The Effectiveness of Sandplay Therapy with a Xhosa Child

by
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with a Xhosa Child

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Dedication

This research is dedicated to the children that our limited healthcare resources never reach.

Acknowledgements

I would like to acknowledge, first and foremost, Thembi and her guardian for travelling weekly to our clinic and committing to this shared process. Without their resiliency and trust, this research would never have been possible.

Also integral was my research and therapy supervisor, Jan Knoetze. His clinical brilliance and exuding warmth were the pillars around which I endeavoured to build this thesis.

Throughout this research, I have been fortunate enough to receive the unerring support and encouragement from my parents – official and otherwise. Without your love, I would not have been able to begin this amazing new chapter of my life.

Lastly but not leastly, I would like to acknowledge the patient ear and wise words of my favourite counselling psychology intern. I look forward to our joint celebrations at the end of these two years, Yamini.

Abstract

This case study sought to determine whether Kalffian Sandtray Therapy was effective with a Xhosa child. In the context of ongoing discussions surrounding evidence-based practice and culturally appropriate interventions, no published research has yet explored the effectiveness of this classical tool within this significant South African demographic. In an effort to address this omission, the research adopted a mixed methods approach where Kalffian analysis of the sandplay process was evaluated in conjunction with quantitative measures (the Strengths and Difficulties Questionnaire and the Young Person's Clinical Outcomes in Routine Evaluation). The results of this triangulation revealed a complex picture of improved interpersonal functioning and stagnant (or worsened) emotional wellbeing after five sessions. Contextualised interpretations of these findings are discussed and recommendations made for future sandplay practice and research in the South African context.

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"If you would read a mans disposition see him game, you will then learn more of him in one hour, than in seven years conversation."

Richard Lingard[1]

1. Case Context and Methodology

1.1. RATIONALE FOR SELECTING A XHOSA CHILD FOR STUDY

Xhosa society is the second largest ethnic group in South Africa at 16.0% of the total population and 78.8% of the Eastern Cape population (Statistics South Africa, 2012). With such a large segment of the population therefore not necessarily sharing the western norms at the heart of most psychological interventions, there rests a great onus on psychologists to only implement culturally-appropriate and effective forms of therapy. The longstanding pattern of inequality in South Africa unfortunately remains and this underrepresented demographic continues to face restricted access to appropriate psychological services (Campbell & Young, 2016) and inclusion in research (Macleod & Howell, 2013). This fact is further exaggerated amongst youth, with only 19.3% of 2012 research in the South African Journal of Psychology being focussed on children and teenagers (Macleod & Howell, 2013) – a disproportionate allocation given that this age bracket makes up 38.9% of the total South African population (Statistics South Africa, 2012). As a result, significant tension exists between the current realities of practice and Bratton, Ray, Rhine, and Jones' (2005) insistence that child therapists are ethically bound and accountable to provide evidence-based treatments.[2]

Along with being a significant population group and an under-represented demographic in psychological research, Xhosa youth also frequently fall within the widespread context of 'chronic trauma.' This concept is relevant in environments where individuals face a number of traumatic experiences and/or the prolonged exposure to a traumatising context (Gerrity & Folcarelli, 2008) and has been found to be applicable to the

[1] Lingard, R. (1670). *A Letter of Advice to a Young Gentleman Leaveing the University Concerning His Behaviour and Conversation in the World*. Dublin, Ireland: Benjamin Tooke.

[2] Though it should be noted that the concept of 'evidence-based knowledge/practice' has been critiqued as being deeply rooted within "the epistemological order of Western modernity, and associated paradigm of colonial medicine" (Cooper, 2015, p. 187).

majority of South African youth (Williams et al., 2007).[3] More specifically, this persistent stressor phenomenon is considered to be made up of predominantly poverty-related stress arising due to limited resources (Cortina et al., 2016; Santiago, Wadsworth, & Stump, 2011) and psychological distress due to the looming threat of violent crime (Holliday, Clem, Woon, & Surís, 2014; Stevens, Eagle, Kaminer, & Higson-Smith, 2013).

As has been highlighted by the American Psychological Association (2006) Presidential Task Force on Evidence-Based Practice, the effectiveness of psychological practice with underrepresented groups is a necessary future direction in research. Furthermore, Adams, Gómez Ordóñez, Kurtiş, Molina, and Dobles (2017) have emphasised the importance of such work that avoids neocolonial imposition as part of the drive for decolonising psychological science. In this vein, the following research intends to contribute to the expansion of current knowledge on the practice of sandplay therapy in South Africa and thereby adhere to the guidelines set by the Department of Health (2006, p. 20) when it stated that psychologists "shall make every effort to ensure that language-appropriate and culture-appropriate services are made available." Furthermore, it provides "an opportunity to evaluate the transportability of a psychological treatment developed in First World countries to a routine case in a local South African practice" (as was also the case in Whitefield-Alexander and Edwards' work [2009, p. 62]).

With this rationale in mind, the question arises whether sandplay therapy is effective amongst Xhosa children. More precisely, as there is no previously published sandplay research within this cultural context, this thesis intends to begin the journey of supporting or problematizing its use within this demographic. Kalffian sandplay therapy was selected as research highlights its utility (see section 3.2.3.) and cross-cultural feasibility (see section 3.2.4.).[4] There is also the scientist-practitioner's personal interest in sandplay as a cross-cultural exercise as he continues to seek effective interventions for the people of his homeland, the Eastern Cape.

[3] Previous research has further indicated that, in terms of age groups and gender, teenage girls specifically face the greatest amounts of abuse, neglect, and bullying (Burton, Ward, Artz, & Leoschut, 2015; Mahlangu, Gevers, & De Lannoy, 2014; Mathews, Abrahams, Jewkes, Martin, & Lombard, 2013).

[4] In an effort to enhance the brevity and legibility of this mini-thesis by reducing repetition, cross-references and footnotes will be used.

This initial chapter will therefore lay out the methodology, clinical setting, sources of data, and ethical considerations involved in this scientist-practitioner's attempt to begin answering whether Kalffian sandplay therapy is effective when used with a Xhosa child. Following this, chapter 2 will provide background information and psychological assessment data on this case study's participant. Chapter 3 will introduce the case's guiding conception, the relevant research, and the clinical experience of the scientist-practitioner and supervisor. Chapter 4 will then clarify the case formulation and treatment plan. Chapter 5 will detail the course of sandplay therapy completed by the participant. Chapter 6 will explore the qualitative and quantitative monitoring conducted during the therapeutic process. Chapter 7 will provide a concluding evaluation of the sandplay process, reflections thereon, and recommendations for future research and practice. Finally, the reference list will source all literature included in this study and the appendices will include copies of documents integral to the research process.

1.2. RESEARCH METHODOLOGY

1.2.1. Theoretical Orientation

Aligning itself organically with the theoretical and practical contexts laid out in sections 3.2. and 3.3. is the pragmatic paradigm. Interested in usefulness within specific contexts instead of "underlying truths about the nature of reality," this paradigm often uses pluralistic approaches[5] during research projects (Giacobbi, Poczwardowski, & Hager, 2005, p. 21). As such, this paper will incorporate the mixed methods approach in order to investigate the effectiveness of a single case of sandplay therapy.

1.2.2. Clinical Methodology

Clinically, this research investigated sandplay therapy with a single participant. During the course of sandplay therapy, an environment for healing is created by allowing a client express themselves without speaking through the creation of a three-dimensional picture in a sand tray using toy miniatures (Moon, 2006). Given the concerns regarding non-directive techniques' ability to aid young children who do not yet necessarily have the

[5] In this instance, interpretivism and positivism.

cognitive and emotional capacity to repair and master traumatic experiences on their own (Rasmussen & Cunningham, 1995) and the possibility of it increasing client burden and thus resulting in increased resistance (AIPC, 2010), non-directive and directive forms of sandplay were integrated.[6] The client was therefore encouraged to settle and engage freely in their first two trays and, following this, trays were alternated between directed and non-directed.

1.2.3. Research Methodology

As a case study, this research included six stages where data was collected pertaining to the effectiveness of the above sandplay intervention (see section 1.5. for further details):

1. Pre-sandplay Strengths and Difficulties Questionnaire (SDQ) completed by the client's guardian.
2. Pre-sandplay Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE) completed by the client.
3. Sandplay therapy where session records were systematically chronicled as process notes and arranged according to Grubbs' (2005) Sandplay Categorical Checklist (SCC).
4. Photographs of the client's sandpictures.
5. One month follow-up SDQ completed by the client's guardian.
6. One month follow-up YP-CORE completed by the client.

The structure of the present case study's write-up is indebted to the work of Professor Dave Edwards (2010) and differs from the traditional thesis structure in order to better report on a clinical case.

1.3. QUALITY CONTROL

As a case study, the current research risks lapses in quality control due to issues surrounding theory building, validity, case selection, and objectivity (Widdowson, 2011). In

[6] According to Rasmussen and Cunningham (1995), the portrayal of directive and nondirective approaches as opposites is counter-therapeutic. Rather, an integrated strategy is encouraged as it may blend the strengths of both techniques (Andrews, 2010), especially given that both approaches have been found to be effective (Bratton et al., 2005).

an effort to address these concerns, they will be discussed individually in relation to the present study.

In regards to theory building, this study seeks specifically to strengthen or weaken a theoretical proposition (McLeod, 2010) – the universal effectiveness of sandplay in this instance – as just one observation that does not fit with this proposition would require it to be either revised or rejected (Flyvbjerg, 2006). Second, while the current methodology is of low internal validity (due to the absence of experimental controls), it is of high external validity (as the findings are applicable to regular clinical practice) (Widdowson, 2011). As such, it is intended to provide findings useful to real-world therapists who may be able to extrapolate and incorporate the findings into their own work. Third, this research adopted purposive sampling.[7]. Therefore, rather than carefully selecting a participant likely to confirm the research hypothesis, one was chosen due to a) having applied for services at the Rhodes University Psychology Clinic, b) being a Xhosa child, and c) being able to interact with the scientist-practitioner in English. Lastly, in an effort to address critiques of bias, the client and their guardian's perspectives are included in the form of oral feedback and standard outcome measures (the SDQ and YP-CORE) for the purposes of triangulation.

Through these efforts, the present research has endeavoured to remain rigorous and provide valuable findings to the field.

1.4. CLINICAL SETTING IN WHICH THE CASE WAS TREATED

1.4.1. Introduction

The client was selected from the waiting list of the Rhodes University Psychology Clinic. Due to this paper's research question, the client was selected as they were a Xhosa child and able to speak English. Furthermore, as this thesis was a requirement of the scientist-practitioner's master's degree in Clinical Psychology, it was informed by the scientist-practitioner model and took the form of a case study. Following further discussion

[7] Purposive sampling is here defined as the selection of a unit of study based on the specific research purposes and questions (Teddlie & Yu, 2007).

of these topics, this section will also include a brief clarification of the difference between effectiveness and efficacy studies.

1.4.2. Scientist-Practitioner Model

Although not without its critics (see section 1.4.2.1.), the Scientist-Practitioner (or Boulder) Model remains the predominant training model for graduate Clinical Psychology programmes (Johnson, 2015), such as the one conducted at Rhodes University. As a whole, and often helpfully conceptualised in contrast to the Vali (or Scholar-Practitioner) model, the Scientist-Practitioner Model assigns equal weight to the development of both research competencies and clinical skills (Norcross & Castle, 2013). As such, even after graduation and once having become a practitioner, there is much support for the maintenance of this identity and the continued engagement with research, with the model even being described as "the hallmark of our discipline" (Carter, 2002, p. 1285). Furthermore, and in regards to academia, Overholser (2015) suggests that faculty need to be involved in practice so as to effectively model for students the synergistic intersection between science and practice. This would then be an ideal interplay between these two aspects of psychology, which Spengler and Lee (2017) describe as an integration:

> In our professional lives we move back and forth between seeking to apply clinically and empirically what is known… from theory and research; testing theory and model assumptions as scientists and as clinicians; and pursuing new avenues of our own… research based on our clinical observations, consumption of emerging research, and scholarly insights. (p. 2)

1.4.2.1. Criticism

LeJeune and Luoma (2015) write that everyday integration of research and clinical practice has been reported to be rare for most psychologists[8] and there has even been discussion as to whether clinical psychologists can fulfil the dual role of scientist-practitioner (Richardson, 2009). Similarly, in Orlinsky and Rønnestad (2005) and Rønnestad and Skovholt's (2013) extensive series of studies, senior experienced therapists placed the greatest emphasis for their professional learning on their own interpersonal experiences

[8] Which should not be considered surprising in academic settings, given the complex demands on tenure-focussed faculty (Nicholson & Madson, 2015).

(both personal and professional), less on theory, and finally least on research. This finding is consistent with previous research on therapist identity development where personal and interpersonal processes related to development of the therapist's self, and the fit between their worldview and a theoretical approach, are placed above being a consumer of research or an integrated scientist-practitioner (Dattilio, Piercy, & Davis, 2014; Gurman, 2011; Simon, 2006; Spengler & Lee, 2017).

1.4.2.2. Integration

Headway into repairing this apparent divide is being made by, first of all, not considering it an even split between science and practice (Gelso, Baumann, Chui, & Savela, 2013); directing the impetus of evidence-based professional practice towards a true integration (Nicholson & Madson, 2015); and resetting faculty goals to facilitate students' "interest and skills, their self-efficacy, and their scholarly productivity" (Spengler & Lee, 2017, p. 4). Implied by Gelso and colleagues is a widening of the traditional understanding of scholarly work to include "…theory construction, program evaluation research, editorial reviewing, qualitative investigation, and research consultation, as well as more traditional forms of research" (p. 140). In this vein, the author of this study has attempted to integrate these roles and, as such, will refer to themselves as a scientist-practitioner.

