CHILDREN'S EXPERIENCES
OF PLAY THERAPY

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Declaration

I hereby declare that this dissertation is my own unaided work and that I have given full acknowledgement to the sources I have used.

Richards

Vanessa Richards

03/03/2002

Date

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I thank the following people:

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The children who participated in this study, who yet again granted me privileged access to their worlds.
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H, who in spite of everything, first taught me how to play.
M, who taught me to not take playing so seriously, and made it all worthwhile.

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OPSOMMING VAN DIE STUDIE

Hierdie kwalitatiewe studie het ten doel gehad om die ervarings van vyf kinders in speelterapie, vanuit die perspektief van die kind, te beskryf.

'n Eksploratiewe, beskrywende , induktiewe navorsing ontwerp is gebruik. 'n Deursnit gevallestudie is gedoen, waarin daar met vyf kinders onderhoude gevoer is. 'n Oop vraag semi gestruktureerde onderhoud skedule is gebruik. Die onderhoud skedule was gefokus op een kind, en die navorsingsonderhoude is op oudioband vasgele. 'n Nie-waarskynlikheid steekproef is gebruik, en die ontledingseenheid was die enkele kind.

'n Deduktiewe stapsgenyse metode van data-verwerking is gebruik, gebaseer op Huberman en Miles se benaderings. Data is gekodeer en ge-analiseer deur middel van 'n analise protocol wat deur die navorser ontwikkel is. Die resultate verkry is met relevante leteratuur vergelyk, ten einde bevestiging. Die vetrouenswaardigheid van die studie is gedoen aan die hand van Guba se model.

Vanuit die studie is bepaalde metodologiese en inhoudelike gevolgtrekkings gemaak. Aanbevelings aansluitend by die gevolgtrekkings is gemaak ten einde teoretiese en praktiese kennis tot speelterapie uit te brei.

CHAPTER 1

ORIENTATION TO THE STUDY

It is a matter of agreement between us and the baby that we will never ask the question: 'Did you conceive of this or was it presented to you from without?' The important point is that no decision on this point is expected.

D W Winnicott
Transitional Objects and Transitional Phenomena
cited in Adam Phillips (1994:13)

1.1   INTRODUCTION

This qualitative study will research five children's experience of long-term play therapy, from the perspective of the child.   In exploring and describing the children's experience, the study will be a tentative delving into the 'inner workings' of one approach to play therapy, developed by this researcher in her private clinical practice.   The research will aim to begin to make explicit the 'sub-text' of play therapy; that is, to give a voice to the child patient's usually   unarticulated experience of the helping process.

By directly researching the child's experience of play therapy *from the perspective of the child,* the study will represent a departure from the emphasis clinicians and researchers have historically placed on their theories and professional roles in therapeutic practice and discourse: Gardner, (1993) for example, in his account of the development of play therapy techniques in the twentieth century, reviews a broad range of classical and contemporary texts, all of which promote the central role of practitioners and their theories.   Further, as noted by Spinelli (1994:77), "somewhat amazingly, given the large amount of studies dealing with therapy and therapists, there exist very few exhaustive studies that focus exclusively on the client's experience of therapy."

1.2   MOTIVATION FOR THE STUDY

This study is motivated by a range of theoretical, practical and social factors.

1.2.1 Practice Experience

Impetus for the study arose primarily out of the researcher's play therapy practice with children in the last ten years.   This experience; coupled with knowledge and insights derived from literature, discussion with colleagues, and feedback from child patient's parents; raised important questions for this researcher, relating to how to understand the nature of play therapy and the basis of its effectiveness.

Studying children's experience of play therapy directly is viewed as a potential point of entry into greater understanding of play therapy in general. Classical child psychotherapy texts supply limited answers to the central question "What is the child's experience of play therapy?". Where answers are supplied they tend to reflect their authors' assumptions and philosophical allegiances, rather than an overriding interest in the child patient's experience. The researcher's clinical experience with over one hundred children suggests that the child patient might be more capable of articulating an experience of the helping process than is frequently assumed. This is in contrast to Gardner's (1993:3) assertion that most children "do not appreciate how their therapeutic experiences will fit into their life patterns." It is intended that this study, however limited in its scope, might provide different answers.

1.2.2 A Paucity Of Research

An apparent lack of research into children's experience of play therapy provides further motivation for the study. A search of South African post-graduate research, current and completed, identified this field of study as historically under-researched, although enjoying a renewed interest in the last ten years. Indigenous research reviewed favours investigation of play therapy techniques, therapist training, and evaluation of the application of this methodology to specific populations, such as Black children and traumatised children, from the perspective of the practitioner. For example, "An Exploratory Descriptive Study To Determine The Feasibility Of Play Therapy With Hospitalised Black Malnourished Children" (Doctoral Dissertation, M Motswaledi, School Of Social Work, University of Cape Town, 1998); "Assessment Of Children For Brief Psychodynamic Psychotherapy: Training Implications" (Masters Dissertation, L-A Levy, Department of Psychology, University of Cape Town, 1991); and "The Efficacy Of Non-Directive Client-Centred Play Therapy In The Treatment Of Traumatised Children" (Masters Dissertation, M Adams, Department of Psychology, University of Western Cape, 1998). It is hoped that this study will stimulate debate and further research within the field through collecting data that could form the basis for more systematic research, of a less exploratory nature.

1.2.3 The Limits Of Literature

A search of international and South African play therapy literature reveals a similar bias in favour of the perspective of the practitioner and theorist, again confirming the need for more research that could generate client-centred theory. Contemporary literature reviewed by this researcher tends to be informed by classical texts stemming from, for example, psychoanalytic, cognitive-behavioural or Rogerian client-centred theories, none of which may confidently lay claim to actively considering the child's perspective. Dominant 'psychological wisdom' appears to remain relatively unchallenged in the literature; and integration, both of

theory and practice, and of the patient's and practitioner's perspectives, remains an incomplete task.

1.2.4 The Need For Integration Of Theory And Practice

The need for integration of theory and practice lends additional impetus to the study. It is intended that this research will add value to practice by uncovering new knowledge based on gaining insight into children's experience of play therapy. Such knowledge could potentially contribute to guidelines for therapeutic intervention with children. It could also possibly provide a set of criteria by which to evaluate current play therapy practice models.

1.2.5 Socio-Economic Considerations

Lastly, this research is also motivated by the exigencies of South African society's extensive mental health needs; and by the current government's policy of Developmental Social Welfare. This policy emphasises cost containment through effective service delivery that can be evaluated according to set criteria (Welfare Update, Department Of Welfare, Population And Development, March 2000). Play therapy is viewed by some critics as an expensive and time consuming intervention. The effectiveness of play therapy must be established if its costs are to be justified, and its applicability as a method of intervention more widely accepted. Investigation of children's experience could provide the impetus for more systematic evaluation of the method's efficacy.

1.3   PLAY THERAPY AS A RESEARCH CONTEXT

Play therapy, as practised by this researcher, will be viewed as the context of this study. An established method of intervention, play therapy is utilised by a range of mental health and allied professionals. It can be viewed as a body of diverse, loosely connected therapeutic approaches and techniques, each reflecting a particular strand in the historical development of the method. Individual play therapy approaches embrace specific philosophies and theories . relating to concepts such as psychological development and functioning; personality and psychopathology; and the treatment of childhood disorders (Kottman, 1995; Gardner, 1993; Rutter, 1975).

Lively debate amongst practitioners, and an absence of consensus regarding theory and technique, characterise the field of play therapy. The intention of this study is not to enter extensively into these debates, nor to engage with the minutia of the method's evolution. Further, it does not aim to evaluate any one approach to the practice of play therapy.   Rather, in the tradition of qualitative social research, it intends to explore, phenomenologically, the child's experience of play therapy. A phenomenological approach advocates the scientific study of

immediate human experience (Reber, 1995:564). However, it is anticipated that elements of the various debates might emerge as relevant to the study's findings. Where this occurs the debates will be discussed in the literature control in Chapter 4.

Gardner's (1993) lucid account of the history of the development of play therapy highlights the theoretical and practice schisms within the method. He notes that the psychoanalytic movement is generally credited with the development of play therapy in the early part of the twentieth century, largely through the efforts of Melanie Klein and Anna Freud (Gardner, 1993:1). A central debate within the method concerns allegiance to, or rejection of psychoanalytic thinking and technique, particularly in relation to concepts such as unconscious processes and the use of interpretation. A second major strand of play therapy was developed by Virginia Axline in the 1940's, and was based on Carl Roger's humanistic, client-centred approach. Subsequently a variety of approaches were developed, including cognitive-behavioural, psycho-educational and arts-based play therapy. The various approaches to play therapy are distinguishable across a range of dimensions, which are displayed in Table 1 on the following page.

Whilst not the focus of this study, the researcher's therapeutic approach merits brief description for the role it will play in shaping the manner in which this study will be conceptualised and conducted. It also requires consideration with reference to the main strands of play therapy theory and practice, as described previously. This is important, as ultimately the study will only be able to lay claim to having investigated children's experience of this researcher's version of play therapy.

The researcher's approach to play therapy is based on a practice model of intervention that can be described as systemic integrative psychotherapy.* That is, within a coherent practice model developed over time, a range of elements are drawn on and integrated from the psychoanalytic, humanistic and cognitive-behavioural child psychotherapies. Guided by a developmental psychology perspective, this approach integrates a variety of assessment and intervention theories and techniques. The practice principle of tailoring therapeutic intervention to match the uniqueness of the child is central to this approach. According to Lazarus (1993:404) "A flexible repertoire of relationship styles, plus a wide range of pertinent techniques seem to enhance treatment outcomes. Decisions regarding different relationship stances include when to be directive, supportive, reflective ... formal or informal." Accordingly, within each play therapy process, different emphases would be placed on the various dimensions displayed in Table 1.

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* The reader is referred to the work of Dr Petruska Clarkson of the British Metanoia Psychotherapy Training Institute for additional information on this approach.

Table 1: COMPARATIVE DIMENSIONS OF PLAY THERAPY APPROACHES*

Theoretical Foundations

- Psychoanalytic
- Humanistic
- Cognitive-behavioural

Views Of Play

- Play is the therapy
- Play is a vehicle of communication
- Play is the child's equivalent of the adult's production of free association

Main Emphasis Of The Therapy

- Interpretation and resolution of unconscious conflicts
- The therapeutic relationship and the 'corrective' emotional experience
- Self-actualisation
- Addressing specific problems and improving global functioning

Focus Of The Therapy

- Unconscious conflicts
- Traumatic events only
- A broad range of problems and dimensions of psycho-social functioning

Role Of The Therapist

- Active - to structure and direct the therapy
- Passive - permissive and non-directive creation of a therapeutic environment

Techniques Used

- Psychoanalytic interpretation
- A variety of creative, psycho-educational and projective techniques (art work, skills training, coping strategies)
- Specialised techniques, such as sand and water play

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* Note that Table 1 is neither comprehensive, nor exhaustive; rather it identifies some of the dimensions particular to mainstream psychotherapeutic approaches.

1.4 GOALS OF THE STUDY

The overall goal of this study will be to explore and describe, in qualitative terms, five children's experience of play therapy, from the perspective of the children.

The study will be guided by the following research questions:

1. How do children understand play therapy as a helping process?
2. What do children see as the purpose of play therapy?
3. What do they identify as therapeutic in the process?
4. What meanings and interpretations do they develop about play therapy?
5. What sense do they make of the various elements of play therapy; including the therapeutic relationship, emotional catharsis, cognitive processes and learning?

In addition the study will aim to achieve the following outcomes:

1. To potentially add value to practice by developing new knowledge. Such knowledge could form the basis for the development of guidelines, evaluative criteria, or a practice model for therapeutic intervention with children.
2. To develop knowledge that could form the basis for future, more rigorous research of play therapy.
3. To encourage other play therapists to record insights derived from clinical practice in order to share knowledge and promote 'best practice'.

1.5 RESEARCH METHODOLOGY

A qualitative, exploratory-descriptive research design will be utilised, in keeping with the goal and aims of the study. An inductive approach, characteristic of qualitative research, is indicated as there is little available recorded data on children's experience of play therapy (De Vos, 1998). This study will aim to generate such data, through observation of specific children, such that it can be applied to general play therapy practice. The study will therefore fall within the ambit of applied research. By this is meant that the study will try to "help practitioners accomplish tasks" (Neuman, 2000:24). As noted by Neuman, "applied research is frequently descriptive research, and its main strength is its immediate practical use" (2000:24).

The complexity of this study's topic, and the methodological difficulties posed by qualitative research, including indexicality and inconcludability (Banister et al 1994), will necessitate a revision of the concepts of scientific validity and reliability, and the introduction of the principle of reflexivity. These concepts will be considered in detail in Chapter 2.

A cross sectional case study will be used, and five children will be interviewed, using an open-ended, semi-structured interview schedule. The questionnaire will be piloted on a single subject, and then administered, in revised form, to five children.

The interview schedule will be developed with reference to a set of core play therapy goals identified as common to a range of child psychotherapeutic approaches. Although this study will be conducted exclusively within the context of this researcher's clinical practice, goals common to a range of play therapies will be included, so as to extend the potential applicability of the findings beyond the immediate research setting. This is important as "often someone other than the researcher who conducted the study uses the results of applied research" (Neuman, 2000:24). The goals will be selected from a reading of classical and contemporary texts. The interview schedule questions will be grouped into categories in order to obtain discreet clusters of information; and in order to facilitate overall data analysis and cross referencing of data elicited from individual subjects. The study sample will be drawn from the researcher-practitioner's existing clinical practice, according to set criteria, including age and duration of play therapy. A purposive sampling procedure will therefore be employed. The unit of analysis will be the individual child. The interview schedule will be administered with each child at the researcher's consulting rooms. Interviews will be recorded electronically by means of an audio tape-recorder, and transcribed manually.

A deductive, step wise method of data analysis will be employed. Data analysis will be guided by Huberman and Miles' three stage approach to analysis, as described by Poggenpoel (in De Vos 1998:340). Through content analysis, which will be based on an analysis protocol, themes will be identified and interpreted, and considered in relation to the study's goal, its specific research questions, and the goals of play therapy. An independent co-coder will not be utilised in data analysis. Reasons for this will be discussed in Chapter 2.

