays together in sand	asks therapist "is it ok?" - then puts it away
30'-			back to therapist - at toy shelf
40'-	play parallel and with therapist allowing her to be a voice	parallel yet with therapist's	

Create an atmosphere of freedom and ensuing empowerment
(ther. encourages free play and ch. makes choice to play)

	Session #1	#2	#3
10'-	therapist follows child	therapist does not interfere free play	"what are you going to do today"
20'-	ch. moves from sand - "going home"		therapist wants to add cars (as control of ch. neighbours)
30'-		therapist helps child & suggests part of play	
40'-	child feeling strength to destroy	move to dollhouse	

Engage in a building process beginning at first sight developing trust and sharing narratives
(ch. tells stories to ther. on own initiation)

	Session #1	#2	#3
10'-	child chooses to add trees etc.	begins story on own in the p.-play	
20'-		builds bridge (like in her life)	less directed in narrative
30'-	affect seen in destruction - "mother angry at kids"		story begins intensively when baby + father added and
40'-		dolls - grandparents	child cries - father goes to baby - puts back to mo.

Participate in a delicate process of developing creativity through symbolic play
(ch. plays with toys using metaphor of play to create a story)

	Session #1	#2	#3
10'-	man + woman take a walk	mouse + dog - p. play crocodile - "he's eaten?" pp + "no one knows"	secret of what the play in sand is about
20'-	creativity in play		
30'-	child crying (sounds	- moves towards therapist	doll house play speaks house, ch. has big room, mo. has little one
40'-	like a baby"	- today in life + P (sand)	"he is gone"

Develop a mutual familiarization and common language
(ther. and ch. talk about words and names in the pl. th. process)

	Session #1	#2	#3
10'-	trees + sizes are clarified	clarify mouse'	secret language - (won't tell you what I'm making)
20'-	ch./therapist talk of ability to be creative in play	talk of taking care of baby (in doll play)	
30'-	ch. feels fusion		
40'-			

NEW:

Session #1	#2	#3
- boundaries can be set before entering playroom so as to not interfere with play - child + therapist state the creativity of play = gives more freedom ⇒ affect evident	- use of hide + seek - a bid for control "I want to play hide + seek"	give the child the sense that it is 'her room' - more forthcoming in free comments to ch. MUTUAL GROWTH + SENSE OF TRUST experience of 'free play' more forthcoming in 3rd session

2. Set mutually understood goals — Session #1	#2	#3
Provide an empowering experience developing in an increased sense of self (ch. indicates an understanding of own behaviour)		
10' child [illegible] no acknowledgement of behavior 20' change metaphor of play - give 30' notice [illegible] self-[illegible] 40'	↑ affect in p. play - [illegible] [illegible] but no reflection of feelings uses differences at [illegible] + [illegible]	responds to reflection about perfect behavior realizes she can change pace by slowing [illegible] down
Facilitate a sense of safety, ease and acceptance that permits self-guided play and an environment of freedom (little hesitation is evident in freedom of play)		
10' child clearly guiding own play 20' play clearly guided by child - moved to another place for safety 30' 40' affect is clearly evident	uses clearly to play of choice - p. play	child [illegible] more sense of satisfaction in choice of play regression - acts like a baby when [illegible] reflects [illegible]
Move from a closed and protective position to an easing of affect and presentation of narrative (ch. shares feelings in story telling)		
10' pushed man + woman in sand 20' moved to house "can only play in house" 30' father is going to a wedding 40' mother protecting children!"	feelings continue to be [illegible] in sand + play - [illegible] hit by monkey - [illegible] is angry	drops [illegible] on floor - cries like baby
Incorporate more appropriate social behaviour and integrate the relationship (ch. talks about using therapy in life outside)		
10' 20' indirect reference to outside life 30' "just be quiet, mom will take care of you." 40'	"bridge [illegible] here → [illegible] one in sand"	talks about where bought clothes
NEW:		
- metaphor of play and awareness of creativity gives child freedom to create + feel ability/mastery	recognizes the difference of home + play - different rules + more freedom first reflection of feeling - anger	child takes over sense of control to alter pace of therapy (asks [illegible] more toys)