1.4.3. Case Studies

A prime example of research arising from the integration of the scientist and practitioner roles is the case study. Despite the comparative lack of case studies published in modern psychotherapy publications, this research methodology is able to draw clinically-significant findings directly from the authentic space between clients and their therapists (Widdowson, 2011). Furthermore, in the absence of true outcome studies, case studies and descriptions are often able to provide hints at the usefulness of a specific therapeutic approach by focusing in on a small amount of clinical material in order to "expand the actual meaning of general theoretical concepts by concretizing them" (Fishman & Westerman, 2011, p. 435; Mathis, 2001) and form the basis of evidence-based practice in psychology (Edwards & Dattilio, 2014; Goodheart, 2005; Kazdin, 2006). With its complex population and comparative lack of contextualised research (see section 1.1.), South Africa holds a distinct

need for exactly this form of systematic case study research (Whitefield-Alexander & Edwards, 2009).

1.4.4. Effectiveness versus Efficacy

While efficacy and effectiveness studies exist on a continuum (Singal, Higgins, & Waljee, 2014), researchers often distinguish between the efficacy and the effectiveness of an intervention: Efficacy trials attempt to confirm whether an intervention "produces the expected result under ideal circumstances,"[9] whereas effectiveness trials evaluate "the degree of beneficial effect under 'real world' clinical settings" (Gartlehner, Hansen, Nissman, Lohr, & Carey, 2006, p. 3). As the current case study is in relation to "routine care" (Witt, 2009, p. 292), "outcomes essential for clinical decisions" (Gartlehner et al., 2006, p. 3), and aligned with the pragmatic paradigm (see section 1.2.1.), it is firmly grounded in the realm of effectiveness research.

1.5. SOURCES OF DATA

1.5.1. Measures

Case studies of individuals in healthcare research often involve in-depth data collection from participants and key informants (Zucker, 2009). The quality of a case study, therefore, depends on the thoroughness with which the case is documented and, as a result, the adherence to systematic assessment (combining, where appropriate, qualitative information and quantitative data from psychometric tests or individualised self-report scales) (Whitefield-Alexander & Edwards, 2009). All assessment should be oriented towards investigating problems, answering questions, and discovering the factors surrounding the development and maintenance of difficulties – rather than just diagnoses (Fishman, 2005).

Consequently, during the course of the therapeutic contact, the following items were used as sources of data:

1. Pre-sandplay Strengths and Difficulties Questionnaire (SDQ) completed by the client's guardian.

[9] Such as using a placebo control (Witt, 2009).

2. Pre-sandplay Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE) completed by the client.
3. Sandplay therapy session records systematically chronicled as process notes and arranged according to Grubbs' (2005) Sandplay Categorical Checklist (SCC).
4. Photographs of the client's sandpictures.
5. One month follow-up SDQ completed by the client's guardian.
6. One month follow-up YP-CORE completed by the client.

1.5.1. Sandplay

Details of the client's sandplay process were recorded as process notes and arranged according to Grubbs' (2005) Sandplay Categorical Checklist (SCC). Furthermore, photographs of their trays were taken.

1.5.2. Materials[10]

Adopting a pretest-posttest, pre-experimental design, questionnaires were given to both the client and her guardian. The guardian was given the Strengths and Difficulties Questionnaire (SDQ), a 26-item behavioural screening questionnaire, and the client was given the Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE), a 10-item generic measure that evolved from the CORE-OM – itself a pan-theoretical and pan-diagnostic measure of psychological distress (Mellor-Clark & Jenkins, n.d.). Following every 4 sessions of sandplay therapy, it was intended that both assessments would be readministered to evaluate the effectiveness of the treatment.[11]

1.5.2. Analysis

This research evaluated the effectiveness of sandplay treatment based on both qualitative and quantitative measures: Using the scientist-practitioner's observations and

[10] Both the SDQ and CORE instruments are free for use within not-for-profit settings. Copies of the SDQ and YP-CORE can be found in section 9.1.

[11] While continuous evaluation was the initial intention of this research, it only occurred once due to the participant's request to change modalities after the fifth sandplay session. See section 5.7. for further details.

interpretations (through Kalffian analysis of the sandpictures), from the client's perspective (through the YP-CORE), and from their guardian's perspective (through the SDQ).

1.5.2.1. Qualitative Analysis

In order to describe and analyse the client's therapeutic process, the scientist-practitioner explored the major themes arising over the course of the sandplay process (based on Jungian symbolism). This Jungian stance aligned the research with standard Kalffian sandplay practices. An essential contribution to this interpretation was also the client's explanations of these elements.

Grubbs' (2005) Sandplay Categorical Checklist (SCC) was adopted as a means to order observations of the sandtray due to the SCC's essentially atheoretical framework. The 19 categories included consider the following aspects of sandplay construction: "the thematic content of the tray and the process involved in creating it," "the creator's personal report or story of what the tray signifies to them," and "the progressive or regressive changes that occur from one tray to the next" (Grubb, 2005, p. 2).[12]

1.5.2.2. Quantitative Analysis[13]

Both the SDQ and YP-CORE were scored and their changes from before to after the sandplay intervention were described.

1.5.2.3. Synthesis of Results

As a mixed methods study, following the independent collection and analysis of the data, it was compared and examined to determine whether the qualitative and quantitative findings supported or problematized each other.

[12] See section 3.3.1. for further details.
[13] Both the SDQ and CORE instruments are free for use within not-for-profit settings and can be found in section 9.1.

1.6. CONFIDENTIALITY AND ETHICAL ASPECTS

1.6.1. Informed Consent

At the onset of therapy, the client and their guardian were provided with informed consent surrounding the process forming part of the scientist-practitioner's clinical training and that detailed notes were to be taken and securely stored in the Rhodes University Psychology Clinic (see section 9.2. *Letter of Explanation [Parents]*, 9.3. *Parents' Informed Consent Form*, and 9.4. *Client Assent Form*). During this discussion, they were informed that all participation was entirely voluntary and that they would have the opportunity to review, and give final approval to, any future research output before it was published publicly.

1.6.2. Clinical and Research Supervision

During this informed consent, it was also explained to the client and their guardian that case details would be shared with the clinical supervisor (who also fulfilled the role of research supervisor). This dual supervision was intended to ensure that the case maintained a streamlined and effective organisational structure so as not to interfere with the client's therapeutic best interests.

1.6.3. Conflict of Interest

Another consideration is that there was a risk that the scientist-practitioner would follow courses of treatment that suited their data gathering needs rather than the client/participant's best therapeutic interests. In order to ensure that this did not happen, all courses of treatment were carefully considered and discussed prior to and after their implementation with the research/clinical supervisor. As the supervisor is a registered psychologist, and a notably experienced practitioner in the field of child psychology,[14] the scientist-practitioner always deferred to his judgement if there ever was a difference in opinion.

Similarly, the scientist-practitioner also remained cognisant of the distinction between their research and clinical methodology. For the purpose of this research, however, the clinical methodology was very often closely intertwined with the research

[14] See section 3.5. for more details on the supervisor's clinical experience.

methodology – as it was sandplay therapy itself that was the focus of the present effectiveness study.

1.6.4. Gatekeeper Permission

The Rhodes University Psychology Clinic manager and Clinical Psychology course coordinator were both contacted and permission was requested for one of the clients on the clinic's waiting list to be selected by the scientist-practitioner for research purposes (see section 9.5. *Letter of Explanation [Rhodes]*). Ethical clearance was also gained from both the university (RUESC) and Psychology department's (RPERC) ethics committees (see section 9.6. *Ethical Clearance*).

1.6.5. Risk Aversion

No harm was anticipated during the course of this research as it was made explicit to all relevant parties that participation/non-participation/withdrawal would not impact the quality of the supervised therapeutic service provided to the client. As such, and with previous research implying that the client would benefit from sandplay therapy (see section 3.2.3.), the principles of beneficence and non-maleficence were confidently incorporated.

1.6.6. Confidentiality and Anonymity

No part of this research allows for the client or their family to be identified. All original administrative documents were securely stored in the Rhodes University Psychology Clinic.

1.6.7. Trustworthiness Criteria

In order to enhance the trustworthiness of this research's findings, triangulation of the quantitative and qualitative data occured.

1.6.7.1. Credibility

Through the incorporation of detailed process notes, photographs of sandpictures, and quantitative data from two instruments, this research endeavoured to engender confidence in the credibility of its findings.

1.6.7.2. Transferability

While a single participant does not allow for confident transferability, the rich descriptions to be found in this research presents the reader with the opportunity to decide how widely inferences can be drawn to their own context.

1.6.7.3. Dependability

In order to control the research's dependability (or data change over time [Rabinowitz, 2001]), the scientist-practitioner ensured that the data was collected in as short a space of time as feasible and included in the discussion of the results any interim phenomenon that may have influenced the findings.

1.6.7.4. Confirmability

Lastly, in an effort to maintain a relationship with the material of study and improve the consistency of the qualitative aspect of the research (Willig, 2008), the scientist-practitioner immersed themselves in and strived for prolonged engagement with the process data.

2. Background Information and Psychological Assessment

2.1. INTRODUCTION

Following the introductory chapter's discussion of this case study's rationale, methodology, clinical setting, sources of data, and ethical considerations, this chapter will begin introducing the research participant. It will detail their presenting problem and other prognostic indicators (such as their available resources and strengths).

2.2. IDENTIFYING INFORMATION AND HOW THE CLIENT CAME TO BE IN TREATMENT

While a large-scale, quantitative study would best answer Warr-Williams' (2012) call for research that supports the portrayal of sandplay as evidence-based (see section 3.2.6.), the scope of this mini-thesis instead better lends itself to an exploratory effectiveness study and thus purposive sampling. Furthermore, Edwards, Dattilio, and Bromley (2004) suggest that large-scale, randomised controlled trials (like those suggested by Warr-Williams) have led to the marginalisation of practitioner-oriented research, which instead provides data better suited to work with clients for whom group comparison designs are ill-suited (Whitefield-Alexander & Edwards, 2009).

The participant for this study was drawn from those seeking therapeutic assistance from the Rhodes University Psychology Clinic. This population was then filtered based on the following inclusion criteria: The participant needed to be a Xhosa child (aged between 6 and 12 years) and able to communicate in English (in order to interact with the scientist-practitioner and complete the YP-CORE questionnaire). All presenting problems were considered.

At the end of this selection process, Thembi (a pseudonym), an 11-year old Xhosa girl schooling and living in close enough vicinity to attend weekly therapy, was selected.

2.3. PRESENTING PROBLEM, HISTORY OF PRESENTING PROBLEM, AND OTHER RELEVANT ASPECTS OF HISTORY

Thembi lives with her twin brother, great paternal aunt (and legal guardian), and great paternal uncle. Thembi refers to these two as her "mother" and "father." Thembi and

her brother were initially raised by their paternal grandmother who passed away when they were two and a half years old. Their parents are both still alive and living in the same town as their children. They choose, however, to not be involved in their lives.

Thembi's guardian applied on her behalf for services at the Rhodes University Psychology Clinic in the year preceding this research due to "teachers… complaining," scholastic shortcomings,[15] difficulties concentrating, and forgetfulness. These difficulties were also reported as occurring at home by Thembi's guardian. Two of Thembi's teachers also reported that, while she is well behaved, she is very withdrawn at school and rarely engages with teachers, has few friends there, and prefers to spend time alone during break.[16] Her guardian added that Thembi has always experienced academic difficulties at school (which her reports corroborate with marks generally below the class average) and she has repeated grade 2.

At home, Thembi's guardian's primary concerns are her forgetfulness and that Thembi feels her parents do not love her as they neither buy her things nor regularly visit (her father barely, her mother never at all – despite living in the same town).[17] Given that both of her parents are unemployed and that both her great aunt and uncle are pensioners, there is also significant financial stress on the family system. In terms of relationship quality, though she sometimes fights with her brother, Thembi believes she has a good relationship with all members of the household.

Thembi was assessed and seen for therapy by a student psychologist (under supervision) from May to October of the year prior to engaging with this scientist-practitioner and it was noted that she experienced poor self-esteem and social difficulties in her school setting. It was believed that this may also (i.e. in conjunction with her parental abandonment) stem from being labelled a failure by other learners (who make fun of her

[15] A WISC-IV completed by Thembi during her initial assessment pointed to the presence of a learning disability but ruled out an intellectual disability. The validity of the assessment was brought into question, however, as Thembi's behaviour during testing confirmed the negative impact of her poor self-esteem.
[16] There are conflicting reports in this regard, as Thembi's guardian describes her as sociable and enjoying spending time outside playing with and visiting friends. This may reflect either conflicting understanding of Thembi or differing peer groups at home and at school.
[17] This concern was later confirmed during psychotherapy in the first year of therapeutic engagement when Thembi expressed that she believed that her mother hated her and that is why she was left to be raised by her great aunt and uncle.

and call her “stupid” due to her poor performance and having had to repeat a year)[18] and her class teacher. Psychotherapy was included in her initial assessment report’s recommendations and it was noted that she may benefit from the therapy also engaging with her parents’ absence in her life.

The following year in February, the scientist-practitioner met with her and her guardian. During this initial meeting, the latter noted an all-round improvement in Thembi since her process in the previous year and that she was excited to continue psychotherapy. Academically, it was revealed that while Thembi passed grade 4, she was will nonetheless repeating the academic year so as to ensure her grasp of the material before moving on to grade 5.

2.4. SUMMARY OF MAIN PROBLEMS, DIAGNOSIS, RESOURCES, AND STRENGTHS

Thembi presented with scholastic difficulties and concerns regarding concentration. Following emotional assessment in her first year of engagement, poor self-esteem and challenging social dynamics at school were also noted. Her condition could not appropriately lend itself to a diagnosis, however, as there were numerous ongoing psychosocial and economic factors that were likely impacting her functioning.

As her guardians are both pensioners, Thembi has access to very few material resources. Her paternal great-aunt, however, is an especially caring and committed figure in Thembi’s life and has demonstrated the ability to access the limited public resources that are available (such as the free services at the Rhodes University Psychology Clinic and local hospital and clinic).

In regards to Thembi herself, during the course of the therapeutic contact she has demonstrated the ability to establish rapport with adults, an industriousness when assigned tasks, and a strong sense of creativity that has motivated her to ask for opportunities to draw, paint, and play. At home, Thembi reportedly is able to form and maintain good relationships with other neighbouring children.

[18] Her family’s financial difficulties may also impact her peer relations as they prevent her from having the same school lunch, clothes, or other similar material possessions.