A literature control will be done in order to establish the extent to which the findings can be viewed as valid. The literature control will also attempt to relate the research findings to the literature in support of the study's aim of integrating theory with practice. Finally, the validity and reliability of the findings will be considered in relation to Guba's concept of trustworthiness, as described in Ollendick & Prinz (Eds, 1996).

1.6 PROBLEMS EXPERIENCED

Problems were experienced at both the conceptual and practical levels.
Although subjects understood and were able to respond to the vast majority of research questions, most experienced difficulties with Category 5: Cognition And Mental Mechanisms - Understanding And Insight, and Category 6: Self-Awareness And Self-Esteem, of the interview schedule. These categories aimed to tap subjects' understanding of more abstract concepts relating to insight and self awareness. This problem raised important methodological questions, and theoretical-practical considerations relating to the role of consciousness in child psychotherapy. This will be discussed in Chapters 4 and 5.

In certain instances subjects' responses tended to be repetitive across categories of questions. This was viewed as both a 'problem' and a virtue. Noticeable duplication of data suggested that the interview schedule questions were not always sufficiently distinguishable across categories, and could have been refined further.* This highlights the difficulty in separating out in language the different elements of the play therapy process. These elements, as will be discussed, are viewed as inextricably linked both conceptually and experientially. On the other hand, viewed as a virtue, consistent duplication of data, both within individual subject's interviews, and across subjects' reports, suggests an internal coherence to the interview schedule, and to the manner in which the research as a whole was conceptualised. Repetition in the data formed the basis for the identification and confirmation of themes.
A large quantity of data was collected. Whilst eliciting richly detailed data is the intention of qualitative research it was felt that fewer categories of questions coupled with more in-depth exploration within categories would have yielded more focused data. The modest size and scope of the research project meant that decisions had to be made as to what to include and exclude in the study report.

Technical problems were also encountered. Mechanical failure lead to Subject D's interview not being recorded, necessitating a repetition of the interview. Data elicited in the second interview was not as rich as that obtained in the first. Further, certain statements made by subjects were not recorded audibly, leading to a minimal loss of data. These problems were not perceived to have significantly influenced the data mass.

Lastly, although the lack of both child-centred literature and research in the field of play therapy partially motivated this study, this deficit can also be viewed as a limit to the study.

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* Four of the six research subjects commented during their interviews that certain questions were repetitive.

1.7   DEFINITION OF CONCEPTS

1.7.1 Play therapy

For the purposes of this study the researcher defines play therapy as a therapeutic method of intervention, utilised by a range of mental health and allied professionals, for dealing with problems of an emotional, behavioural, interpersonal and psychological nature.   The method is informed by a broad range of theoretical and philosophical orientations, and employs a large repertoire of techniques and activities.
Reber (1985:575) defines play therapy as "the use of play situations in a therapeutic setting", and views play therapy as comprising two main elements, diagnosis and treatment.

1.7.2 Psychotherapy

According to Reber, psychotherapy is "In the most inclusive sense, the use of absolutely any technique or procedure that has palliative or curative effects upon any mental, emotional, or behavioural disorder" (1985:621). In this study the
term will refer to therapy rendered by social workers in particular, specifically to children, but also to the general patient population.   The terms play therapy, therapy and psychotherapy will be used interchangeably in this study.   This researcher is aware that significant debate exists relating to the definition and scope of these terms (Spinelli, 1994; Kovel, 1991).   In this study the terms 'helping process' and 'intervention' fall within the broad lexicon of psychotherapy.

1.7.3 Patient

This term refers to an individual in play therapy or psychotherapy, and will be used interchangeably with 'client' and 'child patient'.   The term in this study refers both to interview subjects, and to individuals referred to by therapists and theorists quoted in the literature. Again, significant debate exists in relation to the definition and use of these terms (Spinelli, 1994).

1.8   CONTENT OF CHAPTERS

Chapter 1:   Orientation To The Study
Chapter 2:   Research Design And Methodology
Chapter 3:   Findings
Chapter 4:   Literature Control
Chapter 5:   Conclusions And Recommendations

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Appendices

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

A society in which adults are estranged from the world of children,
and often from their own childhood, tends to hear children's speech
only as a foreign language, or as a lie ... children have been
treated as ... congenital fibbers, fakers and fantasisers.

Beatrix Campbell 1988
The Columbia Dictionary Of Quotations 1993

2.1 INTRODUCTION

This qualitative study explored and described five children's experience of play
therapy, from the perspective of the child. A range of theoretical, philosophical
and practical factors were considered in the development of the study's research
design and methodology.

Firstly, the complexity and absence of consensus characterising the field of child
psychotherapy, discussed in Chapter 1, automatically characterised the study as
ambitious in its aims, and, by virtue of its small size, limited in its scope. Further,
it was this researcher's contention that any psychotherapeutic endeavour,
whether with child or adult, contains a paradox that made researching it difficult:
therapy is concretised in language, techniques and activities, yet simultaneously
remains an intangible process. As Kovel states (1991:13) "although a rational
analysis of the realities of therapy can be made ... anything approaching the
impersonality of experimental science will only succeed in purifying the subject
out of its actual existence in the world of human affairs."

Children's evolving, age-limited cognitive and psychological abilities also set clear
parameters on the study's ability to plumb the depths of their experience.
Children are typically considered to be less introspective, and to reflect less on
their experiences. They tend to be viewed rather as feeling and thinking in the
'here and now' (Gardner,1993:3).

Additionally, qualitative research poses its own philosophical and epistemological
conundrums, perhaps exacerbated by the fact that "therapeutics necessarily
involves ideology and is based upon real practice" (Kovel, 1991:13).

Lastly, cognisance was taken of the tension between maintaining fidelity to the
phenomenon under investigation, that is, the child's experience; and achieving
academic rigour through adherence to research principles

2.2 OVERVIEW OF THE RESEARCH PROCESS

By way of introduction an overview of this study's research process is presented in Figure 2.1 below. This figure displays the steps typically utilised in qualitative research, that were followed in conducting the study (Neuman, 2000:12-13).

Figure 2.1: OVERVIEW OF THE RESEARCH PROCESS

Step 1
Choose Topic
Select children's experience of play therapy, from the perspective of the child, as the broad topic of the study. Identify the qualitative, exploratory-descriptive, phenomenological orientation of the study.

Step 2
Focus The Research Question
Narrow down, or focus the research topic into a specific research question, such that the topic can be operationalised in a formal study. Develop related research questions. Clarify the central goal and associated aims of this study.

Step 3
Design The Study
Select an inductive exploratory-descriptive research design. Select a method, in the form of a one-shot or cross sectional case study; select a purposive sampling procedure; and develop, pilot and refine a data collection tool in the form of a semi-structured interview schedule.

Step 4
Collect Data
Administer the interview schedule to the research subjects.

Step 5
Analyze Data
Select a deductive, structured method of data analysis, guided by Huberman and Miles' three stage approach. Develop an analysis protocol. Address methodological considerations, including reliability and validity. Analyze data and organise into themes. Develop schedules. Select Guba's model of trustworthiness as a method of data verification.

Step 6
Interpret Data
Interpret data. Conduct literature control. Consider study findings in relation to Guba's model.

Step 7
Inform Others
Write study report, including conclusions, recommendations and an evaluation of the study. Consider the trustworthiness of the study findings. Write a scientific article based on the study.

2.3   RESEARCH DESIGN

In accordance with the nature of the study, a qualitative research approach was selected, and an exploratory-descriptive research design utilised.
Epstein, (in Grinnell, 1988:185), states "we can use qualitative research methods to seek the essential character of ... social and psychological phenomena". Neuman (2000) notes that an exploratory design is indicated when the selected study topic is new, or when researchers have written little about it. In considering the exploratory dimension, or purpose, of research Neuman (2000:21) states

> [E]xploratory researchers frequently use qualitative data . The
> techniques for gathering qualitative data are less wedded to a
> specific theory. Qualitative research tends to be more open to
> using a range of evidence and discovering new issues.

In relation to the descriptive component of qualitative research, Neuman (2000:21-22) notes that it "presents a picture of the specific details of a situation, social setting or relationship."

An inductive approach was selected in order to explore the study's central research question. The use of this approach was also indicated in view of the apparent paucity of literature and research data on children's experience of play therapy. According to Neuman (2000:49) an inductive approach is appropriate where "you ... only have a topic and a few vague concepts". The purpose of the research is to "refine the concepts, develop empirical generalizations, and identify preliminary relationships" such that "detailed observations of the world" are obtained as the basis for developing "more abstract generalisations and ideas" (opcit).   The research aimed to generate such data, through observation of specific children, such that they could be applied to play therapy theory and practice more generally.   An inductive approach was also consistent with the study's aim of generating knowledge that could form the basis for the development and testing of research hypotheses in the future.   The research design was phenomenological in nature, in keeping with the goal of exploring children's experiential understanding of play therapy (De Vos, 1998:80).

2.4   RESEARCH METHODOLOGY

A one-shot or cross sectional case study method was utilised.   According to De Vos and Fouche the "basic strategy of this design ... is to thoroughly describe a single unit during a specific period in time" (in De Vos, 1998:125).   In this study the child was the single unit of analysis.   De Vos and Fouche state further that "a thorough description of a unit would enable a practitioner-researcher to develop insights, ideas, questions and hypotheses for further study" (in De Vos, 1998:125).

The one-shot design's flexibility in permitting the use of a range of research methodologies, including observation and interviews, confirmed it as an appropriate method of choice (De Vos, 1998).

2.4.1 Sampling Procedure

The cross sectional case study method required the use of purposive sampling (De Vos, 1998:125). Neuman (2000:198) states that the use of this form of sampling is warranted where "a researcher wants to identify particular types of cases for in-depth investigation." This study required child subjects who had experience of long term play therapy.

In purposive sampling the researcher "selects cases that will provide contrasting experiences which will aid in developing ideas" (De Vos, 1998:125). This form of non-probability sampling, guided exclusively by the researcher's judgement, requires the composition of a sample which will "contain the most characteristic, representative or typical attributes of the population" (Strydom & De Vos, in De Vos, 1998:198). De Vos and Fouche note that the researcher must have adequate knowledge of the history of the unit selected in order to contextualise the data obtained. The selection of a sample from the researcher's clinical practice ensured this criterion was met.

The study's sample was delimited by age, duration of play therapy and, to a lesser degree, by the nature of presenting problem. These selection criteria were used to focus the sample, and to provide a basis for comparison of data elicited from individual subjects. Subjects were selected from the nine to twelve age-group. Developmentally these subjects fell within the stage of middle to late childhood. Younger children were considered less able to reflect on and articulate their play therapy experience, and the input of older children might have been shaped by psychological dynamics related to puberty. Subjects had to have attended play therapy with the researcher for a minimum of six months in order to ensure that they had sufficient experience on which to draw.

Subjects with a presenting problem of sexual abuse, or a psychiatric diagnosis, for example Tourette Syndrome and Obsessive Compulsive Disorder, were excluded. It was anticipated that data obtained from such subjects might have been overly slanted in the direction of the presenting problem rather than reflecting the process of play therapy. This however remained an untested research assumption.

The total sample comprised three boys and three girls, all of whom were referred for play therapy for behavioural, emotional or interpersonal difficulties relating to anxiety, depression, peer relationships, confidence and self-esteem. This profile of problems was not selected intentionally. Anecdotal reports from other play therapists suggested to this researcher that this profile was typical of private practice with children.

Permission to conduct the research was obtained from both parents and children, following a verbal explanation of the research. Parents signed a letter granting permission for their child to participate in the research (Appendix A). Parents were also offered, on completion of the study, an information meeting at which feedback on the research findings would be given.

2.4.2 Research Tool And Data Collection Procedure

The research tool comprised observation, and a semi-structured interview schedule of open-ended questions, which was administered verbally to each subject (Appendix B).

The ages, verbal and cognitive abilities of the subjects, and in particular, their ability to reason abstractly and reflect on their experience, determined the tone and pitch of the interview questions.

Interview questions were grouped into nine categories in order to explore different aspects of the children's experience, such that discreet clusters of data could be obtained. This was intended to facilitate cross referencing of data elicited from individual subjects.

Categories were generated on the basis of the core goals of play therapy, as identified in the literature. Although, as noted in Chapter 1, there are

> many different varieties of psychotherapy, which are distinguished
> by the theories which lie behind the method and by the ways in
> which the psychotherapeutic communication and relationship are
> used to bring about improvement

there appears to be core set of goals common to the cognitive, humanistic, psycho-educational and psychodynamic approaches to play therapy (Rutter, 1975:301*). The core set of goals appears in Appendix C. Incorporating goals from a variety of therapeutic approaches also reflected the researcher's integrative approach to play therapy. Within the categories questions were developed with reference to the goals identified, and elaborated on the basis of the researcher's existing theoretical knowledge and clinical experience. It was recognised by the researcher that the utilisation of pre-determined categories of questions, based on her existing knowledge and experience, constituted a departure from a strict inductive paradigm. The use of such categories was intended to provide a framework for approaching the research topic; and for organising and structuring, in a more manageable fashion, the large, detailed mass of data obtained.

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* It is acknowledged that Rutter's writings are dated. However, by virtue of the pioneering and theory-generating qualities of his work, widely recognised by child mental health professionals, his writings were deemed useful for inclusion in this study.

Categories were also intended to facilitate more systematic analysis of the data such that themes could be identified.

The interview schedule was piloted on a single subject and refined accordingly.

Subjects were interviewed individually in the play room at the researcher's consulting rooms, ensuring that the child was in a familiar environment.

All parents approached granted permission for their child to participate in the study. All subjects, who were reassured that participation was entirely voluntary, responded enthusiastically to the opportunity to express their opinions.

The interviews were recorded electronically by means of an audio tape recorder, with the permission of parents and child. This released the researcher from the dual tasks of listening and recording, and provided an accurate record of the interviews. The recording of interviews was viewed as essential both in promoting researcher accountability, and in contributing towards the trustworthiness of the study's findings. Recorded interviews were transcribed manually in preparation for data analysis.