	Session #1	#2	#3

3. Seek and utilize external supports

Recognize that there are varying degrees of support resulting in an ongoing balancing act
(ch. tells therapist of parents' involvement in his/her life)

Time	#1	#2	#3
10' 20' 30' 40'	metaphorical play at outset no direct reference to own life	talks of going 'under a bridge to get to [illegible]' = making a bridge in sand	talks & short- when she got it

Encourage careful preparation for parents and families to provide clarity about the nature of play therapy relationship, setting boundaries for protection of privacy
(parents understand therapeutic boundaries such as confidentiality)

Time	#1	#2	#3
10' 20' 30' 40'	no cross-over of life c̄ parents	boundaries stated: 'we don't do this at home' - we don't sit on table at home	no reference to sp. life family?

Affirm for parents that they can feel like outsiders and need to continue the narrative and sharing thereby bridging the progress
(child indicates that s/he shares story at home)

Time	#1	#2	#3
10' 20' 30' 40'	only metaphor indicate what may happen outside sess.	reflects on restriction at home - 'we don't do that at home'	family life enacted = dollhouse play

Facilitate a parallel process for parent as well as child empowering parents to create a shift in their own ego development and family growth
(ch. talks with parents in family issues)

Time	#1	#2	#3
10' 20' 30' 40'	no direct reference to family but clearly repeating story of mo. taking care + fa. gone	reflects on safety & for grandparents - doll	no indication of life in the week or outside but it clearly appears that life outside is reflected in [illegible]

NEW:

#1	#2	#3
- intensive play deters from direct reference c̄ own family but acts out parallel story of mo. taking care + fa. leaving	- figures of more [illegible] represent family metaphorically - mention grandma 'feel' from crocodile & rabbit - boundaries stated by difference at home - but reinforce play 'don't sit on tables at home' - grandparents identified as safety/pleasure	

Session #1 · #2 #3

4. Engage in the therapeutic process

Allow pattern of communication to evolve through freedom of play activity and boundary setting (ch. and ther. speak of play activity with familiarity)

	#1	#2	#3
10'	Speak common language & trees + people		began sand play together
20'	interpretation indicates that	ther partakes in sand play (taking liberties)	appears to push ther away from helping
30'	ther understands child		
40'		- begins to move together in play room	

Engage in expression of affect and creativity through the metaphor of play that toys provide (ch. uses play to act out a story)

	#1	#2	#3
10'	solid trees in ground - puppets pushed into sand	p. play "yes this it is going to be a movie today"	destroys what was
20'	moves to safety - house	hide seek	instructed by manager
30'		- change to doll + monkey	"wish to be a baby" - "papa goes away"
40'	ther asks more direct questions re father + mo then	- grandparents: a theme	

Recognize the need for distance at the beginning allowing safety and trust to gradually develop (ch. chooses to move farther away and then closer to ther.)

	#1	#2	#3
10'	ch outset put trees in sand + then sit together	moves freely on own in play rm	child moved to another activity then back to sand pit
20'			"everything is not beautiful"
30'	ch. looks to therapist for affirmation	@ engages ther by calling via crocodile	back to ther (at shelf)
40'	ther on chair now	tel. conv. c ther	

Become more aware of self and ability to move into relationship development (ch. engages in communication with/about therapist)

	#1	#2	#3
10'	ch. depends on ther interpretation to continue	more reflection off of ther's interpretations	child setting up resistance by not agreeing
20'	relies on interpretation for direction	ist x contact c ther - eating ther	
30'		- answers questions anger of monkey	
40'	constantly dependent on ther		

Develop patience in allowing the narrative or story to be told when ready (ther. allows ch. to introduce he/his story rather than directing it)

	#1	#2	#3
10'	ther follows child ++ - only interpreting the play	ther facilitates story + follows - sand, puppet, sand, doll, monkey	ther sits back & interprets less
20'	ch. redirects play - ther follows		remains indirect
30'			interprets ++ directly as intensity increases
40'			

NEW:

#1	#2	#3
- interpretation facilitates self understanding and offers empathy + understanding	- child's use of interpretation changes - engages in response rather than parallel - ther feeling more at ease to interpret ++ and be part of play	resistance clear + more free as child destroys play/sand + ther accepts it (regresses - ch. baby talk at 40 min.)