3. GUIDING CONCEPTION, RELEVANT RESEARCH, AND CLINICAL EXPERIENCE

3.1. INTRODUCTION

This chapter will begin with a review of Kalffian sandplay therapy's theoretical underpinnings, clinical methodology, and effectiveness. Following this, a final section shall discuss the clinical experience of the scientist-practitioner and supervisor as it pertains to this study.

3.2. CLINICAL THEORY ON WHICH THE FORMULATION AND TREATMENT ARE BASED

3.2.1. Play Therapy

As an innate part of childhood (Even & Armstrong, 2011) and integral to development (Landreth, Ray, & Bratton, 2009), play provides children with the opportunity to explore behaviours and test their effectiveness with the overall goal of mastery and/or pleasure (Smyth & Anderson, 2000). Lowenfeld (1991) clarifies, however, that play is an adaptive process and is akin to the creative learning necessary for humans throughout life in a physical and ever-changing world (as quoted in Mitchell & Friedman, 1994, p. 13).

Within the protected space of the therapeutic environment, play is understood as accommodating emotional healing by allowing the child to express and explore strong, sometimes 'negative', emotions (Landreth, 2001). For example, Klein conceptualised this therapeutic quality of play to occur via the child placing aspects of their psyches into the external world through projection and thereby relieving themselves of pressure resulting from conflict in their internal world (Lemma, 2015).

During Play Therapy, the toys used can be viewed as the child's words used to describe their experience, which is why it is often regarded as a language of activity (Landreth, 2012). This non-reliance on verbal expression makes play therapy especially useful for work with children and beneficial when working with clients from different cultural and linguistic backgrounds than their therapist's (Chibizhe, 2016).

During the course of play therapy, a therapist may tend towards being either directive (and guide and interpret the play interactions) or non-directive (and allow the child to direct the therapeutic process) (Rasmussen & Cunnigham, 1995). One key concern

regarding the use of the latter with young children is that they may not possess the cognitive and emotional capacity necessary to repair and master traumatic experiences on their own (Rasmussen & Cunningham, 1995). Furthermore, if a therapist were to place the responsibility for change solely on the child, this additional burden may encourage therapeutic resistance (AIPC, 2010).

Initial research, however, suggests that therapists tend to select a directive or non-directive approach based on their personalities and educational backgrounds – rather than client needs or indications from research (Andrews, 2010). Fortunately, however, outcomes research into play therapy indicates that it is effective regardless of this specific aspect (Bratton et al., 2005).[19]

3.2.2. Development of Sandplay Therapy

Following from Wells and Lowenfeld's initial work, Dora Kalff initially developed sandplay as a specifically Jungian tool (Knoetze, 2013) stemming from Jung's belief that the psyche can be activated to move naturally towards wholeness and healing (Boik & Goodwin, 2000). Believing that sandplay allowed children to express both archetypal and intrapersonal worlds (with a concrete, physical connection to an outer reality), Kalff postulated that this symbolic play created an exchange between the conscious and the unconscious mind of the child leading to reconciliation and wholeness (Boik & Goodwin, 2000). More explicitly, through the accessing, symbolising, and externalising of internal conflicts, sandplay is purported to allow individuals to recognise and work with these dynamics and enhance psychological healing (Ammann, 1991; Malchiodi, 2005; McNiff, 2004; Pearson & Wilson, 2001).

Since this foundational period, and Kallf's early observations of more balanced and congruent experiences in clients after the reactivated joining of their egos and selves (Boik & Goodwin, 2000), sand expression has been shown to be widely efficacious and has been adapted and translated into various therapeutic frameworks (Knoetze, 2013). During this previous research, clients' successive trays have been used as both diagnostic projective tools (i.e. a content-oriented approach, where the placement of the objects and sandpicture

[19] Though humanistic (non-directive) interventions have demonstrated a large effect size in contrast to the non-humanistic (directive) treatment's moderate effect size (Bratton et al., 2005).

composition are analysed) and as therapeutic interventions (i.e. a process-oriented approach) (Lipadatova, 2014; van der Merwe, 2016) that are not dependent on verbal exchanges (Chibizhe, 2016).

While other forms of sandplay therapy have arisen in therapeutic contexts, Jungian-Kalffian sandplay remains the most widely practiced version[20] (Davids, 2005; van der Merwe, 2016). It was only when Kalff (1990, p. vii) noted that a series of trays showed a "process of individuation described by C.G. Jung" guided by the "unconscious totality," however, that sandplay was born. What further differentiates Kalff's sandplay from other uses of sand, water, and miniatures are its Process, Delayed Interpretation, and Dual Processes (Bradway & Capitolo, 2005) – defining characteristics to be discussed in the section 3.3.2.

3.2.3. Benefits

Amongst the wide array of available interventions available for investigation within the South African context, sandplay therapy stands out due to its numerous purported benefits. Examples of these include its effectiveness (Goss & Campbell, 2004; Lipadatova, 2014); its suitability to work with children, adolescents, and adults (Homeyer & Sweeney, 2005); its improvement in social skills (Allan & Berry, 1987; Zhang, Zhang, Haslam, & Jiang, 2011); its non-threatening qualities, which make it safe even to express 'unacceptable' feelings and impulses (Oaklander, 2003); its applicability to clients who are less prone to or proficient in verbal communication, as the sand and the miniatures are able to fulfil the role of a communicative substitute (Vinturella & James, 1987); its improvement in client emotional state (Allan & Berry, 1987); its encouragement of novel angles of engagement from the client through its three-dimensional aspect (Bainum, Schneider, & Stone, 2006); its, unlike perhaps other forms of art therapy, avoidance of client self-consciousness and fear of judgment as artistic skill is not necessary (Bradway, 1979); its ability to develop client resiliency (Mejia, 2004; Wang, Nan, & Zhang, 2017; You, 2010), and lastly, for some, its calming aspects, as the core aspect of working with sand can be relaxing and help reduce the anxiety involved in working through personal difficulties (Homeyer & Sweeney, 1998).

[20] Other prominent forms of Sandtray Therapies include Gisela De Domenico's Sandtray-Worldplay (Boik & Goodwin, 2000) and Narrative Sandtray (Freeman, Epston, & Lobovits, 1997).

Furthermore, as a modality, sandplay therapy is convenient and requires little material input, especially in the form of portable kits (Storey, 2010), and has been demonstrated to be an effective assessment tool (such as for trauma [Ayres, 2016]).

3.2.4. Cross-cultural Applicability

The Kalffian method of sandplay therapy relies on the clinicians' knowledge of Jungian theory, an understanding of symbols and archetypes,[21] and the ability to be "the protector" for the client during the process (Kalff, 2003, p. 7). Bradway and colleagues (2005) similarly explain that the client and therapist create a 'field of experience' during sandplay that "includes their personal, cultural, and collective levels of the conscious and unconscious" (p. 15). Given these descriptions, it would appear initially that a sandplay therapist wishing to engage cross-culturally with a client would need to ensure that they are expertly versed in both cultures' symbolic landscapes.

A number of researchers, however, have described seemingly universal qualities that have enabled successful sandplay work in the absence of extensive knowledge of culture-specific symbols. Nyman (1986), a researcher at the University of California, evaluated the sandplay work of Cambodian-American and African-American preschool children. She described her findings as strongly suggestive of children's standard developmental stages being greater determinants of imaginative play behaviours than cultural groupings or experiential factors.

In more recent work, Ramsey (2014) found sandplay to be an effective cross-cultural means of psychological assessment and intervention in Kosovo and Ayres (2016) explored the similarities in how South Africa rural school youth[22] indicate trauma in a single sand tray and standard trauma indications in sandplay literature. Improved resilience has also been cross-culturally reported as arising due to sandplay therapy, such as in China (Wang et al., 2017), Mexico (Mejia, 2004), and Korea (You, 2010). As such, there appears to be a growing

[21] This is as a result of the sandplay process expressing itself in a 'symbolic language,' requiring the clinician to possess "a profound knowledge of the language of symbols - as expressed in religions, myths, fairytales, literature, art, etc." (Kalff, 1991, p.7).
[22] More specifically in the Mpumalanga region of South Africa.

indication that the Kalffian method of sandplay therapy may find utility in various cultural contexts.

3.2.5. Sandplay in South Africa

Over the past four years, there has been significant growth in South African sandplay research.[23] Lubbe-De Beer and Thom (2013) found sandplay helpful in creating greater awareness of emotional wellbeing and sense of hope in an 18-year-old forensic client. Case study research was also conducted with Zulu youth: van der Merwe (2016) found sandplay to be a productive modality with an eight-year-old boy as he explored masculine development and Chibizhe (2016) was able to compare and link play therapy stages to behaviour in the sandplay process of 9-year-old girl.

In the context of rural youth in Mpumalanga, Ayres (2016) investigated a 16-year-old girl's sandtray scene and was able to determine that its symbolic expression corresponded with trauma indications in sandplay literature. As a result, she concluded that it was a reflection of the universal dynamism of trauma and that a single sandtray was a valuable screening tool for trauma with a rural school youth.

Ferreira, Eloff, Kukard, and Kriegler (2014) found similar cross-cultural effectiveness, this time in the South African Sotho context, and, in an attempt to comprehend the seemingly universal effectiveness of the sandplay method wrote:

> …in the reverie of the mystery of order emerging from chaos, we are compelled to ask, does woundedness spontaneously transform into wholeness if we provide the liminal spaces where there is empathic silence, material for symbolizing, an invitation to create, destroy, and play, and if therapist and child allow themselves to touch and be touched? Does the unfolding of the undifferentiated psyche into self recapitulate the primordial emergence of consciousness from pre-consciousness? There are no final answers, in therapy, as in life. We must be content with embracing not knowing, avoiding premature certainty, and valuing respectfulness and curiosity. (p. 113)

[23] Due in no small part to the contributions of Professor Carien Lubbe-De Beer at the University of Pretoria as both researcher and supervisor.

Lastly, in terms of the practice itself, Smit's initial research (2015) explored the experiences of South African counsellors who conducted short-term sandplay in a resource-constrained community. His results indicated that these therapists considered the modality to have had a positive experience on both their personal and professional development. Furthermore, the counsellors also expressed a desire for sandplay training to be included in their formal education.

3.2.6. Future Research

When it comes to its analysis, for either therapeutic or research purposes, Kalff (2003, p. xi) notes that a client's burdens become symbolically evident through their 'Sandplay Expression.' As such, from Kalff's Jungian standpoint, it is possible to track the effectiveness of sandplay therapy through the aforementioned expressions. Problematic in this single approach, however, is what Warr-Williams (2012) highlights as the challenge sandplay clinicians often face when portraying their work as an evidence-based practice. She explains that the subjective/intuitive nature of the method lacks the quantifiable efficacy in treatment that 'rigorous' research studies possess and therefore "has implications for clinicians who are using the Sandplay method, as many seek third party reimbursement, and insurance companies are looking to only cover evidence based practices," resulting in her calling for "quantitative studies in this method in a variety of settings with a diverse client base" in order to "legitimize the method and give clinicians clear information on the efficacy of Sandplay with special populations" (p. 37). Such research would also be especially useful at teasing out the source(s) of any positive impact of sandplay therapy given that much of the difference in therapist effectiveness arises from "relationship skills and other therapist variables" (Spengler & Lee, 2017, p. 2).

Furthermore, the application value of sandplay therapy for children is understandably impacted by time constraints, skill shortages, and limited psychosocial support resources in South Africa (Ferreira et al., 2014). Since its early days, group sandtray has delivered promising results (Kestly, 2010)[24] and, with tools such as Kestly's 'sand tray friendship groups,' offered therapists improved efficiency when conducting in-depth work

[24] With corroborating research being conducted in a number of different cultural contexts, such as Israel (Steinhardt, 2007), China (Wang et al., 2017), and the United States (Winter, 2007).

with children. With the growing acceptance of group sandplay work (Ferreira et al., 2014), this effectiveness research can also serve as a foundational data point for future research in group sandplay within South Africa.

3.3. CLINICAL METHOD ON WHICH THE TREATMENT APPROACH IS BASED

3.3.1. Practical Principles

Sandplay, as a form of play therapy, involves clients creating imaginative scenes through the placement of, and dramatic play with, toys and figures in a tray (approximately 50 cm by 70 cm,[25] with a depth of 8 cm), half-filled with light sand (Rogers-Mitchell, Friedman, & Green, 2014). As the sides and bottom of the inside of the tray is painted blue, by moving the sand the client is able to represent water or the sky (Smit, 2015). Real water can also be added so that the sand can be sculpted. The miniatures included near the tray are intended to stimulate the client's imagination and act as representations of various aspects of their world – the selection and use of which guides the therapist symbolically interpreting the client's experiences (Rogers-Mitchell, Friedman, & Green, 2014). These figures may include animals, buildings, fantastical figures, fighting figures, food, furniture, human-like figures, monsters, mountains, other natural scenery, pebbles, people, rocks, shells, and vegetation (Boik & Goodwin, 2000; Turner & Unnsteinsdottir, 2011).

[25] These dimensions are intended to correspond to a child's potential field of vision at a half metre, allowing them to, while observing one part of the tray, always hold the rest of the tray in their peripheral vision (Chiesa, 2012; Kalff, 1991).

Figure 1 – The figures available in the Rhodes University Psychology Clinic's portable sandtray kit

Figure 2 – The container used to transport the Rhodes University Psychology Clinic's portable sandtray kit

In terms of client's sand scenes, Grubbs' (2005) Sandplay Categorical Checklist (SCC) is a frequently used tool for conceptualising the various dimensions involved.[26] The SCC contains 19 category descriptions that are divided between *Direct Observations and Objective Analysis* and *Subjective Impressions and Implied Meanings*.

In this first category, clients may describe what is happening in the scene or what the particulars mean to them (1. Story), figures in the tray can be recorded and their meanings recorded (especially when voluntarily verbalised) (2. Figures), the combination of theme and environment and its orientation as either content or theme (3. Setting), the movement or dramatic action that occurs during the creating process (4. Creation process/Dramatic play), the use of living figures and how they are portrayed (5. Use of human and animal figures), the nature and manner of sand (6. Use of sand), the emptiness or fullness of space (7. Use of tray), and the client's reaction to their tray (8. Creator's response).