2.5 DATA ANALYSIS

2.5.1 Introduction

Although the study's overall research design was inductive; a deductive, structured method of data analysis was employed. The selection of this method was a logical extension of the use of pre-determined categories of questions in the data collection tool. Pure inductive, open-ended analysis is more appropriate to a grounded theory research design. A grounded theory research design, which eschews the use of pre-determined categories of any kind, is intended to investigate a social phenomenon about which little theoretical and experiential knowledge is held (De Vos & Fouche, 1998:81; Schurink, 1998:282; in De Vos, 1998). It was the researcher's contention that she could not suspend herself from her pre-existing theoretical and practice-based knowledge, and that such knowledge would inevitably influence, however subtly, her conceptualisation of the research topic and analysis of the data collected.

2.5.2 Overview Of The Data Management And Data Analysis Process

A comprehensive data management and data analysis process was used in this study. This process is presented in Figure 2.2. on the following page. This figure displays the integration of data management and data analysis activities, at both the macro and micro levels, with a step wise, three stage process of data analysis. Discussion of this process follows, in section 2.5.3.

Figure 2.2: OVERVIEW OF THE DATA MANAGEMENT AND DATA ANALYSIS PROCESS

Macro Level

Manage, organise, analyse and synthesise data across the three sources of information - textual narrative, field notes and researcher reflections.

Micro Level

Stage 1
Data Reduction

Reduce total mass of data via the use of a conceptual framework. Organise and code data. Identify themes in data and link to research questions.
Step 1
Transcribe recorded interviews verbatim.
Step 2
Scan and read data in relation to the pre-determined categories.
Step 3
Collate and write up data obtained from all subjects under each of the interview schedule categories.
Step 4
Summarise in written form integrated data within each category, using charts and diagrams.
Step 5
Code and analyse reduced data according to the analysis protocol.
Step 6
Identify themes and develop schedules.

Stage 2
Data Display

Display data in an organised and concise manner such that conclusions can be drawn from the findings.
Step 1
Transfer analysed data into graphic form for the purposes of comparison and drawing conclusions.
Step 2
Draw tentative conclusions.

Stage 3
Conclusion Drawing And Verification

Interpret data and draw meaning from it. Verify data in relation to validity and reliability.
Step 1
Interpret data in relation to the research questions and the goals of play therapy.
Step 2
Assess validity and reliability using Guba's model of trustworthiness.

2.5.3 Data Management And Data Analysis

Data management and data analysis were perceived by this researcher to be inextricably linked, simultaneously occurring processes, and hence are displayed together in Figure 2.2 on the previous page. This view was taken because management, or the structuring and organising of raw data can, in itself, be considered to constitute a precursory form of data analysis. It is further contended that the way in which data management is approached will ultimately influence formal data analysis.

Data management and analysis were conducted on a macro and micro level. On a macro, or global level, data management and analysis were conducted within a framework that called for the integrative management, organising, analysis and synthesis of data obtained from the study's three sources of information; that is, textual narrative in the form of audio-taped and transcribed interviews; field notes, relating to descriptions of the researcher's observations; and the researcher's reflections or "ideas and conjectures" recorded by the researcher on an ongoing basis during the study (Poggenpoel, in De Vos, 1998:334).

Within this framework, at the micro level, formal data analysis was conducted, utilising a step-wise process common to a variety of qualitative analysis approaches (Poggenpoel, in De Vos, 1998). This process was guided by Huberman and Miles' method, as described by Poggenpoel (in De Vos, 1998:340). This method entails a three stage process comprising data reduction, data display and drawing conclusions. Huberman and Miles' method was selected as its step wise process presupposes the use of a conceptual framework *prior* to data collection; and this dovetailed with the researcher's use of pre-determined categories of questions in the interview schedule.

In stage one, or data reduction, "the potential universe of the data is reduced in an anticipatory way as the researcher chooses a conceptual framework, research questions, cases and instruments" (opcit). The activities of summarising, coding, and identifying themes within data constitute further data reduction. In this study the coding and thematic content analysis of the data was conducted according to an analysis protocol, which is presented, together with further comments relating to data analysis, in the next section of this Chapter. Following data analysis, themes were extracted and formulated as schedules.

Data display, stage two of the process, is "an organised, concise assembly of information that permits conclusion drawing" (opcit). In the third stage meaning is drawn from the data and interpreted, and steps are taken to verify the validity and reliability of the findings. Guba's model of trustworthiness was utilised in the verification process. This is discussed further on in this Chapter in section 2.6.

2.5.4 Content Analysis Of The Data

According to Neuman (2000:292) content analysis " is a technique for gathering and analyzing the content of text", where "content refers to words, meanings ... ideas, themes, or any message that can be communicated." Neuman (2000:293) notes that content analysis is "helpful for problems involving a large volume of text." As noted earlier, this study generated a large mass of data.

Content analysis was guided by an analysis protocol that determined the coding of data, and emphasised the identification of themes. Neumann (2000:294) states that a coding system is a "set of instructions ... on how to systematically observe and record content from text." This study employed a simple coding system in which persistent, repetitive key words and phrases, which were the units of analysis, were identified. The mechanical application of this method of coding entailed highlighting words and phrases by circling them. On the basis of frequency of repetition of coded words and phrases, patterns and trends were identified.

Coding was done on two levels. The mechanical coding described above represented manifest coding, that is "the visible, surface content in a text is coded" (Neuman, 2000:296). At the level of latent coding the researcher looked for "the underlying, implicit meaning in the context of a text" (opcit). In this way themes were identified. Thematic analysis is described by Banister et al. as "a coherent way of organising or reading ... research material in relation to specific research questions" (1998:57). According to Neuman (2000:421) coding data into themes requires four abilities:

1. Recognising patterns in the data. This study used frequency coding to identify patterns.
2. Thinking in terms of systems and concepts. In this study the interview schedule categories and the research questions and aims, together with the goals of play therapy constituted systems and concepts.
3. Having tacit knowledge or in-depth background knowledge. In this study this was supplied by the researcher's theoretical and experiential knowledge of children and play therapy.
4. Possessing relevant information. This researcher had intimate knowledge of the child subjects and their respective play therapy processes.

In analysing the data cognisance was taken of the possibility of overinterpretation, misinterpretation, partial interpretation; and of the influence of countertransference reactions on the part of the researcher (Banister et al. 1998:64-67).

A decision was made to not employ the services of a co-coder in the analysis of data. Although a second, independent analysis would have been useful in either confirming or disconfirming coding and analysis conducted by the researcher, use of this strategy of verification was viewed as contraindicated for two reasons. Firstly, an independent coder would not have prior knowledge of the research subjects, and hence co-coding would have amounted to a technical exercise that might have potentially denuded the data of their richness and depth. As noted previously, the researcher selected subjects on the basis of her extensive knowledge of them; and this wealth of information was utilised in interpreting subjects' material.

Secondly, use of a co-coder would have interfered with the principle of researcher reflexivity. Further, the use of a co-coder would have potentially undermined efforts to achieve ecological validity. These concepts are discussed in section 2.6.

In the final step analysed data was considered in relation to selected play therapy literature. In other words, a literature control was conducted as a method of verification. A literature control was intended to promote the trustworthiness of the data collected.

2.6   METHODOLOGICAL CONSIDERATIONS

A number of methodological issues were considered in the development and administration of this study's research design.

2.6.1 Reflexivity, Indexicality And Inconcludability

In considering qualitative research, Banister et al. (1994:2) note that it is characterised by the "interpretative study of a specified issue or problem *in which the researcher is central to the sense that is made*" (1994:2, researcher's italics). The central role of researcher interpretation "functions to create intermediate problems" in the sense that "a clear unmediated representation of the object of study" cannot be produced (opcit). This has obvious implications for the validity and reliability of a study's findings.

The stance adopted by this researcher was that rather than attempting to circumvent the complexities of qualitative research, they should be acknowledged and worked with. Banister et al. (1994:3), contend that qualitative research is "part of a debate, not a fixed truth", and state further that such research should be viewed in the following ways:

(i)   as an attempt to capture the sense that lies within a phenomenon,

(ii) as an exploration, elaboration and systematisation of the significance of an identified phenomenon; and

(iii) as the illuminative representation of the meaning of a delimited issue or problem.

Banister et al. conclude that "an awareness of the gap between an object of study and the way in which we represent it, and the way interpretation necessarily comes to fill that gap" is critical in qualitative research (1994:3). Awareness of this gap is the basis of the principle of reflexivity. This principle , which was an important component of this study's approach, acknowledges that the manner in which a researcher characterises a phenomenon will alter the way in which it operates for the researcher, and consequently will alter her perception of the phenomenon. In other words, the concept of reflexivity recognises that the "ways in which we theorize a problem will affect the ways we examine it, and the ways we explore a problem will affect the explanation we give" (Banister 1994:13). Thus the researcher's theoretical approach to play therapy influenced her conceptualisation and implementation of the study, and her interpretation of its findings.

The qualitative researcher is also confronted with the phenomena of indexicality and inconcludability. By indexicality is meant that "all meaning is indexical and changes as the occasion changes" (Banister et al. 1994:10). In other words, the generation of meaning always occurs within a specific context. Banister and his colleagues suggest that one should avoid attempting to suppress or control the process by which meaning changes. Rather, the researcher should try to theorise this process. This does not license a researcher to apply "esoteric and obscure metaphysical systems of thought" to a study; instead, patterns of influence on the research setting should be identified, and an account must be developed "as to how these patterns have played their part in the outcome of the study" (opcit). For example, as this researcher conducted the interviews she became more 'fluent' in exploring themes with the subjects. Inevitably the profile of data collected over time would reflect this. Similarly the data elicited was expected to reflect the nature of the unique therapeutic relationship between this researcher-practitioner and each subject.

The concept of inconcludability recognises that a research account can "be supplemented further and will continually mutate as more is added to it" (Banister et al. 1994:3-4). Qualitative research, in other words is characterised by a surplus of meaning, where meaning can be extended almost indefinitely, such that a concluding point is rarely reached. Similarly data cannot be viewed as conclusive. In relation to the meaning generated there

> will always be a gap between the meanings that appear in a
> research setting and the account written in the report, and that
> gap is the space for a reader to bring their own understanding of
> the issue to bear on the text.
>
> Banister 1994:12

2.6.2 Trustworthiness In Qualitative Research

Qualitative research places emphasis on the trustworthiness of data. Conventional notions of validity and reliability are thus not applicable to qualitative research. According to Bostwick and Kyte, validity refers to "the degree to which a measuring instrument is measuring what is it supposed to measure" (in Grinnell 1988:111). In contrast Neuman (2000:171) conceptualises the validity of qualitative research data in terms of its truthfulness.

Reliability refers to the "accuracy or precision of an instrument" where data collected through it will be consistent over time (De Vos & Fouche, in De Vos 1998:85). Banister et al. state that validity and reliability of this nature is not attainable in qualitative research because "the search for both validity and reliability rests on the assumption that it is possible to replicate good research" (1998:11). The phenomenon of indexicality, and the central interpretative role of the qualitative researcher render reliable replication of a qualitative study unlikely. The concepts of ecological validity, together with Guba's model of trustworthiness were utilised in this study in order to address the problem of validity.

2.6.3 Ecological Validity And Trustworthiness

Ecological validity is defined by Banister et al. as "trying to make the research fitting to the real world" (1998:4). Neuman (2000:369) conceptualises ecological validity as "the degree to which the social world described by a researcher matches the world of members." Banister et al. suggest that ecological validity is necessary if research findings are to be extrapolated in an inductive manner; or are to be generalised onto situations extraneous to the research setting created by the researcher. In this approach to validity the researcher attempts to include in the setting as many of the variables present in the 'real world' as possible, rather than to exclude them. Thus, for example, this study drew subjects from the researcher's existing clinical practice, and the research interviews were conducted in the play room in which therapy usually occurred.

Verification of analysed data was assessed in relation to Guba's (1985) concept of trustworthiness (in Ollendick & Prinz, Eds, 1996). Guba's model of trustworthiness assesses the validity of both the research process and its findings in relation to four criteria: credibility, transferability, dependability and confirmability. These criteria are presented in Figure 2.3 on the following page.

Figure 2.3: GUBA'S CRITERIA FOR ASSESSING TRUSTWORTHINESS

Criterion 1: Credibility

Credibility refers to the extent to which confidence can be held in the truth of the study findings. Credibility is based on the process by which a researcher derives her conclusions, and hinges on the extent to which the study informants are appropriate to the investigation. The data offered by informants should be representative of the area under investigation.

Criterion 2: Transferability

This criterion, which is similar to the concept of indexicality, is concerned with the degree to which study findings are context-bound. Findings are considered trustworthy to the extent that they adequately represent a particular cultural, economic or social group.

Criterion 3: Dependability

This third criterion is defined as the reliability of the researcher's coding of data. The use of independent coders is considered important in establishing dependability.

Criterion 4: Confirmability

Confirmability refers to the ability of an independent reviewer to conduct a formal audit of the various study procedures step by step.

Adapted from Ollendick & Prinz, Eds, Ch 1, 1996:4-5

Evaluation of this study's findings in relation to Guba's criteria is presented in the final chapter.

2.7 METHODOLOGICAL LIMITATIONS OF THE STUDY

In addition to the problems discussed in Chapter 1, this study was subject to a number of methodological limitations:

- The sample was small. It was also not intended to be representative, as this is not a requirement of qualitative research. This however limited the extent to which the research findings could be generalised onto the larger population of children in play therapy. The sample, and the data collected from it, represent an entre into future, more comprehensive understanding of the play therapy experience of larger populations of children.

- The children's age-limited vocabularies, ability to reason abstractly, and to reflect on their experience did at times, restrict in-depth discussion. Interviewing children unavoidably poses special difficulties, which may be exacerbated by the child's active psychological and physical dependence on parents. As Kadushin (1983) notes, the affective bond between child and parent may colour the child's interaction with other adults, influencing the data obtained.