Session	#1	#2	#3

5. Demonstrate therapeutic growth

Engage in a warming up process as indicated by verbal and non-verbal cues
(ch. moves closer to ther. and asks for his/her participation)

	#1	#2	#3
10'	k suggests we make break		child appears to want Kst's participation in sandpit
20'	child moves - Kst follows	attempts to devour Kst = crocodile	reflects on Kst's [illegible]
30'		parallel play	at playhouse
40'			moves away - wants independence

Move through fluctuating leading-following positions resulting in the child feeling comfortable taking the lead in the play therapy
(ch. indicates wish to choose activity)

	#1	#2	#3
10'	took lead from outset	B. play by choice "this story is finished"	child takes pleasure in changing direction + mood of play
20'	move to another activity	- moves freely from play to play	
30'			- moves to new play - doll house
40'			

Allow secrets and stories to be shared with a freedom to illicit feelings
(ch. talks about his/her feelings when telling story)

	#1	#2	#3
10'	little feeling - all content in play	little reflection on feelings	feelings of frustration indirectly acted out by disagreeing c̄ anything Kst says.
20'	ø discussion of feeling		
30'		begins hit by monkey (c̄ smile)	
40'		- ANGER at monkey - monkey hits baby	begins to rock like a baby

Incorporate the therapeutic process into life outside of the therapy
(ch. refers to ways in which therapy is applied to outside life)

	#1	#2	#3
10'	no discussion of outside life		
20'		bridge = the same home + in sand	[illegible] play reveal family life
30'			
40'		"at home we don't do this"	

Observe a change in the level of resistance and need for repetition in the play
(play that has been recurrent is changed)

	#1	#2	#3
10'	Sand play chosen	30 Sand play to begin - move to puppet play straight away	05 sand play at outset keeps c̄ sand to address need for control
20'			
30'	doll house play	40 back to sandpit	
40'			

	#1	#2	#3
NEW:		metaphorical figures: mouse + dog, crocodile + rabbit, baby + crocodile devour Kst. input to child to identify the difference of play + home. affect indicated strongly through metaphor of monkey "hits the baby"	child keeps c̄ play activity of choice to act out need for control

Session	#1	#2	#3

6. Observe qualities of therapeutic process

Experience a relationship building of boundaries, space, varying paces and freedom
(ther. sets limits;ch. is close and moves farther;ch. plays independantly)

	#1	#2	#3
10'	boundaries appear to be implicit	chooses p. play – changes characters	Rst gets chair to be by ch. at sand pt
20'	ch. has back to Rst to create distance	returns to play in sand	ch. moves to doll house c back to Rst then away (sits on floor
30'		play changes to dolls + monkey – Rst sits	
40'			

Participate in experience of nurturing, empathy, acceptance, sensitivity, patience and respect
(ther. illustrates empathy by addressing child's feelings)

	#1	#2	#3
10'	clearly moving c child	– Rst reflects how puppets are feeling	Rst gives feedback & clothes
20'	constant empathy in being c child – interprets		
30'	responds to child's need to destruct	– addresses child's; addresses anger c monkey; reflects on good care of monkey	
40'			

Facilitate the strengthening of ego development through acceptance of resistance as a defense
(ther. allows ch. to pull away physically and to choose independant play)

	#1	#2	#3
10'		p. play is changed freely	child moves away / Rst gets chair
20'	child pulls back to Rst to create distance	– buries cars realistically "did a bad thing"	
30'			Rst interprets child's resistance "throwing baby away"
40'			

Explore through the relationship growth the opportunity for empowerment
(ch. makes own choices to play and talk with ther.)

	#1	#2	#3
10'	Rst is modeled	child chooses to engage c Rst interpreting through orange	child chooses play + moves to chair to sit
20'			
30'	child indicates freedom to be angry	pulls up chair equal to Rst	
40'		Rst/ch. close together a good care of ...	

NEW:

#1	#2	#3
– interpretation is way of being with child, illustrating empathy	FREEDOM TO PRESENT AFFECT THROUGH MONKEY IS EVIDENT + POSSIBLE positive strokes given & care of monkey, + care towards child indicated	Rst more forthcoming & complements ch. able to set up resistance – throws away baby – "don't like that"