In regards to subjective impressions and implied meanings, Grubbs notes that the client's creation may reflect an expression intertwined with the tray's story and its realism (9. Main psychological expressions), the age-appropriateness and scene progress from a previous tray (10. Cognitive development and scene progress), the organisation within the tray (11. Coordination of whole or parts of the scene), interpersonal organisation and interactions (12. Structuring of relationships [human and animal]), the external/internal/base separations (13. Boundaries), a sense of mobility or obstruction thereof (14. Movement/Obstacles), significant opposites and their interactions or attempts at unification (15. Relationship of parts and opposites), the therapist's experience of the developing and completed tray (16. Therapist's Impression), significant symbolic representations and thematic play (17.), significant repetitive themes and figures used (18.), and any questions for the therapist the tray may have raised (19.).

[26] Developed as a primary data collection instrument during Grubbs' work comparing the sandplay process of abused and non-abused children, the checklist is based on the developmental norms research of by Ruth Bowyer, the cognitive-developmental studies of L. E. Jones, research on child learning disabilities by Jeanette Reed, and the theories of Carl Jung and Dora Kalff.

3.3.2. Process

Sandplay therapy[27] is essentially a nonverbal form of psychotherapy (Lipadatova, 2014). The basic concept is relatively simple – a therapist provides "a client with objects[28], a container, and the natural material of sand – in a context of creative freedom – and they will usually set about constructing scenes that reflect relevant intrapsychic forces" (Pearson & Wilson, 2014, p. 4). This play is normally a projection of the child's life, interactions, relationships, and significant experiences (Ben-Amitay, Lahav, & Toren, 2009; Boik & Goodwin, 2000). Accompanying this 'built' world is a story of what is happening and, within these stories, one can find rich information regarding the child's development, social learning, and life (van der Merwe, 2016).

As the client works in the sandtray, the therapist records what figures are used and what the client may say or do. The therapist may also sketch or 'map' a diagram of the sandtray for future reference and take photographs of the completed sandtray to allow them to study and deepen their understanding of the client's symbolic work (van Wyk, 2013). The primary goal of the therapist, however, is always to be engaged as an empathic and emotionally-present observer – in both the process and the therapeutic relationship (Bradway, Chambers, & Chiaia, 2005). The presence of the therapist, who is trained to understand the literal and symbolic meaning of the figures used, supports positive development in the client through either the aforementioned silent witnessing or, if invited, actively playing with the client (Rogers-Mitchell, Friedman & Green, 2014).

Turner (2017) considers the creation of these visual constructs (referred to as 'sandpictures') to incorporate symbolization and archetypal work, which, in turn, is believed to be "the main means of the therapeutic process… [impacting] both individual and collective levels of the individual's psyche" (Lipadatova, 2014, p. 130).[29] Guiding this process is the client's intention "to engage with specific issues or, as happens more often, by a subtle projective process that relies on spontaneity, or play" (Pearson & Wilson, 2014, p. 4). Over its course, sandplay therapy aims to "facilitate clients' healing and strengthen internal resources" (Taylor, 2009, p. 56).

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[27] Also known as 'the Kalffian approach to sandplay' or simply as 'sandplay.'

[28] Various objects, which could differ greatly amongst practitioners, are displayed on the shelves in the sandplay room and are intended to represent different aspects of life, nature, and fantasy (Lipadatova, 2014).

[29] This stance stems from Kalff and Jung's belief that the 'image' could offer greater therapeutic value and insight than words alone (BISS & ISST, 2016).

This occurs, with play as a medium, when the client is able to employ 'active imagination.' This term was first applied by Jung to refer to a means of mobilizing the psyche through "an image or a chain of images and their related associations" (Schaverien, 2005, p. 128). It is a concentration "on some impressive but unintelligible dream-image, or on a spontaneous visual impression, and [one] observes the changes taking place in it" (Jung, 2014, p. 190). This may then lead to the surfacing of some previously unconscious material and a gradual admittance of said material into the client's consciousness. This process may occur as "one swift insight or it may dawn gradually, through a series of related experiences" and requires a psychological split where one part of the personality enters into the fantasy material and another observes the process (Schaverien, 2005, p. 129).[30]

The end goal of which is the transformative healing inherent in 'individuation' and the 'transcendent function' (van der Merwe, 2016).[31] Jung described individuation as the differentiation process by which individuals mature and create distinct personalities and the transcendent function as the aspect of growth that occurs through the integration of opposing forces within the psyche (Frysh, 2012). As such, it is through the process of the client becoming aware of their wholeness through an integration of opposing forces[32] within themselves (Lubbe-De Beer & Thom, 2013; Boik & Goodwin, 2000**;** Pearson & Wilson, 2008) that Jung considered to be a fundamental drive within the psyche towards wholeness and healing (van der Merwe, 2016).

Two final factors considered essential in the Kalffian sandplay method are 'delayed interpretation' and 'dual process' (Bradway, 2006): With reliance on the client's unconscious for guidance (and thus on nonverbal communication) rather than the therapist's understanding, it is the nonverbal understanding of images that aids therapists in tracing the client's journey. Because all interventions are avoided, the interpretation only takes place months and even years after the completion of the process and, when it does, it is a mutual experience with input from both therapist and client (Bradway, 2006).

The dual processes, on the other hand, are aptly described by Weinrib (2005), a close associate of Dora Kalff:

[30] In such a way, sandplay therapy with a client engaged in fantasy and a therapist as an outside observer are able to mimic and stimulate this framework with the intention of natural psychic healing.
[31] To clarify, Homeyer and Sweeney (1998) note that it is not the technique itself that heals but, rather, it is the new interactions with self and others arising due to the sandplay.
[32] Such as love and hate, creativity and destructiveness, and power and impotence (Sperber, 1975).

> I believe that therapeutic acceleration occurs because two processes are taking place simultaneously. The first process is the analytical interpretation of concrete daily life events, as well as unconscious material such as dreams, fantasies and active imagination, in a thrust towards increased consciousness. The second process – the making of sand pictures – is a deliberate regression into the preconscious, preverbal matriarchal level of the psyche… the level of the personality where the wounds of inadequate mothering can be soothed and healed, not by talking or thinking, but by regression back to infancy. (p.50)

3.3.3. Analysis

Following the Jungian tradition, Kalff's analysis of the sandplay process involves the tracking of the aforementioned process of individuation (Bradway, 2006). This is made possible by the sandtray providing "a free and sheltered space"[33] for psychic exploration, catharsis, and healing (Kalff, 1981, p. 29). As the client's symbolic expressions within the sandtrays are done over a series of scenes and a period of time, Kalff believed that they led to individuation (van der Merwe, 2016).

Kalff (2003) specifically identified three stages of ego development which are necessary for individuation: the animal-vegetative stage (up to approximately 6 or 7 years of age); the fighting stage (up to approximately 11 or 12 years of age); and the adaptation to the collective stage (12 or so onwards) (Boik & Goodman, 2000). In the first phase, the ego expresses itself chiefly in pictures where animals and vegetation predominate – the conscious ego symbolically masters nature (such as instinctual energy) through scenes where animals are either hunted or tamed (Lipadatova, 2014). The next stage brings battles that appear repeatedly, especially during puberty, where the client's ego begins to overcome its dependence on the mother archetype[34] and develops instead a strong identification with the father archetype (Lipadatova, 2014). Following this second stage, the ego has become established as a separate conscious entity (from the mother and father), and is now directed towards mastery instead of the exterior world (Lipadatova, 2014). Finally, therefore, the individual is admitted to the environment as a person and becomes a

[33] 'Free' in the sense that clients are able to create anything they wish in the sand and 'sheltered' because the therapist is present to protect both the client and the space from intrusions, harm, and other possible distractions (Rogers-Mitchell, Friedman, & Green, 2014).

[34] This complex relationship between one's caregiver and aggressive tendencies has been further highlighted by Schore (2003), who illustrated how the same neurological system that is shaped by one's early attachment relationship also regulates their expression of aggression.

member of the collective (i.e. the 'adaptation to the collective') expressed in the sand tray in a form such as a marketplace (Kalff, 1981).

It has been noted that, while these patterns do at times emerge in clients' trays, this is not always the case. Rather, Boik and Goodwin (2000) argue that the rhythms and patters observed help to improve understanding of the client's process and that the scenes more frequently observed are ones which move from chaos (in earlier stages of development) to order (as children mature and develop a greater sense of identity). This assertion appears to more clearly mimic the order inherent in Jung's concept of transformative healing in individuation and the transcendent function.

Other, more integrative methods for the analysis of sandplay do exist (such as Stewart's [1990] synthesis of Neumann, Erikson, and Piaget's developmental stages), but these are beyond the scope of this thesis which is focussed on the classical Kalffian approach.

3.4. RESEARCH ON THE EFFECTIVENESS OF THE CLINICAL METHOD

As discussed in sections 3.2.3., 3.2.4., and 3.2.5., sandplay therapy has found effective application in an effort to address a variety of presenting problems across a number of cultural contexts. The depth and breadth of this supporting research is well summarised by Pearson and Wilson (2014) in their discussion of the evolution of sandplay therapy applications:

> The publication of international sandplay and play therapy conference papers, on-line availability of a fast-growing number of doctoral theses, an international journal, extensive peer-reviewed research base (generated since the 1940's), and the more recent availability of English language abstracts from the prolific Asian sandplay therapists, illuminate ways sandplay has been applied as a highly effective therapeutic tool with clients of all ages, with a range of different presenting issues and in many different settings. (pp. 6-7)

3.5. CLINICAL EXPERIENCE OF THE THERAPIST AND SUPERVISOR

In terms of conducting psychological research and therapy with a child, both the scientist-practitioner and supervisor hold the experience necessary to enhance the beneficence and non-maleficence of this study. The scientist-practitioner is registered as an intern clinical psychologist, has previously worked with children (as a teacher), and has conducted therapy as a lay counsellor and student psychologist. The research and clinical supervisor is a registered educational psychologist (with over 20 years' experience in child psychotherapy) and has published research into sandplay therapy (Knoetze, 2013).

4. Case Formulation and Treatment Plan

4.1. INTRODUCTION

With the previous chapters' theoretical, practical, and client information serving as context, this chapter will briefly detail a formulation of Thembi's case,[35] the intended treatment plan, and her therapeutic prognosis.

4.2. CASE FORMULATION

4.2.1. Presenting Problem

During Thembi's therapeutic engagement in the year preceding the one discussed in this research, her performance during cognitive assessment indicated a learning disability and ruled out an intellectual disability. Emotional assessment suggested poor self-esteem and social difficulties at school. As a result, Thembi's student psychologist at that time conducted mentalisation-based therapy and interactive play therapy for 5 months.

In meeting the following year, Thembi reported struggling with mathematics at school. This appears to have negatively impacted her self-esteem and ability to easily engage in social interactions. Thembi also discussed being labelled a failure by the teacher and other learners in her class.[36] Another contributing factor reported by Thembi was her family's financial constraints. She is unable to have the same meals, clothing, or other common material possessions as the other learners, resulting in impacted relationships as well as self-esteem. Furthermore, Thembi was also concerned that her mother is not involved in her life because she "hates her children."

4.2.2. Psychic Cost of Presenting Problem

As a result of her inability to perform as well as her peers and the resultant poor self-esteem, Thembi is very withdrawn and shy at school and she is unwilling to engage with scholastic and interpersonal tasks as she does not believe that she is able to succeed. This

[35] Lemma, Target, and Fonagy's (2011) structure for psychodynamic case formulation was adopted.
[36] She reported that other learners make fun of her and call her "stupid" as she appears to struggle with a number of other subjects as well.

inability to engage with tasks prevents Thembi from practising and therefore mastering them, ultimately maintaining her difficulties at school. According to her teachers, she rarely plays with other learners and prefers keeping to herself. In contrast, Thembi and her guardian report that she is sociable at home and in her neighbourhood, enjoying time outside playing with friends.

Furthermore, Thembi reported often thinking about how her mother "hates" her – a conclusion she arrived at due to her mother leaving her to be raised by someone else. This desertion by her parents, particularly her mother, seems to have contributed significantly to her sense of inadequacy.

4.2.3. Contextualisation of Presenting Problem

4.2.3.1. Predisposing Factors

According to her guardian, Thembi had a difficult early life. Her parents were not able to raise and care for her and her twin brother, resulting in them initially being raised by their paternal grandmother. Following her death when the twins were two and a half years old (a second 'abandonment'), their paternal great aunt adopted them. This instability provided limited opportunity for secure attachment and may have predisposed Thembi to emotional difficulties (Malekpour, 2007).

4.2.3.2. Precipitating Factors

Thembi is currently in the intermediate school phase and will likely proceed to high school in the next three years. Her guardian has expressed concerns that she will not be able to manage the increased complexity of high school studies and that failure at this level will negatively impact the possibility of her pursuing tertiary studies and becoming financially stable. The guardian's own health concerns, which were exacerbated by a recent diagnosis of diabetes, were also a driving force behind her eagerness to ensure that Thembi receives the help that she needs.

4.2.3.3. Maintaining Factors

Factors that may be maintaining Thembi's difficulties include her medical conditions (asthma and sinusitis), the family's financial constraints, and her self-esteem. Firstly, while she does own an asthma pump, she may still avoid physical activities at school in order to avoid wheezing and coughing. It is also possible that she is anxious about having an asthma attack at school and that this anxiety may impact her concentration in class.

Secondly, Thembi's guardian and her husband are pensioners. As a result, they cannot afford school lunches or other items common in Thembi's peer group. This may impact her relationships and self-esteem.

Thirdly, this poor sense of self-esteem may also restrict her from engaging with complex school tasks and social interactions out of an expectation of failure and embarrassment. This in turn could help to maintain some of her scholastic and social difficulties.

4.2.3.4. Protective Factors

Thembi's guardian appears to be the predominant protective factor in her life currently. She presents as outwardly warm and intent on creating a loving and nurturing life for Thembi and her brother. She is also notably proactive about seeking help for her scholastic and emotional difficulties (such as engaging with the Rhodes University Psychology Clinic).