- Banister et al. cite two additional problems common to qualitative research: the phenomena of demand characteristics and the experimenter effect. Banister et al. state that "subjects attempt to make sense of the research, and will always formulate their own version of what the hypothesis or aims of the study are" (1998:6). Subjects might be anxious to confirm what they believe are the desired outcomes of the study, and this may lead to them 'over-engaging' with the research, such that their responses are characterised by their perceptions of the 'demands' of the research. The existence of long-standing therapeutic relationships between the researcher and child subjects in this study was viewed as a potential example of this problem. Similarly, the research might have been contaminated by the experimenter effect. Also known as researcher bias, Banister et al define this as the process by which the researcher's desire to obtain a good research result impacts on subjects' responses.

- An independent coder was not utilised in analysing the data. Whilst reasons for this have been discussed, this could still render the study's findings open to the critique of others.

- A formal audit of the study process was not conducted by an independent reviewer. This has potential implications for the way in which the trustworthiness of this study's findings will be viewed.

CHAPTER 3

FINDINGS

The knower is part of the matrix of what is known...

Du Bois 1983
Cited in Banister et al. (1994:151)

3.1   INTRODUCTION

3.1.1   Identification Of Themes

Study findings are presented in this chapter as themes. Once raw data had been summarised, coded and analysed themes were extracted from the processed data. Themes were elicited in three ways. Firstly, the total body of data was organised thematically. This was done by reading the data in relation to the research questions posed by the study. From this a set of central themes was identified.   Secondly, main themes were extracted from the content of the analysed data, on the basis of patterns and trends identified. These main themes were viewed as detailed answers to the research questions.   Where appropriate, main themes were summarised as schedules, and these are presented throughout this chapter. Thirdly, within each main theme, secondary or sub-themes were identified.   The process by which themes were identified is presented in Figure 3.1 below.

A schedule providing an overview of all of the themes identified is presented at the end of this chapter.

Figure 3.1: PROCESS OF THEME IDENTIFICATION

Step 1:
Central Themes
Identification of a set of central themes by considering analysed data, both within and across interview schedule categories, in relation to the research questions.

Step 2:
Main Themes
Identification of main themes within the analysed content by searching for patterns and trends.

Step 3:
Secondary Themes
Identification of secondary themes, within main themes, that extend understanding of both central and main themes.

3.1.2 Impressions Of The Data Collection Process

All research subjects approached their interviews with enthusiasm and interest, and appeared to welcome the opportunity to explore their experience of play therapy and express their perceptions. Subjects were able to distinguish between a formal play therapy session and the research interview, and demonstrated understanding of the purpose of the interview. It was unclear as to whether subjects had reflected on their play therapy experience *prior* to the research interview. The subjects had been advised of the research, and their permission to be interviewed obtained some weeks prior to the interview process.

Subjects' abilities to articulate their experience of play therapy were noteworthy. Generally, lucid, detailed and coherent accounts were provided by subjects. Subjects were able to consider the elements, contours and process of their experience of play therapy.

Reassuringly, analysis of the data confirmed a consistency both within individual subject's accounts; that is, an internal consistency across interview schedule categories in each interview; and across subject's accounts when they were compared.

Interviews yielded immensely rich and detailed data. Findings reported in this Chapter represent dominant and related themes only, and do not purport to reflect the breadth and depth of information gathered. Additional themes, worthy of future investigation, are discussed in Chapter 5.

Lastly, As noted in Chapter 2, most subjects experienced difficulty in answering questions in Categories 5 and 6, and reasons for this are considered further on in this chapter.

3.2 OVERVIEW OF THEMES IDENTIFIED IN THE DATA

Central and main themes are presented in Figures 3.2 and 3.3 respectively, and then discussed in detail in the following section. A separate schedule of secondary themes is not presented. These themes are incorporated into Schedule 5 at the end of the chapter.

Figure 3.2: CENTRAL THEMES IDENTIFIED IN THE DATA

Theme 1

Children's Experience Of Play Therapy

Children experience play therapy in a coherent, detailed, and relatively conscious, sense-producing way. They experience play therapy as a purposeful, helpful process.*

Theme 2

Children's Understanding Of Play Therapy

Children understand play therapy as a process comprising a range of distinct, inter-related components.

Theme 3

Children's Experience Of The Inner Workings Of Play Therapy

Children are able to identify and describe the nature of the different processes that occur within play therapy. They are able to understand the inner workings of play therapy, and can articulate their experience of this.

Theme 4**
Meanings And Interpretations In Children's Experience Of Play Therapy

Children develop a range of meanings about play therapy, and arrive at a range of interpretations relating to their experience of it.

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* The statements made about children in these themes apply only to the subjects that participated in this study. They are not statements about children in play therapy in general.
** Theme 4 is not discussed as a separate entity. It is integrated into the discussion of the first three central themes, as it is relevant to all of them.

Figure 3.3: MAIN THEMES IDENTIFIED IN THE DATA

Theme A
The Raison D'etre Of Play Therapy

Experiencing a wide range with a range of psychological, emotional, cognitive, behavioural and interpersonal problems, and requiring help with them, is the raison d'etre of play therapy.

Theme B
The Purpose Of Play Therapy

The primary purpose of play therapy is problem-solving; that is, the remediation or solving of problems in living. This process is enabled or supported by a number of related processes and activities identified in the theme below.

Theme C
The Nature And Components Of Play Therapy

Play therapy is a coherent integrated process comprising a therapeutic relationship; a physical setting (the play room); verbal communication; emotional catharsis; the development of cognitive understanding and skills; focused problem-solving activities; art and creative activities; and an atmosphere of tolerance, permissiveness and acceptance.

Theme D
˙The Therapeutic Relationship

The relationship between the child and the therapist, in the child's experience, is the central and most significant element of play therapy. It is intrinsically therapeutic, is the vehicle of the therapy, and the containing structure within which the therapy occurs.

Theme E
The Play Room

The physical setting of the play room is experienced by children as vitally important to the play therapy process. It is experienced as a physical, facilitating environment, and as a containing metaphorical and psychological space within which the therapy occurs.

Theme F
The Ethics Of Play Therapy

The ethics of play therapy; confidentiality, trust, safety, permissiveness, tolerance and acceptance, are recognised by children as vitally important in play therapy.

Theme F
insight, Self-Awareness And Self-Esteem

Relative to their good global understanding of play therapy, children are aware of, but struggle to comprehend and articulate their experience of the process of insight development; and of abstract processes relating to self-awareness and self-esteem. It would appear that, in the experience of children, these may be more embedded, sub-conscious processes.

Theme G
The Efficacy Of Play Therapy

Children experience play therapy as a positive, enabling and effective process within which problems can be remediated or solved.

3.3   DISCUSSION OF THEMES

3.3.1 CHILDREN'S EXPERIENCE OF PLAY THERAPY

A review of the total body of analysed data clearly indicated that children experience play therapy in a conscious, rational, and insightful manner.   They were able to reflect on their experience of the therapeutic process, and to articulate it in a coherent fashion.   Subjects were able to apprehend play therapy as a self-contained process, distinct from other processes they experienced in their life spaces, such as education.   They were also able to identify the distinct components of play therapy.

The Raison D'etre Of Play Therapy

Subjects' responses communicated clear understanding of the reasons for attending play therapy, and the purpose of the helping process.   Attendance of therapy was linked to experiencing problems in living, for which help was required.   In the words of Subject C: "Well [I come to therapy] because I do have a few problems at home and at school and sometimes they are hard to do and I need your help."   The combination of problems in living, a sense of not being able to cope on ones own, and requiring help was central to subjects' accounts, to the extent that this constellation of factors could be seen as defining of subjects' global perception, and definition of play therapy.   For these children problem solving appeared to be experienced as the primary driving force of the therapeutic process.   Whilst somewhat self-evident, this perception on the part of all subjects, was reassuring for this researcher.   In the course of her clinical practice the researcher had often been struck by newly referred children's lack of understanding of why they had attended play therapy previously, with other clinicians, and what its purpose had been.

Significantly, there was a close correspondence between subjects' accounts of their problems and their parents' perceptions of the presenting problem, which had been obtained in the initial consultation with parents prior to therapy commencing.   Anecdotal reports from other play therapists have suggested that this is often not the case in clinical practice.

Noteworthy for its absence, was mention by subjects of additional or underlying problems; that is, problems beyond the presenting problems; identified in the course of the therapy.   It would appear that subjects' perceptions of the problem for which therapy was originally initiated, defined, almost exclusively, their understanding of what the process of play therapy had addressed.   Subjects cited a variety of problems, of an emotional, intrapersonal and interpersonal nature, which they felt play therapy had addressed.   These are presented in Schedule 1 on the following page.

Schedule 1

Subject's Reasons For Attending Play Therapy

Interpersonal Problems
Not having friends, experiencing social isolation.
Being bullied or dominated by peers and friends.
Difficulties in developing and maintaining friendships.
Conflict with peers and friends.

Intrapersonal Problems
Feelings of loneliness and sadness.
Feelings of anger and difficulties with impulse control.
Anxiety.
Fear of strict teachers.
Feeling unliked or actively disliked by others.

Family Relationship Problems
Parental divorce and conflict.
Parent-child relationship conflict.
Conflict and rivalry with siblings

The Purpose Of Play Therapy

Subjects' perceptions of the purpose of play therapy; that is, what it was supposed to do and what it was supposed to offer them; corresponded closely with their definitions of their respective presenting problems. "Play therapy is supposed to help you with your feelings, problems and worries", stated Subject A. Subjects' expectations of therapy and perceptions of its purpose were almost entirely based on a strong desire for help in addressing, remediating or solving their problems. This is presented in Schedule 2 below.

Schedule 2

What Play Therapy Is Supposed To Do

Problem Solving And Assistance With Problems
To help with problems and to assist with the child's struggle with problems.
To work out (understand) problems and to assist in dealing with 'everyday' problems.
To provide information that will assist in coping with or solving problems.
To provide an experience of feeling helped.

Emotional Support and Catharsis
To help one to feel better.
To release feelings of anger and sadness.
To provide emotional support.
To accept emotions in a non-judgemental fashion.

Subjects stressed that an important adjunct to the therapeutic purpose of problem solving was the provision of emotional support and the opportunity for emotional catharsis. This will be discussed further on in the chapter.

Subjects repeatedly emphasised the importance of feeling helped, and of being equipped with practical skills and knowledge that would assist them in the management or solving of their problems. This theme dominated discussion across all interview schedule categories, and appeared to be the primary criterion by which subjects evaluated the efficacy of their play therapy.

The Nature And Components Of Play Therapy

Subjects' descriptions of play therapy revealed detailed and often subtle understanding of the method on a range of interrelated levels. Subjects were able to describe its structure and constituent parts; its process and its ambience. Subjects identified play therapy as both work and relaxation, and identified play, the use of games, art and creative activities and discussion as the concrete components of the process. Discussion, both of problems and of day to day events was highlighted as central to the play therapy process, with subjects again emphasising the importance of exploring and understanding problems, and of active problem solving.

Significantly, subjects emphasised the perceived importance of full disclosure of problems and information as important to the process of problem solving. Related to this, all subjects stated that an enabling aspect of play therapy was its permissive environment and ambience. They reported that this encouraged expression, as did the perception of being able to speak freely without fear of judgement. Subjects indicated feeling protected and safe within therapy. They also commented that they knew that the often slow process of talking and sifting through feelings and problems would be tolerated.

Subjects also indicated strong awareness of the rule-bound nature of play therapy. They stressed the importance of confidentiality in relation to freedom of speech, and noted the 'rule' relating to relative non-disclosure of a personal nature on the part of the therapist.

Whilst play therapy was viewed as purposive work, subjects emphasised their experience of play therapy as relaxing and calming, using words such as 'fun', 'enjoyable' and 'nice'. It would appear that play, enjoyment, pleasure and relaxation are important in creating a context within which the child can address problems, and in providing an opportunity to temporarily transcend problems. The latter appeared to be an important source of relief to the children.

Subjects also identified their relationship with the therapist and the affective ties between them as central to the therapy. Subjects accounts suggested strong affective ties with the therapist, which facilitated experiencing feelings of trust, safety and of being accepted. Subjects identified the emotional benefits of the therapeutic relationship as particularly important, and linked this to the effectiveness of the therapy.

Lastly, subjects perceived play therapy as unique and distinct both from other endeavours and from daily life. In the words of Subject D:
"There's nothing else like it [play therapy] in the world. It's just very different from everything else ... it's not in the same situation as everyday life.". In this sense play therapy can be viewed as a paradox. In being distinct from 'everyday life' it appears to afford the child the opportunity to address issues experienced *in* everyday life.

3.3.2 CHILDREN'S UNDERSTANDING OF PLAY THERAPY

The Therapeutic Relationship And The Role Of The Therapist

Again, subjects were able to articulate clear and detailed understanding of their perception of the play therapist and the nature of their relationship with her. As noted previously the therapeutic relationship emerged as central to the process of play therapy, and was described by subjects in terms that implied a deeply intimate and private relationship. Subjects viewed the therapist as fulfilling a multiplicity of roles within the relationship, and as embodying a range of features traditionally associated with the roles of parent, friend, and teacher; and to a much lesser extent, a doctor. Subjects associated the helpfulness of the therapist, and the affective relationship with her, with the role of a parent: "You help me a lot, I love you as much as my parents " stated Subject B. The teaching of skills and coping strategies was associated with the role of a teacher. Subject B described the therapist as a "therapist-teacher", and Subject D associated the therapist's provision of information and skills in problem solving with the role of a teacher, although he stressed that this process occurred in a more in-depth fashion in play therapy than in the classroom.
The therapist as friend was a prominent theme in all subjects' accounts. Subject D stated "Ja, you are like a friend ... I can discuss things with you that I can't with adults. You can say secrets and you [the therapist] won't go tell other people." In this statement Subject D did not appear mindful of the therapist's adulthood; and this pointed towards the unique and privileged position of the adult therapist vis a vis the child patient. In embodying a unique constellation of features associated with various roles fulfilled by both peers and adults in the child's life space it would appear that the therapist enjoys access and entry to the child's

world not always granted to others. It is perhaps this that adds to the uniqueness of play therapy and its context, and gives it its therapeutic 'edge' or potency.