Outside of her home, the understanding of Thembi's teachers[37] regarding her difficult upbringing, and its impact on her school behaviour and performance, as well as the engagement with her neighbourhood peer group may be positive influences. Furthermore, it is possible that continued therapy could also lend itself protectively to her well-being.

4.2.4. Recurring Self-Other Representation

Thembi likely experiences herself as inadequate in relationships, easily rejected, and not good enough to be loved and cared for. Similarly, she may experience the other as

[37] Though reports from Thembi and her guardian on their behaviour are conflicting, drawing into doubt the positivity of their impact.

unavailable due to her mother choosing not to be involved in her life and her grandmother (her initial guardian) passing away. As a result, Thembi might not initiate interpersonal relationships (such as with classmates and teachers) as she may see herself as not being good or smart enough for them.[38] This fear of abandonment is likely still on Thembi's mind as she has reported feeling anxious about her guardian's recent diabetes diagnosis and whether this may result in her premature death.

4.2.5. Defensive Function of Self-Other Representation

Thembi's experience of the self as inadequate and the other as rejecting is clearly distressing, yet it is a perception that she appears to maintain. A possible explanation for this is that it defends against her anger towards the object (for seemingly baseless abandonment) and her expectation that it would drive her only source of nurturance away. Furthermore, if she were to consider herself as worthy of more than consistent rejection, she may begin to consider her parents heartless and cruel, her world impoverished, and her opportunities limited. The causes of her suffering, neglect, and poverty would therefore be external and significantly further from her control.

4.3. TREATMENT PLAN

In an effort to address Thembi's emotional and social difficulties, sandplay therapy was initiated due to indications from research (see section 3.2.3. and 3.2.5.) that it may positively impact these specific challenges.[39] The goals of treatment would therefore be to begin addressing the underlying difficulties that might be contributing to her emotional and social difficulties (such as her low self-esteem and the negative emotions regarding the absence of her parents, her asthma and sinusitis, and her guardian's physical health) and to develop the resilience to manage ongoing and future challenges.

[38] This behaviour being most notable in the academic context may be due to Thembi's 'failures' at school having triggered these earlier object relations.

[39] Given the therapeutic focus of this research and that, in regards to Thembi's scholastic difficulties, remedial recommendations were made in the previous year to her guardian and teacher, this treatment sought to address areas such as emotional and relational challenges.

Therapy was begun following a brief intake session where (amongst other discussions) the modality was introduced to Thembi and her guardian. At this time, it was clarified with them that sandplay was an evidence-based practice, that they were free at all times to redirect the course of therapy, and that (with Thembi's consent) monthly feedback would be shared with her guardian. Informed consent to include the process in this research was also conducted.

4.4. PROGNOSIS

As Thembi was expected to experience herself as inadequate in the therapeutic relationship, she could have believed that she is not good enough for the therapist to keep in mind. As a result, her engagement with therapy and the development of rapport may have been relatively slow processes. Given the support of her guardian and her positive therapeutic experience the year prior, she may have been willing and able to commit to the process for long enough for this to occur. Should Thembi have experienced the therapist as being available and attentive, she may then have had difficulties in letting go of the therapeutic relationship. Due to her previous experiences of abandonment, care was taken so that termination would not be interpreted as one of rejection by the therapist. With all of this in mind, her prognosis was judged to be fair.

5. Course of Therapy

5.1. INTRODUCTION

This chapter provides a detailed account of the implementation of the previous chapter's treatment plan, namely Thembi's engagement with sandplay therapy over five consecutive sessions. Each of her trays is categorised and presented using Grubbs' (2005) Sandplay Categorical Checklist (see section 3.3.1. for further details).

5.2. SESSION ONE (S1): NON-DIRECTED

Sandplay Categorical Checklist (SCC)	
Direct Observation and Objective Analysis	
1. Story	Thembi was not able to or did not want to say anything about her first sandpicture.
2. Figures	See image above. No meanings verbalised.
3. Setting	Disorganised
4. Creation Process / Dramatic Play	Dramatic play as scene is made: a. The yellow cart drove one of the dolls across the tray. b. The gorilla jumped on top of this doll. The doll then jumped on top of the gorilla. They then began hitting each other. The gorilla was then placed face-down in the sand and the doll sat up.

	c. The final several minutes of the session were spent trying to tie the dolls' hair into tight buns using small elastic bands.
5. Use of Human and Animal Figures	Used appropriately
6. Use of Sand	Dry Figures placed on top, sand untouched
7. Use of Tray	Very full Area of focus: Bottom left near centre Empty spaces: On either side of fence Figures placed in centre: Doll and animals
8. Creator's Response to Scene	Indifferent or no response
Subjective Impressions and Implied Meanings	
9. Main Psychological Expressions	Aggression 5 (Fantastical)
10. Cognitive Development and Scene Progress	Cognitive: Regressive (2 - 4 years) Scene progress: Not applicable for first tray.
11. Coordination of Whole and Parts of the Scene	Some coordination in small groupings
12. Structuring of Relationships (human and animal)	One or more communities/groupings Single interaction was destructive/sadistic
13. Boundaries	Entire scene runs together Fenced off region at top of tray
14. Movement / Obstacles	Static scene with no sense of movement
15. Relationship of Parts and Opposites	Opposites (humans and animals) integrated
16. Therapist's Impression of the Scene	Angry, fearful, sad, painful
17. Significant Symbolic Representations and Thematic Play	Not applicable for first tray.
18. Significant Repetitive Theme and Figures Used	Order vs. Chaos: Marbles, stickies, dolls' hair Violence: Gorilla Danger: Soldiers, fence, firetruck and helicopter, wine bottles Fantasy: Princess figures Self: Dolls

5.3. SESSION TWO (S2): NON-DIRECTED

Sandplay Categorical Checklist (SCC)	
Direct Observation and Objective Analysis	
1. Story	Thembi explained after creating the sandpicture that the dolls were “babies playing in the sand,” that the cart with Disney characters were “going to this end [the top left],” and that the fence was “guarding animals to not get out to this [top] land.” When asked what would happen if they got out, she replied that the soldiers “will shoot them.”
2. Figures	See image and story above.
3. Setting	Community/city/village
4. Creation Process / Dramatic Play	Scene made intact with few changes
5. Use of Human and Animal Figures	Used appropriately
6. Use of Sand	Dry Figures placed on top, sand untouched
7. Use of Tray	Full Areas of focus: Centre right Empty spaces: None Figures placed in centre: Horse
8. Creator’s Response to Scene	Indifferent or no response
Subjective Impressions and Implied Meanings	

9. Main Psychological Expressions	Self-protection
10. Cognitive Development and Scene Progress	Cognitive: Regressive (5 – 7 years) Scene progress: Progressive (clearer groupings, less chaos)
11. Coordination of Whole and Parts of the Scene	Scene coordinated as a whole
12. Structuring of Relationships (human and animal)	Opposing groups and/or individuals
13. Boundaries	Very fenced and/or rigid world
14. Movement / Obstacles	Static scene with no sense of movement
15. Relationship of Parts and Opposites	Opposites are kept separate
16. Therapist's Impression of the Scene	Angry, fearful, sad, painful
17. Significant Symbolic Representations and Thematic Play	Fencing off of danger: Therapist and soldiers Princesses in animal-drawn cart Trees and animals
18. Significant Repetitive Theme and Figures Used	Order vs. Chaos: Marbles, stickies Violence: Gorilla Danger: Soldiers, fence, firetruck, wine bottles Fantasy: Princess figures, cart Self: Dolls

5.4. SESSION THREE (S3): DIRECTED (YOUR WORLD)

Sandplay Categorical Checklist (SCC)	
Direct Observation and Objective Analysis	
1. Story	Thembi created this sandpicture, at the scientist-practitioner's request, to illustrate her world. She added after creating it that the scene showed "ladies [the three doll figures] going to town."
2. Figures	See image above. No meanings verbalised.
3. Setting	Community/city/village Content-orientated
4. Creation Process / Dramatic Play	Scene made intact with few changes
5. Use of Human and Animal Figures	Used appropriately
6. Use of Sand	Dry Some movement of sand (with cars to make roads)
7. Use of Tray	Well used Areas of focus: Bottom-left near centre Empty spaces: Extreme left Figures placed in centre: Cart (horse-like animal and princesses), circular road, and tree.
8. Creator's Response to Scene	Indifferent or no response
Subjective Impressions and Implied Meanings	
9. Main Psychological Expressions	Construction/building 1 (Realistic)

10. Cognitive Development and Scene Progress	Cognitive: Age-appropriate (11+ years) Scene progress: Progressive (symmetry)
11. Coordination of Whole and Parts of the Scene	Mostly coordinated with minimum chaos
12. Structuring of Relationships (human and animal)	No relationship represented
13. Boundaries	Entire scene runs together
14. Movement / Obstacles	Movement inward towards centre
15. Relationship of Parts and Opposites	No opposites represented
16. Therapist's Impression of the Scene	Busy, social, urban, stressful
17. Significant Symbolic Representations and Thematic Play	Rescuers far away at top corners near the therapist Symmetrical dolls isolated but moving inwards Circular central road
18. Significant Repetitive Theme and Figures Used	Order vs. Chaos: Stickies Danger: Firetruck and helicopter Fantasy: Princess figures, cart Self: Dolls

5.5. SESSION FOUR (S4): NON-DIRECTED

Sandplay Categorical Checklist (SCC)	
Direct Observation and Objective Analysis	
1. Story	"Cinderella is going to the castle. The girl is sitting. The other girl is riding a camel. The lion is sitting."
2. Figures	See image above. No meanings verbalised besides those mentioned above.
3. Setting	People/animal Theme-orientated
4. Creation Process / Dramatic Play	Scene made intact with few changes
5. Use of Human and Animal Figures	Used appropriately
6. Use of Sand	Dry Figures placed on top, sand untouched
7. Use of Tray	Full Areas of focus: Centre Empty spaces: Top corners Figures placed in centre: Animal figures
8. Creator's Response to Scene	Indifferent or no response
Subjective Impressions and Implied Meanings	
9. Main Psychological Expressions	Organizing/structuring 5 (Fantastical)

10. Cognitive Development and Scene Progress	Cognitive: Regressive (5 - 7 years) Scene progress: Progressive (from S2, the previous non-directed tray, there is a sense of movement and removal of soldiers and fencing)
11. Coordination of Whole and Parts of the Scene	Mostly coordinated with minimum chaos
12. Structuring of Relationships (human and animal)	One or more communities/groupings - Cooperative/constructive interactions
13. Boundaries	Entire scene runs together
14. Movement / Obstacles	Some blockages, but movement can progress or go around (most of the animals are moving left, but they may be blocked by cars moving down or by each other)
15. Relationship of Parts and Opposites	Opposites kept separate (animals at centre moving left, machines at left side and bottom moving down)
16. Therapist's Impression of the Scene	A sense of detachment – there is no interaction between the figures, only solitary movement in groups (with the exception of the girl and camel). Even the cart contains only one figure.
17. Significant Symbolic Representations and Thematic Play	First interaction of a doll with another type of figure Doll with loose hair and animal moving while girl with tied hair static Animals and cars moving in different directions
18. Significant Repetitive Theme and Figures Used	Order vs. Chaos: Marbles, stickies Fantasy: Princess figures, cart Self: Dolls

5.6. SESSION FIVE (S5): DIRECTED (YOUR HAPPY PLACE)

Sandplay Categorical Checklist (SCC)	
Direct Observation and Objective Analysis	
1. Story	Thembi created this sandpicture, at my request, to illustrate her happy place and added that it shows “the beach,” that she likes “to play with the sand,” and that her guardian and brother were there.
2. Figures	See image above. No meanings verbalised besides those mentioned above.
3. Setting	Community/city/village Content-orientated
4. Creation Process / Dramatic Play	Scene made intact with few changes
5. Use of Human and Animal Figures	Used appropriately
6. Use of Sand	Dry Figures placed on top, sand untouched
7. Use of Tray	Well used Areas of focus: Bottom-right of centre Empty spaces: Bottom-right and near ‘ocean’ Figures placed in centre: Car and stickies
8. Creator’s Response to Scene	Indifferent or no response
Subjective Impressions and Implied Meanings	
9. Main Psychological Expressions	Happiness/celebration 4 (Slightly fantastical)

10. Cognitive Development and Scene Progress	Cognitive: Age appropriate (11+ years) Scene progress: Resolution of conflict (greatest unity yet of the dolls likely representing the self, two groups likely representing the self and others mirrored on either side of tray)
11. Coordination of Whole and Parts of the Scene	Some coordination in small groupings
12. Structuring of Relationships (human and animal)	One or more communities/groupings - Cooperative/constructive groupings
13. Boundaries	Some groupings with no clear boundaries
14. Movement / Obstacles	Static scene with no sense of movement (which would be fairly realistic for figures spending time sitting at the beach)
15. Relationship of Parts and Opposites	Positive interaction of opposites (peaceful, though separate, coexistence on the beach)
16. Therapist's Impression of the Scene	Colourful, happy
17. Significant Symbolic Representations and Thematic Play	Dolls as a family unit Fantasy in daily life (elephant, Cinderella)
18. Significant Repetitive Theme and Figures Used	Order vs. Chaos: Marbles and stickies separate Fantasy: Elephant Self: Dolls

5.7. SESSION SIX (S6)

At the beginning of session 6, Thembi asked to move to the clinic's play room. As a result, her fifth sandplay tray was her last and the therapeutic process continued instead as play therapy. Given this research's focus specifically on sandplay therapy, detailed information regarding this second process will not be included. While problematic for the intended research purposes, as indicated during the informed consent process (see section 1.6.1.), it was essential ethically and therapeutically to honour this request. Interpretation of this transition will be discussed further in a later chapter (see section 7.2.).

6. Therapy Monitoring and Follow-up

6.1. INTRODUCTION

This chapter presents the analysis of chapter 5's course of sandplay therapy conducted with a Xhosa child. First, themes will be identified and discussed in relation to Jungian symbols and Kalffian ego development. Then, the quantitative measures implemented during the study will be interpreted.

6.2. PRIMARY THEMES

6.2.1. Order vs. Chaos

A distinct theme that arose during Thembi's trays was that of order and chaos. Throughout her work in the sandtrays, Thembi remained contained, almost rigidly so.[40] During the creative process, little affect was visible, and yet afterwards, when asked, she would describe the process as "lovely and exciting" (S2) and herself as "happy" (S1). Within the tray itself, Thembi's expressions of order were often translated into symmetry, such as the girl dolls being arranged into a near-equilateral triangle in S3 and the mirroring in position of the two groupings of figures in S5. The apparent importance of maintaining order (or control) when working with these dolls (such as Thembi spending several minutes to arrange their hair during S1 and their ordered placement throughout the trays) may in fact echo the aforementioned self-containment, as it is likely that these figures would most closely reflect the self for Thembi.[41]

To be noted, however, is that this symmetry occurred predominantly when Thembi worked on a directed tray (S3 and S5), which may imply that, while in her day-to-day life, Thembi attempted to maintain strict control on what she could (exhibited in her extreme affect regulation and her depictions of "her world" in S3 and "her happy place" in S5), she would use the non-directed trays to rather explore chaos: the lack of symmetry and near chaotic arrangement of figures in S1 and S2, as well as the frequent absence of figure interactions (besides the dolls and horse cart), such as in S1, S2, and S4. This may also reflect

[40] Containment, or control, is here seen as a parallel to order.
[41] This assumption is based on these figures being most similar to her, as a young girl, and that she identified the three dolls in S5 as herself, her brother, and her guardian.

Thembi's engagement with a fantasy surrounding isolation as an escape from her frequent negative social interactions (such as bullying at school).

Another chaotic element in Thembi's trays is her tendency to fill almost all empty spaces, again predominantly in the non-directed trays, with marbles and stickies (small plastic figures with suction cups on their bases).[42] This was done only after Thembi had arranged all the other figures and seemed to express a dislike of emptiness (and perhaps its implied uncertainty). So while Thembi appeared to be exploring isolation, her relationship with it appeared ambivalent and anxiety-provoking. Furthermore, while Thembi's use of these smaller toys appeared initially chaotic (especially as they were the only figures she would drop into the sand rather than place), she did still attempt to create a sense of order (or isolation) as all the figures in the sand still maintained approximately the same distance from one another.

At a broader level, the security and predictability (or order) of our sessions provided a positive structure to Thembi's world within which she appeared to thrive, creating expressive sandpictures in each of our first five meetings. Furthermore, the very nature of sandplay with its set figures and boundaried space imparts a very clear delineation (or order) within which play (even chaotic play) can be contained,

As such, Thembi appeared to be exploring concepts surrounding chaos and order and how, at times, they could integrate within one another.[43]

6.2.2. Violence

A theme that became evident in Thembi's early trays was that of violence. In her first tray (S1), and one of the few instances of the toys being played with after placement, the gorilla figure appeared to attack one of the girl dolls. They briefly fought, with the girl arising victorious and jumping on top of the gorilla and leaving it face-down near the centre of the

[42] This was especially the case in her first tray (S1) where the unclear boundaries do not even imply any distinction between humans and nature. As such, in terms of Kalff's stages of ego development, S1 seems to be firmly in the first stage (animal-vegetative).

[43] As such, it is reminiscent of Kalff's (1990) discovery of the progress of Jung's concept of individuation in her client's trays as the "uniting [of] opposites" (Huskinson & Huskinson, 2004, p. 55).

tray.[44] With the girl doll appearing to be, throughout the trays, Thembi's self-representation, this conflict with a gorilla (a common symbol of natural danger [Cockle, 1993; Mayes, Blackwell Mayes, & Williams, 2004]) seems to correlate with Kalff's second stage of ego development (the fighting stage)[45] where the polarities of human and animal or feminine and masculine are in conflict. Furthermore, with this conflict occurring so close to the centre of the tray, it should be viewed as possibly central to the client's process (Lipadatova, 2014) or their sense of self (Rogers-Mitchell, Friedman, & Green, 2014).

The gorilla appeared again in S2 and seemed to be cautiously integrated into the sandpicture – 'cautiously' in the sense that it was placed right by the boundary that Thembi had erected and could easily be expelled (perhaps to its own demise) to the region beyond the fence that was populated by other dangerous figures (soldiers). Following this, Thembi no longer included the gorilla figure (or the soldiers) in any of her trays, perhaps indicating a current resolution of this conflict or some form of defence mechanism against it (Lipadatova, 2014).

6.2.3. Danger

In a similar vein, Thembi seemed to explore notions of danger and safety. This was most clearly evidenced in S1 and S2 when she built a fence on the far side of the tray, notably where the scientist-practitioner was sitting. As these were the first therapeutic sessions, Thembi may have been expressing a sense of insecurity in the space,[46] a reluctance to include outside intrusion in her play, or she may have been exploring the extent of her freedom as a client (or all of the above). Notably, as she was building this fence in both S1 and S2, Thembi asked for the scientist-practitioner's assistance in connecting the fence pieces together. This, along with the opening in the right side of the fence in S1 (when the scientist-practitioner was the only occupant of the excluded area), appear to indicate a cautiousness as well as openness in her approach to the therapeutic process and

[44] Such a scene may reflect Oaklander's (2003) assertion that sandplay's non-threatening qualities allow for the expression of otherwise 'unacceptable' feelings and impulses and the externalised resolution of internal conflicts through play suggested by Klein (Lemma, 2015).
[45] It is possible, however, that a conflict specifically between a human and animal figure may reflect the conscious ego symbolically mastering nature and therefore may more appropriately reside in Kalff's first stage.
[46] An interpretation likely supported by Kalff (as cited in Rogers-Mitchell, Friedman, & Green, 2014), as she noted that a first tray may suggest how a child feels about therapy and the therapist.

relationship. Her guardedness is further evident in S1's dense cluster of trees at her side of the sandtray.

After completing the fence in S2, Thembi populated the far strip of sand with soldiers and a flag. When asked about this area, she said, "[The fence] is guarding the animals to not get out to this land [where the soldiers are]." She was then asked what would happen if the animals did get out, to which she replied that the soldiers "would shoot them." It thus appears as though Thembi was attempting to defend the scene below the fence, a mix of human, animal, and plant figures (indicative of her position in Kalff's animal-vegetative stage) from the imposition of aggression and danger (the fighting stage).

While not inherently dangerous, Thembi's repeated inclusion of the wine bottles in her first four trays may reflect it as an important element in her process (Lipadatova, 2014). Their placement at the far end of the tray against the fence (as she did with the gorilla in S2) in her first two sessions appears to indicate a cautious relationship with alcohol that may be present in her life. While its non-directed placement near the fence (S1 and S2) may reveal a desire to exclude what is nonetheless a part of her life, its placement in S3 ("Your world") much more closely to her may reveal that in reality alcohol is more part of her life than she would prefer. This is further evidenced by its closeness again in S4 and yet its absence in S5 ("Your happy place").

These concerns, and the fenced off exclusion of the scientist-practitioner, seemed to no longer be present after S2 (with the exception of the wine bottles) and, instead, in S3 there appeared a firetruck[47] and rescue helicopter on the far side of the tray. While symbolic of help (and notably placed closest to the scientist-practitioner who she may see as a similar medical professional there to aid her), these may also express the existence of an emergency and need for help.

While there was initially clear and calm[48] exploration of the theme of danger, this appeared absent later on and there seemed to be little integration of the concept.[49] This

[47] This had moved from the near side of the tray in S1, to the middle in S2, and finally to the far side in S3. In her second tray, Thembi asked the scientist-practitioner for assistance in placing the fireman figure in the firetruck and, in doing so, perhaps most clearly connected this symbol of aid with the scientist-practitioner.
[48] Perhaps due to sandplay's aforementioned inherently calming quality (Homeyer & Sweeney, 1998).
[49] Though perhaps one way that Thembi continued to engage with danger was her tendency to, after placing all figures carefully in the sand, to fill any empty spaces by dropping tiny figures (stickies) and marbles into

possible avoidance may be related to Kalff's second stage and symbolic of her avoidance of the ego's tendency to begin to overcome its dependence on the mother archetype (Lipadatova, 2014). It is very likely that Thembi would experience great difficulty with this transition given her particularly painful maternal relationship (see section 2.3. and 6.3.2.). Perhaps this stems from a fear that any movement away from her current state (especially to an aggressive stance towards her absent mother) would result in the loss of the primitive yet idyllic internal landscape of natural symbols.

6.2.4. Fantasy

Along with these more difficult themes, Thembi's trays also included a great deal of fantasy and wish-fulfilment – perhaps an unsurprising finding given that children frequently strive for wish-fulfilment and may do so through the incorporation of play (Pataki, 2018). This tendency towards creative exploration[50] is evident in her fluctuations in apparent maturity (or the age-appropriateness of the tray's content): in S1 she appeared regressed to the age of 2-4, in S2 the age of 5-7, and in S4 the age of 5-7. In both directed trays, however, she revealed age-appropriate cognitive development. A possible interpretation of this delving into past fantasy is that, when not called upon to reflect on her current circumstances, Thembi would rather engage with and explore possibly unresolved earlier stages of her development.

In regards to specific figures indicative of fantasy, the horse cart appeared most significant. In fact, when asked during S2 what her favourite part of the sandpicture was, she replied that it was the yellow horse cart filled with Disney princesses. This collection of figures featured in all four of her trays[51] (though not grouped together as such in S1) and even featured in S3, "Your world." Unexpectedly, however, all of these figures were absent in S5, "Your happy place" – perhaps indicating that her happiest place would be one devoid of the need for fantasy.

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them. In this way, she seemed to still include danger at the process level while avoiding it at the more concrete content level.

[50] This form of novel engagement may have been encouraged by sandplay's previously mentioned three-dimensional aspect (Bainum, Schneider, & Stone, 2006).

[51] Thembi shared in S3 and S4 that the cart was "going to the castle," perhaps a reference to the tale of Cinderella and likely a particularly appealing story for a young girl living in poverty.

6.2.5. Preverbal Dynamics

After completing her first sandtray, Thembi was asked whether she would like to offer any description or explanation of her work. While she was able to reflect on her enjoyment of the process (see section 6.2.6.), she was unable to offer any details on the tray's contents.[52] Given sandplay therapy's ability to engage with preverbal dynamics (Ferreira et al., 2014) and those first two trays' relative primitiveness (in terms of Kalffian ego development), it is possible that the symbols Thembi worked with were beyond her conscious exploration.[53] This shifted slowly in her later trays[54] and she was able to describe her trays as follows:

> S2: "Babies playing in the sand [and the cart is] going to this end [at the top left]. [The fence is] guarding animals to not get out to this [top] land."
>
> S3: "Ladies going to town [and the princesses] going to the castle."
>
> S4: "Cinderella is going to the castle [and] the girl is riding a camel."
>
> S5: "[It's] the beach, I like to play in the sand, [my guardian] and brother are here."

Upon closer inspection, it appears as though even in these instances where Thembi is able to discuss her trays, it remains in very limited, isolated terms – perhaps due to the preverbal depth of her work.

6.2.6. Engagement

At the beginning of each session, Thembi was invited to create a sandpicture. These invitations were always phrased carefully to ensure that she was aware of her freedom to decline and select another activity (such as painting, which she and the scientist-practitioner did together after the first four sessions' sandpictures, and entering the playroom, which was done from the sixth session onwards). There was never any insistence on the part of the scientist-practitioner that she complete a sandtray.

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[52] It should be noted that this was not due to difficulties Thembi may have had with English or self-reflection as she was able to explain clearly her answers to the YP-CORE (see section 6.3.2.).

[53] Due to sandplay's deliberate regression, though the creation of sandpictures, into the preconscious, preverbal level of the psyche (Weinrib, 2005).

[54] A shift possibly supported by growing rapport with the scientist-practitioner.

Despite this freedom of choice, Thembi consistently selected completing a sandpicture for the first five sessions of the therapeutic process. She furthermore appeared to grasp the creative process quite easily and completed each of her sandpictures with an air of concentration and confidence. This quality of engagement from the first session may indicate support for sandplay therapy's purported approachability (Oaklander, 2003), lessening of self-consciousness (Bradway, 1979), and its calming process (Homeyer & Sweeney, 1998).

Within each tray, however, Thembi seldom played with the figures[55] and only once shaped the sand.[56] This preference not to engage dynamically with her sandpictures may reflect an internal sense of fragility and fear of what its symbolic development may bring,[57] or perhaps, more simply, a shyness towards playing and being childlike in front of the scientist-practitioner.[58] Despite this, Thembi continued to express enjoyment in the process, describing her experiences as:

S1: "Excited and I was happy."

S2: "Lovely and exciting."

S3: "Excited."[59]

As such, along with the aforementioned qualities, Thembi's experience appears to indicate an intrinsic pleasure found in the creation of her sandpictures.

[55] With the exceptions of the aforementioned gorilla, cart, and girl dolls' hair – all of which occurred in the first two trays.
[56] This occurred in S3 when she made roads. The absence of this form of play was especially striking as she noted that she enjoyed going to the beach and building sandcastles – which was further evident in S5, "Your happy place," being a beach scene.
[57] Besides this possible refusal to connect with deeper layers of the psyche, Kallf (1993) considered a lack of engagement with the sand itself as a possible indication of an unconscious fear of the ambivalence towards the sandplay process or a fear towards certain aspects of life.
[58] This last explanation is unlikely to be the dominant or sole cause of Thembi's restricted engagement as she enthusiastically suggested the use of the playroom from the sixth session onwards.
[59] When asked whether there was any difference in her experience of creating a sandtray when it was directed or non-directed, she responded in the negative (perhaps validating Bratton et al.'s [2005] aforementioned findings regarding the effectiveness of both directive and non-directive child interventions).

6.2.7. Summary

As in all therapy, the client's history and external situation are essential elements in an analysis. Consequently, it is essential that Thembi's explorations of Order and Chaos, Violence, Danger, and Fantasy be considered within the themes currently dominating her life. Most notably, these were reported to be her strained family system, socioeconomic reality, and challenging school environment.