It was significant that subjects emphasised ways in which the therapist did not embody particular aspects of their experience of the roles of parent and teacher, for example, the disciplinarian function. It would appear that the therapist's refusal to assume such role-based functions contributes in part to the anomalous position occupied by the therapist as neither adult nor child. In the words of Subject A: "You are like a big friend." Subjects' perceptions of the therapist and the therapeutic relationship are summarised in Schedule 3 below.

Schedule 3

Perceptions Of The Therapist And Relationship

Qualities Of The Therapist And Relationship Associated With A Parent
Being able to share information and feelings within a context of confidentiality.
Being able to 'confess' what one has done.
Being helped, especially with problems.
Ways In Which The Therapist Is Not Like A Parent
The absence of overt discipline and reprimand.
Not providing materially in the form of shelter and clothing.

Qualities Of The Therapist And Relationship Associated With A Friend
Playing together, using games and psychodrama.
Being reliable and trustworthy in always being willing to help.
Friendliness and friendship.

Qualities Of The Therapist And Relationship Associated With A Teacher
Teaching skills and giving information.
Ways In Which The Therapist Is Not Like A Teacher
Not engaging in discipline or the rendering of punishment.
Not issuing homework.

Qualities Of The Therapist And Relationship Associated With A Doctor
The professional role of understanding problems and rendering help.

An outstanding feature of subjects' accounts of the therapeutic relationship related to their perceptions of power relations in the therapy. Subjects all expressed the perception that power was shared in the relationship, and that this was a desired state of affairs. In the words of Subject B: "When I feel like the boss I talk ... [when you are the boss] you do the talking". Subjects experienced a sense of power in the relationship through knowing that they could talk when they wanted to; could refuse to discuss particular topics or attempt particular tasks; and would always be listened to carefully when speaking.

Being listened to carefully and consistently appeared to confirm for the subjects that although they attended therapy to receive assistance, they remained the ultimate authority on their lives. In other words the experience of receiving help, for these children, was not disempowering. At the same time, subjects emphasised the authority of the therapist, which they perceived as derived from her expertise and professional role. Subject A indicated that she required the authority of the therapist in order to feel encouraged to address issues she might otherwise avoid. In contrast, although Subject D acknowledged the authority of the therapist, he stated that is was important that he felt like the boss in therapy because "it helps me to know I can trust you.". Some subjects emphasised the sharing of power by therapist and child, and linked this to mutual respect. Subject E stated that the therapist had power in the relationship "not like a headmaster ... you are a respect boss". He later went on to say that therapist and child had respect for each other. It would appear that equality, power sharing and mutual respect are additional therapeutic factors that also distinguish the child's relationship with the therapist from relationships with other adults.

Physical Setting - The Play Room

The physical setting of the play room emerged as a singularly important component of play therapy, for a variety of reasons of a pragmatic, emotional and psychological nature. Together with play, problem solving and the therapeutic relationship, the play room was viewed by subjects as a vehicle for the therapy.

Firstly, the play room was perceived as a physical context which granted or bestowed permission to talk, problem solve and play safely. In other words, to be oneself. The play room was perceived by subjects to offer privacy and security. The smallness of the room, its warmth (especially in winter), quietness and freedom from interruption were all identified as supplying the safety and privacy subjects deemed necessary to the therapy, and which were experienced by them as containing factors. As Subject B stated, when she was in the play room "everyone knows this is the time for therapy". For Subject C, the privacy of the room amounted to freedom to speak openly about others without fearing that her discussion would be overheard by others. This was important to her in that it meant she would not hurt others feelings. The privacy of the room also confirmed its separateness from daily life in a way that underscored for subjects the uniqueness of therapy as a context and a process. Subjects highlighted their experience of the play room as a place for children, where one could be a child without being self-conscious. In the expressive and metaphorical words of Subject E: "I'll say it like this. If you are a little boy and you go sit at the big person's table with your mother and father you have to eat properly. But if you sit at the kitchen table you feel relaxed and people aren't saying 'stop doing that, sit up straight, put your hands up'. You enjoy your meal when you're sitting at the baby's table."

From a more pragmatic point of view subjects emphasised the importance of being able to keep toys and other objects in one room, and of being able to complete creative projects and drawings over a period of weekly sessions without fear that projects would be damaged or interfered with.

The contents of the play room were viewed by subjects as equally important. Subjects identified the multiple uses to which toys and art materials could be put. They could be used, depending on 'mood' and problem, as:

- granting permission to play and have fun
- direct vehicles for the expression of feelings and thoughts
- aids to talking, especially about difficult subjects
- a way of avoiding talking
- a way of maintaining the rhythm of therapy, especially when the child did not have a pressing issue to address.

Having separate buckets of toys and materials, although perhaps a more costly arrangement, was identified by subjects as essential. The safety of objects and materials, and the opportunity to work on projects spontaneously and at ones own pace, seemed particularly important in providing subjects with the experience of predictability and consistency within therapy. By extension, object constancy and the predictability of the play room clearly provided subjects with an experience of spatial and temporal continuity.

Having a separate bucket of toys was linked by Subject A to confidentiality. She stated this arrangement was for "Keeping things just between me and you.".

Subject B astutely identified that the contents of the bucket, chosen by the therapist, communicated the therapist's understanding of the child when she stated "[Your own bucket] is probably to respond to your personality, to what you like and stuff." For Subject B the personalised nature of her bucket (no two buckets have the same contents) connoted "feeling special".

The visual appearance of the play room was also identified as important.

Subjects emphasised the 'colourfulness' and 'brightness' of the room, which they attributed to the toys and art materials and especially to the children's art work displayed on the walls. Subjects referred frequently to the warmth, colour and creativity of the room. They seemed to derive a sense of 'expansiveness' from this in a way that made them feel they could extend themselves in the therapy.

For Subject A the "bright colourful" pictures on the walls made her feel happy and also normalised things for her in that they were evidence of other children's experience of problems and attendance of therapy. Subject D stated that the room would be "like a sanatorium" if it did not have toys and children's drawing in it - again perhaps a reference to the normalising quality of these objects.

3.3.3 THE INNER WORKINGS OF PLAY THERAPY

Emotional Catharsis And Exploration

In the words of Subject B: "... if you keep your feelings all the time inside that feeling will never escape and it will always stay bad in you." Subjects expressed acute awareness of the importance of exploring, expressing and discussing emotions. Noteworthy to the researcher was that they had arrived at this insight independently. Subjects perceived emotional expression as fulfilling a variety of functions, including providing release and relief; enabling the therapist to be helpful by permitting her to understand their feelings; allowing one self to express ones mood and affective state (to be known by the therapist); to improve mood and emotional wellbeing; to build, confirm and maintain trust in the therapeutic relationship; to provide relief from feelings of guilt; and lastly, to permit expression of ambivalence.

In response to the question "Has play therapy helped you to understand and handle emotions better?" Subject D stated "Ja, basically everything revolves around feelings.".

Subject D also highlighted the importance of being able to express emotion in a context of privacy and confidentiality when he said that the feelings "won't get out [of therapy/ the play room] and blow up people and stuff like that.". In other words therapy contains emotions and permits the expression of and working with 'dangerous' feelings.

Subject C linked emotional expression to an enhanced sense of feeling in control, and Subject B linked it to problem ownership, the understanding of ones attitudes, and to the identification of causality in problems.

Cognition And Mental Mechanisms - Understanding And Insight

As noted, subjects struggled to answer questions in this category. Subject A was unable to make a distinction practical assistance with problems and cognitive and emotional insight into problems. For Subject B the therapist supplied the insight and understanding "like when you talk about your problems and stuff you [the therapist] explain what causes them and stuff like that'

Insight was a slightly less elusive concept for Subject C, who stated that she had discovered in therapy that sometimes jealousy of a peer motivated her feelings and actions. Although Subject D was unable to explain the process by which he achieved insight and understanding he was able to confirm it. He stated that before attending therapy "usually I wouldn't understand what was going on and I would be dumbfounded. Now I understand and know how to handle situations."

Subject E intuitively understood the intricate link between problem solving, understanding and insight when he stated: "By getting solutions you also start understanding the problem more. When you start solving the situation it comes back to the problem.". In his characteristic metaphorical style, Subject E described therapy as a process in which insight was achieved through unwrapping a symbolic toffee: "I knew the toffee wrapping ... where it said 'toffee' I'm going to put 'nervousness'." Subject E went on to say that therapy had gone beyond the nervousness (the symptom) and "I started to understand the toffee of it."

Two important themes emerged from subjects' responses to this category of questions. Firstly, the role and importance of *conscious* awareness of the process of insight formation, and of understanding problems and onesself, was again put on the psychotherapy debating agenda. Secondly, despite a perception of power being shared by patient and therapist, subjects comments suggested that some of these subjects perceived the therapist as having significant symbolic and material power. Subject A expressed the conviction that the therapist had made her mother buy her a dog to combat her loneliness. Subject B believed that the therapist had persuaded her mother to allow her to change schools; and Subject C imbued the ritual of a hot chocolate drink when she felt angry and uncontained, which was a strategy developed in her therapy, with magical calming powers. A belief in the therapist's agency and potency appeared to almost obscure the possibility of conscious awareness of the role of insight and understanding in these subjects.

Self Awareness And Self-Esteem

Again subjects struggled with the abstract nature of this category of questions, and very limited answers were supplied. Subject A's concrete interpretation, valid in itself, was that she had learnt more in therapy about what "I like better and what I like doing". This process of self discovery had been important to her.
Subject C had learnt that she did have to be afraid of the dark - perhaps a metaphor for discovering her resilience and coping abilities. Subjects A and C were able to acknowledge improved self-esteem and self-acceptance. Subject A stated "Therapy has helped me to think that my bad feelings are not so bad and that I can work it out to make it good.". Subject C commented that before play therapy "I used to feel bad about myself and didn't like it. I really didn't want to be with so many people."

Learning

Although subjects also gave less information in responding to questions about the role of learning, they were able to specify what they had learned in therapy that had been relevant to them. This is displayed in Schedule 4 below.

Schedule 4

What Was Learnt

Coping strategies and problem solving skills.
A wider repertoire of options for responding to a variety of situations.
Conflict management.
How to contain and control oneself emotionally.
Self regulation of behaviours and actions.
Thinking through rather than acting out.
Tolerance and going beyond appearances.

3.3.4 THE EFFICACY OF PLAY THERAPY

All subjects experienced play therapy as highly effective in assisting them with their problems. Subject A felt play therapy had helped her with "everything", and Subject C made a similar statement. Although subjects were able to specify the problems therapy had helped them with, they also all communicated an intact or 'whole' experience of the therapeutic process that appeared to defy dissection into discreet parts. Subject A stated that she thought all problems were similar in some way, and implied that in providing a problem-solving focus, play therapy had an almost universal applicability, regardless of the unique 'content' of a specific problem.

In contrast, Subject B demonstrated awareness of the limits to what play therapy could achieve when she stated that play therapy alone "could not make people like you." In a similar vein, all subjects demonstrated clear understanding that play therapy could not prevent problems from arising, and often could not eliminate problems from the patient's life. Rather, in a more realistic fashion, subjects perceived play therapy as important in ameliorating problems, primarily through the provision of moral and emotional support and practical problem solving skills.

Subjects' responses to the questions which evaluated the effectiveness of therapy confirmed inter-subject consensus on a range of items, and again demonstrated the depth and sophistication of subject's understanding of play therapy. For example, subjects had clear thoughts as to when play therapy was required; when it should be terminated; what they liked and disliked about it; and what sorts of stigmas might be attached to attending therapy.

Subjects all agreed that attending play therapy was not necessary for all children, but was contingent on the existence of problems, and specifically, on the existence of problems that created depression (Subject B), led to low self-esteem (Subject C), or were difficult to manage on ones own. For Subject E the severity and persistence of the problem determined therapy attendance. Subject C added that therapy was indicated when "something bad is happening", and Subject B felt that her attendance was also linked to her experience that her parents were not available for discussion regarding her problems. Subject E demonstrated subtle understanding of the nature of human problems and their process:

> Like ... therapy can help you for during the time that it's going. Let's say for argument sake it's going to take a year - ok, I don't know this, but God or someone, He knows, ok, it's going to take a year before you get over the death of someone. Now in that period of time when you're getting over, and you have stressful times in that period of time and you go back to it and you feel all miserable therapy can help you cope with those times so that you can get through the time of healing.

Despite realistic perceptions of the limits to what play therapy could offer or alleviate, Subject A felt therapy should be terminated when "your problems are finished, when you feel safer about everything and you no longer need a therapy teacher.". Subject C had a very idealised and enchanting set of criteria for termination:

> You stop therapy when everything is fine and you have over fifty friends and joy in your life and everyone wants to be with you, and you gentle, and you love your teacher and your teacher never shouts at you.

Subjects were also able to identify issues that might impede the process of play therapy. Subject A felt some children might be resistant to therapy and might want to use playing as a way of avoiding issues or dealing with them. Subject B felt some children might be concerned about being "yelled at" or judged by a therapist. Subject D stated that not feeling safe, or disliking the therapist would interfere with its progress.