Dominant amongst these appeared to be Thembi's relationship with her mother. While S1 presented as an animal-vegetative tray, the gorilla (perhaps symbolizing Thembi's primitive drives and desires towards her mother) triggered a conflict that she brutally put down and slowly distanced herself from (as the gorilla moved to the periphery of S2 and then was never used again). This rejection may reflect Thembi's resistance towards moving away from the chaos of the animal-vegetative stage and to the fighting stage as this is where the ego is theorized to overcome its dependence on the mother archetype (Lipadatova, 2014) – a transition, for Thembi, that is likely fraught with confusion, shame, and conflicting emotions. This rejection of natural impulses and growth, in response to this violence seemingly simmering just below the surface, was then replayed in spending considerable time arranging the dolls' hair from its natural shape into tight buns, her tendency not to shift figures or sand, and her contained, near stoic mood throughout the work with her sandtrays.

And yet, throughout this insistence to maintain her fragile internal landscape, Thembi still managed to allow herself small freedoms to explore and create. Figures shifted positions and interactions between trays, smaller figures were cast with little caution into spaces between more significant symbols, and princesses and wild animals were allowed to roam freely amongst each other. As such, despite concerns surrounding Thembi's ongoing maternal dynamics and linguistic limitations in detailing them, her reported pleasure in making the trays and the clear symbolic engagement with her inner world (and its nuanced shifts) thematically suggest a therapeutic value during these five sessions.

6.3. QUANTITATIVE MEASURES

6.3.1. Strengths and Difficulties Questionnaire (SDQ)

Table 1

SDQ results before and after four sessions of sandplay therapy

Week	Emotional Problems	Conduct Problems	Hyperactivity	Peer Problems	Prosocial	Impact Score	Total Difficulties
Zero	6	5	5	3	6	0	19
	High	High	Close to average	Slightly raised	Low	Close to average	High
Four	6	1	5	1	10	0	13
	High	Close to average	Close to average	Close to average	Close to average	Close to average	Close to average

6.3.1.1. Pre-test

Before the initiation of sandplay therapy, Thembi's guardian completed the Strengths and Difficulties Questionnaire. In it, she reflected her perception of Thembi's current state across a number of domains, ranging from 'close to average' to 'very high.' *Emotional problems* revealed a score of 6 (high), *conduct problems* a score of 5 (high), *hyperactivity* a score of 5 (close to average), *peer problems* a score of 3 (slightly raised), *prosocial* a score of 6 (low), *impact* a score of 0 (close to average), and overall a *total difficulties* score of 19 (high).

This elevated profile offers some insight into the guardian's reports regarding Thembi's difficulties at both home and school, with poor perceived conduct and prosocial behaviour, as well as the likely impact of emotional problems on her ability to concentrate, maintaining poor development in numerous spheres of her life.[60] Furthermore, with *emotional problems* and *conduct problems* both scoring 'high' and the *prosocial* score being 'low,' the resultant *impact* score of 0 appears to suggest that Thembi's current level of impacted functioning and the family's degree of potential distress may have been ongoing for such a long period of time that they have become normalised.

[60] Such as, through these ongoing difficulties, likely not encouraging more than basic engagement from her teachers.

6.3.1.2. One month follow-up

Following a month of weekly sandplay sessions, Thembi's guardian recorded a score of 6 (high) for *emotional problems*, 1 (close to average) for *conduct problems*, 5 (close to average) for *hyperactivity*, 1 (close to average) for *peer problems*, 10 (close to average) for *prosocial* behaviour, 0 (close to average) for the *impact score*, and 13 (close to average) for *total difficulties*. As such, there was a perceived improvement in her *conduct problems* (decreasing from high to close to average), *peer problems* (decreasing from slightly raised to close to average), *prosocial* (increasing from low to close to average), and *total difficulties* (decreasing from high to close to average).

With these positive changes in *conduct problems*, *peer problems*, and *prosocial* behaviour (all of which returned to the healthiest level within the SDQ), it is possible to group these changes as a reflection of Thembi's perceived improved relationship with her environment (both its people and prescribed rules). Why this nature of change may have been promoted by sandplay therapy can possibly be explained by the opportunity it gave Thembi to direct 'unacceptable' (Oaklander, 2003) and preverbal (Vinturella & James, 1987) feelings and impulses away from her environment and into a therapeutic space where they can more productively be engaged with. This interpretation, however, is complicated by the perceived lack of change in *emotional problems*. So while positive behavioural changes appeared rather rapidly for Thembi, the depth, duration, and perhaps 'ongoing' nature of her emotional challenges may require longer engagement in a therapeutic process.

Thembi's guardian also noted in the SDQ that coming to the clinic had helped "a great deal" in ways unrelated to the presenting problem. When asked for an explanation of this, she reported that the doctor's referral letter provided by the scientist-practitioner[61] had allowed her to very quickly access specialised services at the local public hospital. This resulted in Thembi receiving effective treatment (that she had previously not at the local clinic) for a number of ENT and asthmatic complaints.

[61] Part of the Rhodes University Psychology Clinic's work with children includes ensuring that they have recently undergone eye and ear tests in order to rule out a number of medical factors influencing their presenting problem.

6.3.2. Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE)

Table 2

YP-CORE results before and after four sessions of sandplay therapy

	Dimension Category					
Week	Subjective Well-being	Symptoms	General Functioning	Relationship Functioning	Risk/Harm to Self	Total
Zero	2 Moderate	2 Moderate	1.5 Mild	2 Moderate	3 Severe	20 Moderate
Four	0 Healthy	3.25 Severe	3 Severe	0 Healthy	4 Severe	23 Moderate severe

6.3.2.1. Pre-test

Before Thembi began sandplay therapy, she completed the YP-CORE and scored six dimensions from 'healthy' to 'severe.' In regards to the individual dimensions of the measure, her *subjective well-being* scored 2 (moderate), *symptoms* scored 2 (moderate), *general functioning* scored 1.5 (mild), *relationship functioning* scored 2 (moderate), and *risk/harm to self* scored 3 (severe). Overall, she scored 20 (with a mean of 2), placing her within a 'moderate' range of distress (though borderline with moderate-severe) and resulting in a z-score of 0.59 amongst 11-13-year-olds in a British clinical population[62] (Twigg et al., 2009). With elevated scores across all domains of the YP-CORE, Thembi appeared to be experiencing distress in relation to numerous aspects of her being in the world.

Most severe amongst these was the *risk/harm to self* item. When asked further about her answer, Thembi clarified that her thoughts of hurting herself were in relation to accidental incidents of kicking or biting herself. This appears to relate to Thembi's concerns surrounding bullying at school (which in turn is a primary source of her severe score in the *anxiety* item) where her fellow students "hate" her and call her "stupid." In this setting, she is extremely concerned about drawing attention to herself and stimulating further bullying through 'stupid' accidents. This school environment also helps to explain her tendency to

[62] This data was obtained from young people waiting for, or receiving, psychological interventions in England and Scotland.

isolate herself socially (as reported by her teachers) and her severe score in terms of *social functioning*.

Besides this anxiety, other *symptoms* recorded were a moderate level of dysthymic emotions and distressing thoughts and, despite these, a healthy ability to fall and stay asleep. In regards to other areas of functioning, while Thembi's *general functioning* was mildly impacted, it should be noted that her *close relationships* score was in the healthy range, highlighting the supportive nature of her home environment in stark contrast to her experiences at school.

6.3.2.2. One month follow-up

After four sessions of sandplay, Thembi's *subjective well-being* scored 0 (healthy), *symptoms* scored 3.25 (severe), *general functioning* scored 3 (severe), *relationship functioning* scored 0 (healthy), and *risk/harm to self* scored 4 (severe). Overall, she scored 23 (with a mean of 2.3), placing her within a 'moderate severe' range of distress and resulting in a z-score of 1.01 amongst 11-13-year-olds in a British clinical population (Twigg et al., 2009). While *subjective well-being* and *relationship functioning* scores had improved to the healthy range, *symptoms*, *general functioning*, and *risk/harm to self* scores had increased.

As the *risk/harm to self* and *anxiety* items appear to reflect Thembi's ongoing bullying at school, their remaining in the severe range is likely so long as there is no change in her peer dynamics. This desire for change was highlighted by a question scored severe in *general functioning* ("I've done all the things I wanted to") where she explained that this includes her family having enough money for "special schools," amongst other items.[63]

When asked about the questions pertaining to dysthymic emotions (which increased by 1 point to severe) and her ability to fall and stay asleep (which increased 4 points to severe), Thembi spoke about her absent parents.[64] She stated that, "They hate me," and when asked why she believed that, recalled a memory from when she was 5 years old and

[63] The increase in this item specifically may in turn be due to Thembi's increased engagement with fantasy and self-expression arising due to her tray work.
[64] In regards to question 9 ("I've felt unhappy"), she also included mention of bullying at school.

at the hospital with her mother. While there seeking treatment for Thembi's asthma, her mother reportedly told her that she did not want children. A possible explanation as to why these memories (and the resulted emotional and physical impact) would become increasingly significant in Thembi's life after beginning sandplay therapy is that the process has allowed her the space necessary to begin engaging with earlier traumas.[65] If this were the case, it is likely that such distressing thoughts and emotions would be consciously present and possibly evident in the body.[66]

In regards to positive shifts reported in the YP-CORE, Thembi's *subjective well-being* improved from moderate to healthy. Given the wording for this item ("My problems have felt too much for me"), this change may reflect an improving sense of resilience following her initial work in the trays. This nature of improvement has also been cross-culturally reported in previous sandplay research, such as in China (Wang et al., 2017), Mexico (Mejia, 2004), and Korea (You, 2010).

Indicative of the positive, consistent role the home environment plays in her life, Thembi's *close relationships* score remained in the healthy range. Furthermore, her *social relationships* score improved from severe to healthy (a 4-point decline). Given the wording for this item ("I haven't felt like talking to anyone"), it is possible that this reveals an improving rapport with the scientist-practitioner, a recognition in Thembi of the benefits from engaging in a therapeutic process, a growing desire for self-expression, or a rejuvenating openness to social contact – all four of which are supported by previous research.[67]

6.3.3. Summary

With both initial scores for the SDQ and YP-CORE being significantly elevated, there was a consistent presentation between the guardian and Thembi of the latter's experiencing

[65] In other words, Thembi may be accessing, symbolising, and externalising internal conflicts so that they can be recognised and worked with – a proposed process in sandplay therapy for enhancing psychological healing (Ammann, 1991; Malchiodi, 2005; McNiff, 2004; Pearson & Wilson, 2001).
[66] It has been noted in previous research that emotional stress is strongly associated with sleep complaints (Vgontzas et al., 2008).
[67] Hancock et al. (2010); Freedle, Altschul, and Freedle (2015); Lu, Petersen, Lacroix, and Rousseau (2010); and Zhang et al. (2011) respectively.

distress across a number of domains. In terms of these domains, while the two measures are distinct, they do consider certain overlapping aspects of Thembi's lived experience.

Emotional problems (SDQ) and *subjective well-being*, *anxious symptoms*, *depressive symptoms*, and *trauma symptoms* (YP-CORE) were all initially scored 'moderate' to 'severe/high.' *Peer problems* (SDQ) and *social relationship functioning* (YP-CORE) differed (slight raised vs. severe), indicating a possible area of distress of which Thembi's guardian is not fully aware.[68]

Following 4 weeks of sandplay, *Emotional problems* (SDQ) and *subjective well-being*, *anxious symptoms*, *depressive symptoms*, and *trauma symptoms* (YP-CORE) remained 'moderate' to 'severe/high' (with the exception of *subjective well-being* whose score improved significantly) – despite suggestions from research that improvement in this realm should be expected (Allan & Berry, 1987). This consistent reflection of an unchanged emotional state in Thembi may be an indication of the difficulty in shifting such core distress as parental abandonment in the face of ongoing poverty and bullying over the course of only four sessions.[69] Consequently, while there may have been certain emotional improvements, the overall impact appears to have been negative (or in the very least averaging unchanged). On the other hand, *peer problems* (SDQ) and *social relationship functioning* (YP-CORE) both reflect an improvement to 'close to average' or 'healthy,' supporting previous research on the possible positive social impact of sandplay therapy (Allan & Berry, 1987; Zhang et al., 2011).

In regards to items that seem poorly matched, while *prosocial* (SDQ) and *relationships* (YP-CORE) may appear similar, the YP-CORE's more nuanced distinction reveals that Thembi experiences a very distinct difference between close and social relationships, making a generalised comparison unwarranted. The remaining items[70] all appeared even further distinct.

[68] Which in turn may partly reveal why it has been continuing with seemingly little respite.
[69] This evaluation is complicated, however, by the common increase in negative expressions found in initial sandplay work (Jang & Kim, 2012) and its emotional repercussions. As such, this result may in fact be what should be anticipated, rather than a reflection of poor response to treatment.
[70] Namely *conduct problems* and *hyperactivity* in the SDQ, and *general functioning* and *risk/harm to self* in the YP-CORE.

Overall, while SDQ reveals that Thembi's guardian has experienced a unanimous improvement in symptoms to a 'close to average' range (with the exception of fixed emotional challenges), the YP-CORE's more complicated findings reflect a turbulent emotional process relating to Thembi's parents and the ongoing stressors in her life due to bullying and poverty.

7. Concluding Evaluation of Therapy Process and Outcome

7.1. INTRODUCTION

Following the previous chapter's discussion of the qualitative (thematic) and quantitative (SDQ and YP-CORE) analysis, this section will begin with an evaluation of the positive and negative prognostic indicators arising over the course of the sandplay process with Thembi. This will be done in order to succinctly address the research question of whether sandplay therapy may be an effective psychological intervention amongst Xhosa children. A summary of this research's findings will then be presented, along with reflections on the process, research limitations, and finally recommendations for future sandplay research and practice in South Africa.

7.2. POSITIVE INDICATORS

Table 3

Indicators of strength, progress, working through, and integration (Grubbs, 2005)

✓	A constructive use of sand through the moulding of hills, valleys, rivers, tunnels – indicates a good use of creative resources in adapting to outer reality.	✓	More complex verbal descriptions of the happenings in the tray.
✓	The depiction of conflict in the outer or inner world with gradual working through of this conflict.	X	A uniting of opposites such as good/bad, far/near, left/right, portrayed with bridges, roads, rivers, etc. and/or dramatic play.
✓	Expression of aggression to resolve pent-up feelings.	✓	Progress in arrangement, logical patterns, and designs.
✓	A change from chaos to more order and especially a restructuring of previous scenes.	X	Highly symbolic or mythical representations portraying an inner, spiritual quality.
✓	Brief regression, working through, and return to present level of development (usually depicted in several trays over a period) – shows the struggle to reorganise.	✓	An internal ordering toward the centre of the tray, often portrayed as a circle. Has a spiritual quality. Referred to by Kalff as a

		'self tray' that leads to a new level of development.
✓	A growth in imagination and ingenuity.	