3.4   SUMMARY OF THEMES IDENTIFIED

Schedule 5

Overview Of The Themes Identified	
Theme 1: Children's Experience Of Play Therapy Children experience play therapy in a coherent, conscious way, and are able to articulate their experience of it. **Theme A:** The raison d'etre of play therapy is the existence of problems and needing help. **Theme B:** The primary purpose of play therapy is problem-solving. **Theme C:** Therapy comprises a therapeutic relationship, the play room, communication, catharsis, cognitive understanding, skills development, problem-solving, creative activities, and the ethics of play therapy. **Secondary Themes:** *Problems and their resolution drive the process of play therapy and are experienced as defining of therapy. *Underlying problems are not prominent in children's experience. *Catharsis and emotional support are important adjuncts to problem-solving. *Trust and feeling accepted are crucial to the efficacy of therapy.	**Theme 2: Children's Understanding Of Play Therapy** Children understand play therapy as a process comprising a range of elements. **Theme D:** The patient-therapist relationship is the most important element in play therapy. **Theme E:** The play room is a vital component of therapy, offering a physical environment and a containing psychological space. **Secondary Themes:** *The therapeutic relationship is a private, intimate relationship distinct from all other relationships the child has. *The role of the therapist is unique, and is characterised by elements of the roles of parent, friend and teacher. *The sharing of power is an important therapeutic factor. *The play room offers safety, privacy and security; and its warmth and colour are normalising. *The physical setting facilitates spatial and temporal continuity, and is important in protecting the therapy and the toys and materials from interference.
Theme 3: Children's Experience Of The Inner Workings Of Play Therapy Children are able to describe the inner workings of play therapy, and are able to articulate their experience of this. **Theme F:** Insight development and self-experiencing in relation to self-awareness and self-esteem are difficult for children to apprehend and articulate. **Theme G:** Children experience play therapy as an effective helping process. **Secondary Themes:** *Catharsis plays a central role in play therapy, especially in relation to problem-solving and relationship building. *Conscious awareness of insight formation and understanding problems and oneself does not appear to be necessary to the effectiveness of play therapy. *Learning is an important component of problem-solving. *Children understand that therapy is not a panacea for all problems.	**Theme 4: Meanings & Interpretations In Children's Experience Of Play Therapy** Children develop a range of meanings and interpretations about play therapy. **Secondary Themes:** *Children apprehend the subtleties and nuances of the play therapy process. *Therapy addresses issues in children's daily life, yet is sufficiently distinct enough from daily life to afford the process its 'therapeutic edge. *The therapist is credited with extensive authority, and may be imbued with 'magical' powers of persuasion. *The therapist occupies a position somewhere between childhood and adulthood. *Therapy is both work and relaxation, and offers personal transcendence. *Children are aware of the rules that govern play therapy and the therapist's conduct.

CHAPTER 4

LITERATURE CONTROL

Even a minor event in the life of a child is an event of
that child's world and thus a world event.

Gaston Bachelard 1988
Columbia Dictionary of Quotations 1993

4.1   Introduction

Contemporary play therapy literature sourced for the purposes of this study was
not reviewed, by design, until the data had been collected, analysed, and
reported.   A reading of the available literature revealed a distinct, and at times
surprising set of 'convergences' and 'divergences' in relation to the findings of the
study.

4.2   CHILDREN'S EXPERIENCE OF PLAY THERAPY

Understanding Of Play Therapy And Its Purpose

As anticipated, a review of the literature revealed a dearth of information
pertaining to children's attitudes towards, or understanding of play therapy.   Lack
of knowledge in this regard was however acknowledged by a number of authors,
many of whom emphasised the need for empirical research into these and other
aspects of child psychotherapy (Gardner 1993, Kottman 1995 & Schaefer 1993).
In the words of Lazarus (1993:406):

> It would be naïve assume that patients always know what they want
> and what is best for them, and that clinicians are thus advised to
> slavishly follow their clients' scripts. But if clinicians had more respect
> for the notion that their clients often sense how they can be best
> served, fewer blunders might result.

According to Gardner "most child therapists would agree that the vast majority of
children are not so receptive to psychotherapy..."(1993: 3).   The accounts of the
subjects who participated in this study challenge this view.   Whilst Gardner's
comments that children are often involuntary patients, and are sometimes
referred against their will, would probably echo the experience of many therapists;
his view that children have "little motivation to change themselves and do not
appreciate how their therapeutic experience will fit into their life patterns" is not
supported by the findings of this research.   On the contrary, subjects expressed
a clear understanding of the reasons for attending therapy, and demonstrated a

noteworthy awareness of the purpose and nature of play therapy. The spirit of their accounts revealed a corresponding willingness to participate in a therapeutic process and a high degree of motivation to address their problems.

Gardner states further that he believes children are essentially hedonistic, will avoid unpleasant emotions and thoughts, and "rather than introspect, children tend to act out" (1993: 3). Again, the comments made by subjects contradicts this rather pessimistic view, although it is conceded that perhaps effective use of play therapy by a child patient permits the transformation of acting out behaviour into introspective problem solving and self-regulation.

Kottman (1995), an Adlerian play therapist, offers a more benevolent view of the child. She perceives children as purposive in their behaviour, creative and goal-directed, including within the context of psychotherapy. The findings of this study firmly support this view. The attitude of the therapist towards the child patient will clearly play an important role in relation to the child's motivation, and in itself could be deemed to be a therapeutic factor.

The existence of untested assumptions about children as patients; and about their perceptions of therapy; again confirm the need for more extensive research. In the words of Spinelli (1994:77)

> Somewhat amazingly, given the large amount of studies dealing with therapy and therapists, there exist very few exhaustive studies that focus exclusively on the client's experience of therapy.

Available research sourced by Spinelli appears, promisingly, to cohere with the findings of this study. For example, Spinelli cites the research of psychologist David Howe (1993), who investigated client's perceptions of the therapy process, from their perspectives. On the basis of his study, Howe concluded that clients viewed the process as having three movements or sequences: accept me; understand me; and talk with me (cited in Spinelli, 1994:77). The parallels between this and the accounts of this study's subjects are self evident, and again demonstrate the child's ability to understand the contours of play therapy.

4.3 CHILDREN'S UNDERSTANDING OF PLAY THERAPY

The Therapeutic Relationship And The Role Of The Therapist

Whilst the importance and centrality of the therapeutic relationship is widely agreed upon, Gardner (1993: xv) notes that "the relationship is often spoken of glibly as the foundation of treatment, but it has not, I believe, been studied to the depth that is warranted." The findings of this study demonstrate, overwhelmingly, the critical importance of the child-therapist relationship, and

concur with Gardner's assertion that without a solid relationship the treatment will fail. Again, this study's subjects were not only able to recognise the importance of the relationship, they were able to identify many of its key elements. Subjects' accounts correspond closely with a number of the elements Gardner (1993:41-50) considers important in the therapeutic relationship. These are displayed in the graphic below.

Key Elements Of The Therapeutic Relationship

Genuine respect
Patient receptivity to the therapist's messages
Identification with the therapist
Helpfulness
The therapist as teacher or educator
The therapist as parent
The use of metaphor in communication

Spinelli states (1994:78) that where research has been conducted into patients' experiences of the therapeutic relationship, it emphasises that a "major factor which clients return to again and again ... is the warmth and friendliness of the therapist." This is echoed in the accounts of this study's subjects. Indirectly, subject identified what Gardner describes as factors in the therapeutic relationship that are conducive to bringing about change. Subjects' reports of the importance of privacy, safety and acceptance dovetail with Gardner's factors; such as spending enjoyable time alone with the therapist; the therapist's affection for the child; fun; and intimacy and self-revelation (1993:71-97). In particular, Gardner's comment that the "sharing of personal thoughts and feelings which one would not reveal indiscriminately to others" is a vital component of the therapeutic relationship, is supported by the findings of this study. In Orbach's (1999:1) words "therapy is at its core an intimate relationship which explores some of the most profound questions we have to encounter as human beings".

Although subjects did not explicitly link their positive experience of the therapeutic relationship to their enhanced well-being; or to their progress in therapy; it is likely that this is the case. In her discussion of relationship in play therapy Guemey (in Schaefer 1993) emphasises the dual role of the therapeutic relationship in contributing to adjustment and interpersonal functioning; and in facilitating change in the child patient's relationships with significant others. Subjects' accounts in this study support this, largely in the correspondence between their descriptions of their relationships with the therapist, and their later reports of improvements in their relationship with others, especially peers.

Subject's accounts also cohere with Guerney's discussion of the relationship between the therapeutic relationship and play.   She states (in Schaefer, 1993: 271) that the

> unique qualities of the relationship may be responsible for positive
> gains from play therapy.   However, play is the medium in which the
> relationship is anchored, and as such we must view play as an integral,
> interactive part of the process of relationship building.

Playing together promotes a strong bond, and this was implicit in the accounts of this study's subjects.

Power Dynamics In The Therapeutic Relationship

Although the topic of power is prominent in therapeutic discourse, no references were found to the child patient's experience of power in the therapeutic relationship.   Kottman, however, emphasises the importance of building an egalitarian relationship with the child patient.   She states the therapist "wants the child to know that the counselling relationship is an equal partnership" and that the "relationship grows from mutual trust and respect" (1993:49).   Subjects in this study communicated an awareness and understanding of the therapist's efforts to create equality; and of the strategies by which she attempted to achieve this. According to Kottman (1995) and Spinelli (1994) an important process in the establishment of an egalitarian relationship is the demystification of the nature of therapy by explaining its logistics, such as purpose and confidentiality.   Subjects' accounts demonstrated a clear understanding of the logistics of therapy.   It can also be stated that the research interview itself, extended this process of demystification.

According to White (1995:12) therapy should not reproduce the dominant relationships, structures and culture within which the patient is embedded; and which are a source of problems for the patient.   Awareness of power dynamics in the therapeutic relationship is obviously vital in relation to this.   It was therefor reassuring for this researcher that subjects' accounts indicated that they did not experience dominant or normative versions of adult-child relationships in their play therapy.

The Physical Setting - The Playroom

Subject's accounts identified the play room as both a physical setting and a symbolic 'container' for the therapy on the one hand; and as an integral aspect of the therapeutic process on the other.   To the extent that subjects emphasised the importance of the play room, it can be seen, together with emotional catharsis, problem solving and the therapeutic relationship, as a vehicle for the therapy.   Ultimately subjects experienced the room as a physical, spatial,

temporal and psychological entity. This was a potent reminder of the physicality of play therapy, and of the patient's corporeal existence.

Whilst many texts consulted addressed the selection, appropriateness and potential usefulness of the *contents* of the 'ideal' playroom, little recognition appears to be given to the more subtle aspects of the child patient's experience of the physical setting. Only one of the authors consulted, Kottman (1995), considered the room in relation to factors such as privacy, security and continuity. References were not found in relation to exploring and understanding the psychological use child patients make of the play room space.

A Note On Play And The Importance Of Playing

This researcher did not include a separate category of questions on play in the interview schedule. Literature consulted contained numerous references to play and its importance in play therapy as a discreet entity. The researcher's choice to not isolate play as a separate category of investigation was based on two reasons. Firstly, in the researcher's clinical practice she had experienced play as 'embedded' in the psychotherapeutic process. Secondly, subjects in the study tended to play less, in the conventional sense, and to talk more in their respective therapies. In particular, Subjects D and E demonstrated very limited active play. A bias within the researcher's play therapy practice model, of which she was made aware during the research, was to not elevate play and playing to a central, defining position within the therapeutic process. Rather, play is perceived as one aspect of it, co-existing with discussion, focused problem-solving, relationship building, cognitive-behavioural intervention and skills development.

The study might have yielded quite different findings had younger children been researched, where play might have occupied a more central role in the therapy.

It is possible that, had the researcher searcher included a separate category on play, information might have been elicited from subjects that shed more light on how they viewed the role of play, and on how they experienced play. Whilst subjects did identify the relevance of play in all its forms (free play; parallel play; role plays and psychodrama; art work and creative activities; and structured games, such as board games), they did not emphasise it as they did the therapeutic relationship, catharsis and problem solving.

Texts consulted conceptualised and emphasised play and its importance to varying degrees, reflecting the debate amongst practitioners and theorists regarding its role. Authors such as Schaefer and Kottman centralised play in their accounts of child psychotherapy; whilst Gardner tended to favour a more integrative approach. However, regardless of their differing emphases, all texts consulted recognised play for its emotional, relationship-building, symbolic, psychological and problem solving qualities.

Schaefer, for example, views play as therapeutic because it is characterised by the following: it is motivated intrinsically and is inherently pleasurable; it allows the child to focus on the activity of playing (the process) rather than on its outcome or completion; it affords the child active involvement and engrossment such that temporary transcendence is possible; it has an 'as if' or non-literal quality to it, which accommodates the experience and expression of fantasy; and lastly, it gives the child "freedom to impose novel meaning on objects and events." (in Schaefer, Ed. 1993:1). Schaefer's comments resonated with the tone and themes of subjects' accounts of their play activities in therapy. In particular, many subjects emphasised the therapeutic importance of the 'togetherness' they experienced in playing *with* the researcher-practitioner, perhaps adding to their experience of the therapist as a friend.

4.4   THE INNER WORKINGS OF PLAY

Emotional Catharsis And Exploration

Subjects' accounts contained numerous references to the importance of the exploration and expression of emotions. Ginsberg, (cited in Schaefer, 1993:108), states that "the importance of emotional release is acknowledged by most psychotherapists as an essential, if not *the* essential ingredient in psychotherapy." All references consulted, across different schools of play therapy supported this contention, and in this regard the data collected in this study cannot be viewed as new knowledge. What remains significant is subjects' understanding of the multiple purposes achieved through catharsis, as described in Chapter 3; and their understanding of the conditions necessary for it to occur. For example, Ginsberg notes that catharsis in and of itself, is not necessarily therapeutic. For it to be beneficial, and serve the goals of the therapy, catharsis has to occur in a context of permissiveness (in Schaefer Ed. 1993:114). Correspondingly, subjects in this study emphasised the importance of knowing that they had permission to express emotions, especially those viewed as 'negative' or dangerous, and that they would be tolerated and responded to benevolently.

Similarly, Spinelli's (1994:246) statement that expressions of emotion "serve as significant guides for the therapist in seeking accurately to 'enter into' the client's world-view'" corresponds with subjects' comments regarding their perceptions of the purpose of catharsis.

Subjects also demonstrated understanding of the consequences of emotional suppression. Subject C alerted the researcher to this when she stated "... if you keep your feelings all the time inside that feeling will never escape and it will always stay bad in you."

Ginsberg (in Schaefer Ed. 1993:108) cites Greenberg and Safran (1987) who note that

> Psychological problems are often the result of blocking or avoiding
> potentially adaptive emotional experience, and affective interventions,
> in many instances, are designed to overcome these resistances (sic) to
> emotion and to access underlying affective experience.

Subjects' awareness of the role of catharsis in problem solving (especially Subject E) is echoed in the assertion that "The complete processing of a specific emotional experience leads to a shift in the nature of emotional experience. This shift leads to the emergence of new adaptive responses to problem situations" (opcit).

Subjects in this study intuitively understood the experiential links between catharsis, insight and problem solving; again demonstrating a sophistication perhaps not always recognised in child patients. The richness and subtle grasp of nuance in subjects' accounts, whilst not often immediately apparent in their words, seemed noteworthy. For example, the researcher was struck by the close correspondence between subjects' statements about the role and value of therapeutic emotional expression, and a model of catharsis developed by Blatner (1965), presented by Ginsberg. Blatner's model, which views catharsis as a psychological shift to a new integrative level, comprises four interrelated categories. The correspondence between Blatner's model and specific statements made various subjects is displayed in the graphic on the following page.

Cognition And Mental Mechanisms - Understanding And Insight

Significant debate exists within therapy discourse regarding the processes of understanding and insight; and related literature is detailed and extensive.

However, perhaps due to the complex and abstract nature of these processes, there was no reference in the literature to children's experience of the development and role of insight and understanding in psychotherapy.

A central debate relates to the extent to which *conscious* awareness of the development of insight on the part of the child patient is a necessary factor on which therapeutic progress is contingent. By extension, the role of unconscious processes is drawn into the debate. The different conceptualisations of insight and understanding offered by the humanistic and psychoanalytic approaches to play therapy give some insight into the debate. Kottman (1995) views insight as the development of the child's understanding of the goals of their behaviour, and of their fundamental beliefs about themselves, others and the environment. She states "As children gain insight into their life-styles and a sense of clarity about the purposes of their behaviour, they can re-examine their perceptions, attitudes, thoughts, feelings and actions" (1995:149).

Catharsis In Play Therapy

Blatner's Four Integrative Categories

Corresponding Statements By Subjects

Category 1
The catharsis of abreaction: that is, the direct expression of emotions in the context of a safe working alliance with the therapist such that disowned feelings can be integrated.

Child's Statement
"... and sometimes when you're in a moody mood of both good and bad you feel like talking about both of them to get them all out to make you feel kind of sad and kind of happy"
Subject A

Category 2
The catharsis of integration: where the self is expanded to include feelings and role functions previously excluded.

Child's Statement
"... normally you don't assess your feelings - normally you've just got that feeling - you don't assess them and you don't analyse them ... often you don't know what you're actually feeling ... when you talk about it, that's how you actually feel, and you understand it now."
Subject E

Category 3
The catharsis of inclusion: overcoming feeling alienated and unacceptable through expression of emotion that is tolerated by the therapist.   To be oneself in the presence of another and to feel more or less self accepting, including in relation to ones emotional being.

Child's Statement
Subject C, on before experiencing catharsis: "I used to always feel bad about myself and I didn't like it and I really didn't want to be with so many people ."

Category 4
Spiritual catharsis: to be more open to the environment and others

Child's Statement
"I've learnt if someone wants to make friends with you and even if they look ugly ... you should just see how they really like in the inside and you'll get to know them and you can really be friends." Subject C

If however, insight is viewed within a more psychoanalytic perspective difficulties are encountered.   Within this perspective insight is seen as the bringing to conscious awareness the child's unconscious conflicts and desires that are causing the formation of and continued existence of symptoms. This is viewed as a therapeutic goal and process, in other words, it is seen as therapeutic in its own right (Gardner, 1993: 235).   Gardner (1993) disagrees strongly with this view.   He contends that children are not capable of participating in psychoanalysis, particularly before the age of eleven, as they have not yet achieved Piaget's stage of formal operations necessary for the sort of abstract reasoning and introspection that is required (1993:235-238).   Subjects in this study could not access or articulate an experience of the type of insight development described by psychoanalytic therapists.   This does not confirm or disconfirm the existence of this process in the therapy of the research subjects. Neither does it illuminate the extent to which children could articulate it if it did occur.

Gardner's view is that insight is ultimately less important than the qualities of the therapist and the relationship. He states further that *experience* is the best teacher, not insight, and this will be discussed in the next section of this chapter.

In conclusion, Levenson and Herman (1989), cited in Schaefer and Cangelosi (Eds. 1993: 229-230) state:

> It is suggested that children may not be especially insightful, but are willing to examine problematic areas in their emotional life ... the necessary cognitive, language-based structures may not be sufficiently mature to allow for direct verbal intervention. Children ... lack the capacity for psychosynthesis, that is, the integration of intellectual and affective data.".

Self-Awareness And Self-Esteem

The literature consulted did not provide information on children's experience of developing self-awareness or building self-esteem. This ambitious category of enquiry confronted this study with a second, complex and debate-ridden area of psychotherapy: the process of self-experiencing. Although subjects' responses revealed limited, but important understanding of self-experiencing in play therapy, their difficulties with it may lend support to Gardner's contention that experiencing, rather than intellectual insight, is paramount in play therapy. He states "The most important mechanism for modifying behaviour is experience ... therapy more than anything, should be an experience" (1993:53). Gardner goes on to say that therapy is " a living experience in which one has ongoing encounters with who a person who is more honest than any other individual with whom one may be involved in ones lifetime" (opcit). For Gardner, the 'benevolent sympathy' of the therapist offers the child the experience of intellectual understanding; and the therapist's empathy offer the child the experience of emotional understanding and resonance. This does not imply that Gardner dismisses the ability of the therapist to communicate to the child "I understand some of your situation", neither does he dismiss the role of this in therapy. Rather he is suggesting that the child's *experience* of understanding is more significant than the therapist's verbal statements that the child is being understood.

Exploring the child patient's experience of self; or process of self-experiencing; is viewed by this researcher as extremely difficult. Self-experiencing is a complicated phenomenon, and intersects with the child patient's process of experiencing the therapy, *and* with the experience of *being experienced* by the therapist. In the interviews subjects seemed subtly resistant to exploring and discussing self-awareness, self-esteem and insight. This may have been linked

to their difficulties in apprehending and articulating this experience; in sharp contrast to the relative ease with which subjects were able to articulate many other aspects of their experience of play therapy.

A Note On Self-Experiencing

Bollas (1992) suggests that through interaction with the world, objects and other people, human subjects endow these things with psychic significance, such that they become psychic signifiers. He states that "our travels in a rendered world of psychic signifiers ... light up in the [human] subject clusters of feeling, imagery, somatic states, and memories" (1992:13 - researcher's parenthesis). All children, and not many adults, can be expected to apprehend and articulate this process of experiencing, especially as eloquently as Bollas. As he notes, "the concept of self experiencing is ironic, as its referential ambiguity (does it mean the self that experiences or the experiencing of our self?) is strangely true to the complexity of being human" (1992:27 - Bollas's parenthesis)..
Bollas considers different aspects of self-experiencing, and these resonated with subjects' accounts; He identifies four stages, not necessarily sequential, of self-experiencing (1992:31):

1) **"I use the object."** "I select the object of my choice, which I will imbue with psychic or psychological meaning.". This links with the child's use of the toys and the therapist in the room, and the process by which symbolic meanings become attached to them.

2) **"I am played by the object."** "At the moment of my use, the particularity specific to the object - its integrity - transforms me.". This relates to subjects' awareness of the change they experienced in therapy.

3) **"I am lost in self-experiencing."** There is no longer a distinction between the first and second stages. The child enters a reverie that perhaps cannot be articulated. For subjects this might have been experienced as transcendence through play.

4) **"I observe the self as an object."** In this stage the subject considers where she or he has been, or has travelled. Subject E's comments on problem solving were instructive in this regard. He stated "By getting, by getting solutions you also start understanding it more. When you talk about how to handle situations then you start understanding the problem. When the problem is in the situation and you start solving the situation it comes back to the problem, and you start understanding the problem better."

Learning

The literature consulted did not provide information dealing specifically with the child patient's experience of learning in play therapy.

Gardner views therapy as an educational process, and this was supported by subjects' accounts. He states "In the context of a good therapist-patient relationship, the therapist helps the patient learn better how to deal with the fundamental problems and conflicts of life." (1993:49). Subject's accounts confirmed the of the didactic component of play therapy, and corresponded with Gardner's statement that the therapist helps the patient learn how to cope with problems in living. Gardner states further that "the younger the patient the more guidance, advice and instruction the therapist should be willing to provide ... ." (opcit). Whilst the researcher tends to avoid, where possible, the contentious activity of advice-giving in psychotherapy, it was significant that subjects tended to perceive discussion of problems and exploration of problem-solving strategies and solutions as advice-giving. This might have been linked to the subjects' perception of the therapist's power and authority, as discussed previously.

Learning, and its role in psychotherapy is complex, and the topic of a separate study. Subjects' accounts implied a link between learning, problem-solving and creative work. Sawyers and Horm-Wingerd, (in Schaefer, Ed. 1993) consider the tripartite relationship of learning, problem-solving and creativity, and note that it has not been adequately researched. They note the difficulty in operationalising, that is, defining and measuring concepts such as creativity, but conclude from their experience that symbolic play facilitates creative problem-solving and learning in children. Sawyers and Horm-Wingerd (in Schaefer, Ed. 1993:99) state that:

> creative expression and problem solving result from various
> combinations of the complex and sometimes elusive interactions
> among knowledge and experience, creativity-relevant skills and
> traits, and physical and social environmental factors.

4.5 THE EFFICACY OF PLAY THERAPY

Literature consulted did not provide information relating to children's perceptions of the efficacy of play therapy. This is cause for concern. According to Spinelli (1994:77):

> There is the strong possibility ... that therapeutic efficacy may have
> little to do with a particular theory being espoused, and that therapists
> have emphasised the wrong reasons for the effectiveness of therapy.

The absence of an empirical basis on which to understand the efficacy of play therapy in particular, and psychotherapy in general, is problematic.

Coltart, a British psychoanalyst, states that "it is the essence of this impossible profession that in a very singular way we do not know what we are doing" (in Kolon, Ed. 1986:186). By this is not meant that she views therapists as incompetent. Rather, Coltart is suggesting that there is much in a therapeutic process that is unconscious, un-spoken and unknowable. Subjects' responses to interview questions relating to insight, self-esteem and self-awareness especially demonstrated this. Coltart (in Kolon, Ed, 1986:107) goes on to conclude that "however much we gain confidence, refine our technique, decide more creatively when and how and what to interpret, each hour with each patient is also in its way an act of faith."

Afterthought: The Narrative Approach To Play Therapy

In relating their accounts of play therapy, subjects told a story about their experience. Narrating their experience in this manner can be viewed as approaching Michael White's (1995) narrative perspective on psychotherapy. White's perspective views therapy as a process of narration on the part of the patient; that is, therapy is a telling of the stories of ones life. Within this perspective, subjects in this study can be viewed as having told a story about their experience *of their experience of telling stories about themselves in the process of play therapy.* This prompted two insights for this researcher. Firstly, White states that the telling and re-telling of life stories permits the patient to view their experiences and problems in new and different ways. In listening to subjects relating their stories of their play therapy experience, this researcher was permitted to think about therapy in new ways. This allowed for the development of new knowledge and insights, and greater understanding.

Secondly, White (1995:13) states that "human beings are interpreting beings ... it's not possible for us to interpret our experience without access to some frame of intelligibility." Play therapy offers children an alternate frame of intelligibility within which to give new meanings and interpretations to their experience. Similarly this study can be viewed as having offered subjects a frame of intelligibility within which to explore and ultimately assess, their experience of play therapy.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

No truth is so sublime
but it may be trivial tomorrow
in the light of new thoughts

Emerson "Circles"
Cited by Phillips (1994:19)

5.1   INTRODUCTION

Engaging in this modest study was an enlightening and humbling experience for the researcher.   It also appeared to be of therapeutic value to subjects.   In discussions with subjects in play therapy sessions following the research interviews it was apparent that participating in the study had confirmed the importance of the therapy, and had consolidated the therapeutic relationship even further.   Participation had also assisted subjects in evaluating their experience and progress, and in identifying areas still to be addressed in the therapy.

The research process and study findings granted new knowledge and thought provoking   insights;   confirmed   certain   aspects   of   existing   knowledge;   and identified a range of areas requiring more rigorous and systematic investigation.

Theoretical conclusions, based on the findings of the study, are presented in relation to play therapy theory and practice.   This is followed by methodological conclusions about the research process. Conclusions were drawn in relation to the research design and methodology; and in relation to the trustworthiness of the study's findings.

Recommendations are made in relation to the study findings, and the research methodology. The chapter is concluded with a brief summary of the study.

5.2   CONCLUSIONS

5.2.1 Theoretical Conclusions

• The study findings demonstrate incontrovertibly, the value of play therapy, and its viability as a helping method.

• Subjects were able to articulate, at times with a memorable eloquence, the positive and beneficial nature of their therapeutic experience; and they were able to identify its essential components; that is, to describe the architecture of play therapy.   It can therefor be concluded that children are capable of understanding play therapy, and articulating their experience of it.

- Subjects' accounts of their expectations of play therapy, and of the benefits they derived from it, dovetailed, in many respects, with the core goals of play therapy identified in Chapter 2. This was reassuring for this researcher, and confirms the value of the findings for other practitioners.

- Through their accounts subjects delivered a profile of play therapy which identified its key elements, thus providing the beginnings of a framework, or practice model, again potentially useful to practitioners.

- Based on the preceding points, it can be concluded that subject's accounts were not only a description of their experience; they amounted to a manifesto of what constitutes adequate play therapy practice.

- Subjects provided richly detailed descriptions, laden with meaning and metaphor. Whilst they offered insights and knowledge usually only intuited by the practitioner, their accounts are viewed as having revealed as much as they concealed. This is concluded because the accounts did not shed significant light on the subjects' experiences of the more hidden, and perhaps pre-verbal, pre-conscious aspects of play therapy, such as the development of insight; and the process of self-experiencing in relation to self-esteem and self-awareness.

5.2.2 Methodological Conclusions

- It is the contention of this researcher that the study's findings can be viewed as trustworthy. The methodology employed by the study, in particular, its method of data analysis, meets in full, the first two of Guba's criteria, credibility and transferability; and partially fulfills the third criterion, dependability. The extent to which the forth criterion, confirmability, was met, is ambiguous, and depends on how the criterion is operationalised: whilst a formal audit of the various steps of the research process was not conducted by an independent reviewer at the time of the study, the study was conducted in a manner that would permit an independent review, were this to be initiated. The supervision of this study by an independent academic, who is both a practitioner and a researcher, is viewed by this researcher as an implied audit of the study procedure. Guba's criterion of credibility is met; in other words, confidence can be held in the truth of this study's findings; in that the study informants were appropriate to the investigation. The second criterion, transferability, was met in that the findings of this study adequately represent a typical sample of children in play therapy in a private clinical practice. In relation to the third criterion, dependability, the coding of the data can be considered relatively reliable, in that a systematic, pre-planned, structured method of data analysis, acceptable within qualitative research, was employed. However, as noted, an independent co-coder was not utilised, and it is acknowledged that the use thereof could have enhanced the perception of dependability.

- This study achieved its primary goal of exploring and describing five childrens' experience of play therapy, from their perspective. As intended, the study examined children's understanding of play therapy as a helping process, and their perceptions of its purpose. A broad range of meanings and interpretations developed by the subjects, was identified. Further, the sense made by subjects of the various elements of play therapy was identified. In this regard the study can be viewed as having achieved its goal of exploring the inner workings of play therapy; rendering its sub-text more explicit; and thereby giving a voice to the child patient's usually unarticulated experience. It can therefor be concluded that the study's research design and methodology was adequate, and served the purpose of the study well, despite the limitations and problems discussed elsewhere.

- The methodological issue of the role of transference in the research process, and the extent to which it might have influenced the study findings, remains, unresolved. This issue is viewed as largely unresolvable. This is particularly so if the more unconscious aspects of the phenomenon of transference are considered. Clearly, the subjects' accounts contained elements of a positive transference relationship with the therapist. A purist approach to research might view this as contaminating of the study findings. A 'revisionist' approach would view transference phenomena in applied research as both inevitable, and as achieving ecological validity.

- In the perception of the researcher, an outstanding feature of the research project was the detail and clarity present in subjects' accounts. The subjects were more sophisticated in their understanding of play therapy and in their ability to articulate it than was anticipated. Without disregarding the complexities of researching children, it is suggested that their ability to reflect on, and articulate their experience has possibly been underestimated. It is conceded that their prior experience of the language and process of play therapy 'primed' the subjects of this study and thereby shaped the nature and flavour of their accounts. It is argued, however, that even if this did occur, what the children retained of their therapy experience, and how they communicated their reflections is unique, and remains the psychological property of these subjects. This has implications for both qualitative research and the practice of play therapy; and particularly for the way in which clinicians approach children in play therapy. One example, emerging from the data, demonstrated this powerfully. This researcher-practitioner's attempts to create for the child patient the experience of 'being the boss in therapy', in other words, as having ultimate power, emerged as misguided and naïve. Subjects' responses to questions addressing power relationships in therapy clearly indicated their perception that power was, and should be shared, within the context of a relationship co-created by therapist and patient. It is concluded that research methodology must take into account the competencies children bring to their role as research subjects. Their accounts must be trusted.

5.3   RECOMMENDATIONS

5.3.1 Recommendations Based On The Study Findings

* The findings of this study could be integrated by the researcher into her practice as guidelines for 'best practice'.
* Practice models, protocols and guidelines, together with therapist training programs, need to be developed for, and by play therapists .
* This study's findings, coupled with the difficulties experienced by the researcher in sourcing relevant literature underscore the dire need for further research into the child patient's experience of play therapy. Whilst it is conceded that the researcher's literature search was limited, she was unable to find a single reference book or research study relating exclusively to the child's experience.
* In addition, more research is necessary into play therapy in particular, and psychotherapy in general; in other words, in addition to researching the child patient's experience. This will be hampered by non-uniformity of practice, and by the many challenges posed by qualitative research.
* Specific areas to be researched would include insight, self-awareness and self-esteem; the role of unconscious processes in therapy; the relationship between creativity and play, learning and problem solving; and power dynamics in the therapeutic relationship.
* It is also recommended that a group of play therapists, of both similar and different theoretical persuasions conduct collective research in a similar vein to this study. Comparative research across the different approaches to play therapy would also be useful.
* Finally, it is recommended that children of different age groups are researched, and that comparisons between age groups are made.

5.3.2 Methodological Recommendations

* Whilst the interview schedule was adequate, the questions could have been refined further, and fewer categories of enquiry could have been utilised. This might have afforded the study greater coherence and focus, and elicited more in-depth data from subjects, in particular areas.
* More subjects could have been interviewed.
* Cohorts of subjects from different age groups could have been interviewed, and their accounts compared. This would have possibly yielded information about the role of age in children's experience of play therapy, In this regard a longitudinal, post-treatment follow-up study of the subjects of this research, and of children who have experienced play therapy in other clinical practices, would be a valid endeavour.

- In relation to the study of play therapy in general, attention needs to be paid to the development of research methodologies that will:

    - extend understanding of the child patient's experience,
    - investigate more abstract concepts, such as self-esteem,
    - evaluate the efficacy of play therapy as a helping method, and
    - form the basis for more rigorous, less exploratory research.

5.4 SUMMARY OF THE STUDY

This qualitative study sought to research five children's experience of play therapy, from the perspective of the child.

An exploratory-descriptive, inductive research design was utilised. A cross-sectional case study was conducted, and five children were interviewed, using an open ended, semi-structured interview schedule. The interview schedule was piloted on a single child, and the research interviews were recorded by means of an audio tape-recorder. A purposive sampling method was utilised, and the unit of analysis was the individual child.

A deductive, step wise method of data analysis, based on Huberman and Miles' approach, was employed. Data was coded and analysed on the basis of an analysis protocol developed by the researcher.
A literature control was conducted as a method of verification, and the trustworthiness of the study findings was considered in relation to Guba's model.

From the study certain methodological and theoretical conclusions could be drawn. Recommendations emerging from the conclusions were offered in order to extend theoretical and practice knowledge relating to play therapy.

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APPENDIX A

LETTER OF PERMISSION - PARENTS

VANESSA RICHARDS
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18 June 2001

Dear Parent,

MASTERS RESEARCH - RAND AFRIKAANS UNIVERSITY

I am currently working towards my Masters Degree in Social Work at Rand Afrikaans University.   In completion of my degree I am conducting research into play therapy.   The broad aim of my research is to explore children's experience of play therapy from their perspective.   There are very few studies in this area, and your child's participation in this research will contribute towards the knowledge base necessary for ongoing improvement of therapeutic methods.
If you and your child are in agreement, I will interview your child at a time convenient to you both.   The interview, which will explore your child's perceptions of play therapy, and attempt to identify what is helpful and not helpful in the therapy, should not take longer than an hour to complete.   Should you wish to peruse the interview questions, or discuss any aspect of the research please do not hesitate to approach me.
Please note that the research is strictly confidential, and your child's name and other identifying details will not appear anywhere in the research report. Research requirements necessitate the tape recording of my interview with your child, again under strictly confidential conditions.   Should you wish to receive feedback on the research findings an information evening will be arranged.
Kind regards.

Vanessa Richards

- -
Please complete, detach and forward to me - thank you.

I hereby give permission for my child to participate in Vanessa Richards' research.

Parent: _____ Signature _____ Date _____

MEMBER: S A ASSOCIATION OF SOCIAL WORKERS IN PRIVATE PRACTICE

APPENDIX B

INTERVIEW SCHEDULE

(1)

Section 1
To be completed by the researcher.

Name allocated to child for purpose of the study:
Age:
School grade:
Length of time in current play therapy:
Previous experience of play therapy (with a practitioner other than the researcher):

Presenting problem on referral:

Problems identified subsequently:

Concomitant treatment (for example, occupational therapy):

Use of prescribed medication:

Section 2
To be administered verbally to the child.

Introduction: Do you remember I got permission from you and your parents to ask you some questions about play therapy? I told you I was doing research at university about therapy. I want to know what children think of play therapy, what they think it does and how it helps them, or perhaps doesn't help them. I would also be interested to know what you like about play therapy, and what you don't like. Remember that what we talk about today is private and confidential - that means nobody at the university will know your name or who you are, so you can say whatever you want, just like in play therapy. Whatever you tell me today will help me and other people understand play therapy and children a little bit better, and that will help social workers to do better play therapy.

Remember that this is not a test, there are no right or wrong answers, I want to know what your opinion is. It will be difficult for me to write down what you tell me and listen properly, so I am going to tape record our discussion (discuss).

Category 1: Understanding Of Play Therapy And Its Purpose

- I know we have spoken about this before, but tell me now, why do you think you have been coming to play therapy (explore)?
- What do you think play therapy is supposed to do (explore)?
- Imagine you have to describe play therapy to a friend at school who's never been, but wants to know exactly what it is like - what would you tell them?

Category 2: Perceptions Of The Play Therapist And Of The Therapeutic Relationship

- I am your therapist - if you had to describe me to your friend, what would you say? Would you say I'm like a teacher, or a parent, or a friend, or a doctor, or something else?
- If child attends an allied therapy, such as occupational therapy ask: Do you think I am the same as your occupational therapist/ remedial therapist (explore)? Why?
- I have said to you in play therapy before that you are the boss: you choose what to play and what to talk about. Do *you* think you are the boss in play therapy? If YES, explore what in therapy makes the child feel that way; if NO, explore that. Do you think it is important to feel like the boss in therapy? (to explore power dynamics in the therapeutic relationship).

Category 3: Physical Setting - The Play Room

- We always have therapy in the same room. Why do you think we have a special room for play therapy? What do you like about this room? What do you not like about this room?
- Do you think it is important to have games and toys and art things in this room (explore)?
- Why do you think you think you have your own bucket of toys to use that no-one else touches? Do you think that this is important?*
- What toys and things do you like best in this room, and why?

* To create boundaries between children in play therapy, and to promote confidentiality and privacy each child in the researcher's practice has a bucket of toys and art materials to use that may not be used by other children.

Category 4: Emotional Catharsis And Exploration

- In play therapy we talk a lot about your feelings.   What do you think about this? Do you think it is important to talk about feelings - why?
- Do you think working out what your feelings are, and getting them out is important?   Do you think it has helped you (explore)?
- Do you think that play therapy has helped you to understand and handle your feelings better?

Category 5: Cognition And Mental Mechanisms - Understanding And Insight

- Has coming to therapy helped you to understand your problems and worries better?   What in play therapy has helped you to do this - discussing incidents, dreams, fantasies, how you get on with other people like Mom and Dad, or your friends or teachers?   Explore.
- Has understanding your problems better, or in a different way, helped you?
- What kinds of problems and worries has therapy helped you with?
- Do you think you have changed your ideas about your problems in play therapy?   What has helped you to do this, if the answer is Yes?   If No, why, and do you think it would help to change your ideas? (give concrete examples)
- In play therapy have you found out more about why you do the things that you do, or have the feelings that you have?   Has this helped you, and why?

Category 6: Self Awareness And Self- Esteem

- Do you think you have got to know yourself better in play therapy?   If so how, and has this been a helpful thing?
- Sometimes kids dislike things about themselves, or feel bad about themselves.   Has play therapy helped you to feel better about yourself, to maybe like yourself more?   How? Explore.

Category 7: Learning

- Have you learned new things in play therapy - if so, what things (prompt if necessary - social skills, coping skills, communication skills, problem solving skills, anxiety management skills)?
- What have you liked learning about the most in play therapy, and why?
- Are there other things that play therapy could teach you about?

Category 8: Perceptions Of The Efficacy Of The Helping Process*

- Do you think coming to play therapy has helped you, and why/ why not?
- What problems do you think therapy has helped you with?
- What has therapy helped you with the most?
- What do you think you might still need help with?
- What kinds of problems do you think play therapy can't help you with?

Category 9: Evaluation

We usually like some things about therapy and dislike other things.
- What are the things you have liked the best about play therapy?
- What have you not liked?
- What do you think should be different in play therapy?
- Do you think all children should come to play therapy - explore?
- When do you think a child should come to play therapy?
- When do you think a child should stop coming to play therapy?
- Do you think children have worries about coming to play therapy? (explore)
- Has anything in therapy ever upset you or made you cross or irritated? (explore)

We have come to the end of the questions. Thank you very much for answering all of my questions. Is there anything else you would like to ask me, or tell me about play therapy?

* These questions are likely to be addressed in discussing Categories 1 to 8, and should only be asked if not already covered.

APPENDIX C

GOALS OF PLAY THERAPY

Goals identified in play therapy literature were loosely categorised according to their specific emphases. These may be viewed as generic goals, intended to be achieved by the helping process and the child regardless of the presenting problem.

Goals Relating To Emotional Functioning	Goals Relating To Mental Processes
- Catharsis - expression and release of emotions within an accepting and tolerant environment. - Tolerating unpleasant or uncomfortable feelings. - Understanding and acceptance of feelings (insight). - Enhanced control of emotions. - Reduction of anxiety. - Provision of emotional support, including times of crisis.	- Expression and exploration of thoughts, dreams and fantasies. - Gaining of insight, primarily through interpretation, into unconscious processes (a psychoanalytic goal). - Understanding the meaning of behaviours.
Goals Relating To Cognition	**Goals Relating To The Concept Of The Self**
- Clarification and understanding of ones situation. - Assist child in acting on specific problems. - Teaching skills such as problem solving, coping skills and anxiety management. - Facilitating attitudinal change towards self, others and ones problems.	- Self exploration, increased self-awareness and self understanding. - Realisation of the self, that is, promoting the child's presumed innate drive towards maturation, independence and self-actualisation (a goal particularly promoted by Virginia Axline - 1943) - The development and extension of the child's self-perception, including enhanced self-esteem.
Goals Relating To Interpersonal Functioning	**Goals Relating To Overall Intrapersonal Functioning**
- Exploration and understanding of interpersonal relationships and their dynamics. - Extension of empathy and development of interpersonal skills.	- Intrapersonal development and personal adjustment through working out difficulties. - Growth under favourable conditions.
Goals Relating To The Therapeutic Relationship And Communication	
- Improved communication. "Cure" through the power of emotional attachment and identification with the therapist.	