Note. ✓ signifies that the indicator was present. X signifies that the indicator was not present.

When Thembi's work is compared to Grubbs' (2005) indicators of strength, progress, working through, and integration (table 3), a number of positive expressions become evident. In S3, Thembi constructs a road by moulding sand. In S1 and S2, conflict is depicted through dramatic play and the presence of a gorilla figure and soldiers. In S1, the dramatic play also serves as an expression and working through of aggression. In S1, S2, and S4, her trays appear thematically regressed.[71] Thembi also demonstrated increasing imagination and ingenuity in S2 (attaching an animal to the cart and placing figures in it), S3 (placing a fireman inside the firetruck), S4 (making a doll ride a camel like a horse), and S5 (using marbles to recreate the ocean).[72] Following S1, she is also able to offer more complex verbal descriptions of her trays. In S3 and S5, she demonstrated the ability to display greater arrangement when thematically necessary. Finally, her moulding of the sand at the centre of the tray in S3 into a circular road may be reflective of Kallf's (1993) 'self tray,' i.e. the emergence of an image of the self (especially given that this circle features in the centre of a triangle created by the dolls that Thembi uses to represent herself).

Kalff (1993) also considered movement in the tray to carry special significance, such as indicating movement in the client's psyche (Lipadatova, 2014). As such, it appears significant that cars featured in all of Thembi's trays, the cart with princesses was drawn by an animal (in S2, S3, and S4), roads were built in S3, and that in S4 all animals are moving left (including a doll riding a camel). Similarly, placements of objects mirroring each other may reveal that certain conflicts between two opposed attitudes are being brought close to the client's consciousness and engaged with (Lipadatova, 2014). This can be most clearly seen in Thembi's final tray where her nurturing home life (the collection of dolls she

[71] Her age-appropriate expressions in S3 and S5 highlight that this is a temporary regression in order to reorganised past dynamics.

[72] This improved imagination and ingenuity may also be the source of her increased sense of unfulfilled dreams (reflected in the three-point change in item 10 of the YP-CORE: "I've done all the things I wanted to").

described after the tray as her brother, guardian, and self) was seemingly mirrored against her complex social life (the only other grouping of figures also at the beach).

In regards to Kalff and Neuman's considerations of ego development, Thembis trays exhibit progression from the animal-vegetative (S1) to fighting (S1, S2) to collective stage (S4).[73] Similarly, and in line with Boik and Goodwin's (2000) encouragement to carefully observe clients' rhythms and patters (rather than monitor them strictly according to any theoretical stages), Thembi's themes across her five trays do display a rudimentary progression from the chaos and danger of earlier trays to the order and unity of later trays.

Turning to the quantitative measures implemented in this study, the SDQ and YP-CORE both revealed a positive social impact on Thembi. The YP-CORE suggested improved resilience following her engagement with sandplay therapy.

Lastly, in regards to the process of sandplay, it appeared to have had two significant impacts. Firstly, it resulted in intrinsic pleasure that encouraged engagement. Secondly, and following the conclusion of Thembi's sandplay process, her work in the playroom exhibited a level of engagement more advanced than would be expected in a first session of play therapy.[74] As such, the process appears to support previous research's descriptions of sandplay as a therapeutic accelerator (Weinrib, 2005) and "a vehicle for establishing interaction and rapport between the therapist and the child" (Hancock, ten Cate, Carpendale, & Isenberg, 2010, p. 2133).

7.3. NEGATIVE INDICATORS

Table 4

Indicators of disturbance after age five (Grubbs, 2005)

X	Very empty, lonely-appearing worlds – suggests withdrawal, apathy, inaccessibility.	✓	Burying of objects, pushing figures down into the sand, pouring sand over people and things – shows a regression and

[73] While S3 and S5 also appear to show the exterior, collective world, including them as support for signalling Thembi's ego development should be more tentative as they were directed trays.

[74] In Schaefer's (2011) stages of play therapy, it had already passed the first stage (rapport building) and was in the second (working through). This stage includes the client releasing feelings, recreating key events, and re-experiencing key events (O'Connor & Braverman, 2009; Orton, 1997).

			possible sadistic attitude toward oneself and others.
X	Large portions of the tray ignored, except in specific situations with a highly symbolic quality. Some sparseness is not problematic so long as the spatial arrangement appears to be balanced.	X	No human figure(s) in the scene (unpeopled worlds) – suggests a feeling of alienation, fear of threat, etc., unless the scene is on an archetypal level.
X	Animals devouring other animals or people, except in realistic situations, such as an animal hunting its food.	X	Continuous sadistic violence on family members and vulnerable victims – suggests past trauma, abuse in the home, and/or self-abusive behaviour.
✓	Very disorganised worlds may indicate a regression to as far back as 2-4 years of age.	✓	An avoidance of or continuous failure to touch the sand – suggests a disconnection from the core part of the self.
✓	Heavily fenced worlds with no gates or entryways – suggests a fear of impulses, a need to protect the inner self, or obsessional traits.	X	Depiction of bizarre (satanic) and extremely primitive scenes (reptilian) – suggests a tendency toward psychosis.
X	An overemphasis on having things in rows that have no justification in reality.	X	Penning or crowding of figures into a tight mass – suggests an anal-sadistic attitude.

Note. ✓ signifies that the indicator was present. X signifies that the indicator was not present.

When Thembi's work is compared to Grubbs' (2005) indicators of disturbance after age five (table 4), certain negative indicators are also present. S1, S2, and S4 all exhibit a degree of disorganisation. In S1 and S2, significant fencing is present. The conflict in S1 also resulted in the gorilla being pushed down into the sand. Furthermore, throughout her trays (with the exception of the road in S3), Thembi avoided contact with and shaping of the sand.

Thematically, Kallf (1993) suggested that the levels of organisation and differentiation in trays are able to indicate a level in the client's ego development. As such, Thembi's seemingly chaotic scenes (which are neither clearly defined and organised nor whose elements clearly exhibit boundaries, structure, and function) may indicate a lower level of ego development (Lipadatova, 2014).

This, or perhaps an apparent stagnation in ego development, is evident in Thembi rejection of her drives (avoidance of the sand and defeat of the gorilla as a symbol of the primitive drives) and the second stage of ego development (through the isolation of the soldiers behind a fence[75] and the gorilla to the periphery) and its resultant impact on her development of self as a conscious entity from her parents and caretakers. As discussed in sections 6.2.7. and 6.3.2.2., these difficulties should be entirely expected in the context of her parental abandonment. The quantitative measures used in this study similarly reflected this ongoing emotional distress (as well as that arising due to poverty and bullying at school) that remained unchanged, or even worsened, after four sessions of sandplay therapy.[76]

7.4. SUMMARY

In an effort to determine whether sandplay therapy is effective amongst Xhosa children, and support or problematize its use within this demographic, the previous two sections collated both the qualitative and quantitative findings of this thesis into either positive or negative prognostic indicators.

Thembi's sandplay process revealed numerous positive indicators through its trays' symbolic figure use and thematic groupings (based on Jungian-Kalffian analysis) and its resultant impact (based on quantitative measures). Through the exploration of themes surrounding Order and Chaos, Violence, Danger, and Fantasy, Thembi appeared to positively reshape her experiences of peer problems and social relationships. Furthermore, both qualitative and quantitative data suggested that the process had engendered the development of a positive rapport with the scientist-practitioner – an essential requirement for lasting and productive change within psychotherapy (Black, Grenard, Sussman, & Rohrbach, 2010). The YP-CORE also indicated that Thembi experienced improved resilience.

In regards to poor indicators, while negative expressions were revealed in Thembi's trays and poorer scores in her post one-month assessments recorded (notably in the YP-

[75] A clear symbolic representation of Thembi's fear of her own aggression (likely towards her mother) and desire to protect her inner landscape from its impending impact.
[76] In regards to the ethical standards set out in section 1.6., specifically in regards to beneficence and non-maleficence, it should be noted again that Thembi had an ongoing therapeutic process following her sandtrays.

CORE), these have been related to her exploration of ongoing traumatic experiences in her life (such as parental abandonment and chronic trauma stemming from bullying and poverty) and an engagement with this trauma symbolically though her sandplay (see section 6.2.). While a scientist-practitioner would hope for only improvement in her expressions towards self and others, research has shown rather a gradual increase occurs in negative expressions until approximately tray 5 or 6 before a decline begins (Jang & Kim, 2012).[77] Indeed the aforementioned research suggesting the positive emotional impact of sandplay therapy (Allan & Berry, 1987) notably involved an eight-session methodology. Furthermore, even were these negative indicators not instead reflective of the challenges inherent in the longer, more in-depth therapeutic process indicated by Thembi's circumstances, the inherent pleasure reported by her and revealed in her continued willing engagement in therapy cannot be easily dismissed.

As a result, the present research is able to tentatively conclude that sandplay therapy appears ultimately beneficial and effective, though not without challenges and complexities, when conducted with a Xhosa child. Consequently, and with contextualised research increasingly behind it, the modality finds itself well-placed to offer this significant South African demographic its numerous therapeutic benefits.

7.5. REFLECTIONS

7.5.1. The Therapeutic Frame vs. Real Psychologic

During Thembi's first sandpicture, she accidentally knocked over a table upon which the figurines were placed. All of a sudden, the immersive play world of the unconscious was interrupted by a therapist and client on hands and knees gathering toys scattered around a little room – and all I could think in that moment of panic was, "The frame!" I found myself very aware then of all the ways that this artificially constructed space could come crumbling down and, with it, this tenuous, little bubble that Thembi and I had created between us. I hoped, after later being reassured by my supervisor of the frequency of such real-world

[77] The same research found a more consistent improvement in regards to positive expressions.

intrusions, that Thembi would likely be forgiving enough to accommodate the good-enough therapist.

7.5.2. The Value of the Unexpected

Following Thembi's seemingly calm and calculated creation of her first tray, I found myself noticeably surprised and concerned by the sudden violence expressed when a fight erupted between an overtly masculine gorilla and one of the little girl figures. I wondered, while she acted out the scene with her uninterrupted calmness, how much reason for concern this scene presented and whether it also revealed in me some romanticised picture of childhood where there was no conflict and anger like that which now confronted me.

7.5.3. The Portable Unconscious

While Kallf (1991) suggests that the number and variety of toys and figures available to the client should reflect the abundance and potential of the unconscious, such a collection would seem unfeasible in many parts of South Africa – more especially as part of the mobile kits that are better suited to reaching impoverished clients or those living in rural areas. As the kit used for the present research was also of the mobile variety (for use on and off the Rhodes University campus), its collection of figures could not possibly match Kalff's prescribed cornucopia. This pragmatic, yet non-traditional, arrangement raised the concern as to what degree such a limitation would impact a client's process and whether this could outweigh the benefit of them actually receiving therapy due to the kit's mobility.

7.5.4. The Scientist and Practitioner

As mentioned in section 5.7., there arose a conflict between the scientist and practitioner during the course of this research when Thembi asked to move from the sandtray to the clinic's playroom. While the scientist wished to continue gathering sandplay data (especially given that another three sessions needed to pass before the SDQ and YP-CORE could be readministered), the practitioner was ethically and therapeutically bound to

allow this normal[78] switching between different forms of self-expressive therapy to freely take place. Where the scientist and practitioner supported each other, however, was how the incorporation of additional, quantitative data gathering complemented the qualitative data naturally flowing from the process. This triangulation helped widen my focus and consider factors unlikely to have clearly arisen through solely sandplay.[79] As a form of comprehensive service that can be offered by psychologists, therefore, such an approach appears better able to take into account clients' holistic wellbeing and should not be underestimated.

7.6. LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

A primary limitation of the above research is its short duration. While this was necessary in placing Thembi's well-being at the forefront of the process, the negative expressions that were recorded during the research – both qualitatively (such as the degree of disorganisation and the avoidance of working directly with the sand) and quantitatively (such as the unchanged or worsening emotional state) – warrant future research. This longer-term engagement dedicated solely to sandplay therapy could attempt to determine whether these expressions followed the trends reported by Jang and Kim (2012) – or another, novel process – and whether a greater number of sessions could positively impact a client's overall emotional state.

Similarly, as a case study (and as anticipated in sections 1.3. and 1.6.7.2.), the results of this research do not lend themselves to traditional generalisation (Edwards & Dattilio, 2014).[80] In order to offer anything more than tentative insights into the wider Xhosa child demographic, larger sample sizes would be necessary. So while the current study is necessary in laying the groundwork for and confirming the necessity for further research, only future studies with significantly larger participant numbers would be able to offer generalizable results as to the effectiveness of, and domains positively impacted by, sandplay therapy amongst Xhosa children.

[78] According to Rogers-Mitchell, Friedman, and Green (2014).
[79] Such as providing referral letters to other professionals.
[80] A detailed argument for the nuanced role case studies are able to play in hypothesis testing and theory development is, however, made by Edwards and Dattilio (2014).

As this study alternated between directive and non-directed sandplay, it could not clearly offer a comparison between their possible effects (an area of play therapy research that is especially scarce[81]). In regards to this comparison, future studies focussing only on sandplay therapy, and especially cross-cultural comparisons therein, would address another omission in the pursuit of evidence-based practice.

In a similar vein, cross-cultural work could also investigate more closely sandplay therapy's relevance (with its theoretical roots stemming from western, nuclear families) in cultural instances where collective and 'non-traditional' family structures are present (such as Enns and Kasai's [2003] Hakoniwa work in Japan). In conducting such investigations, scientist-practitioners could continue ensuring that their interventions are culturally relevant and effective.

7.7. RECOMMENDATIONS FOR PRACTICE IN SOUTH AFRICA

While, as noted in the above section, traditional generalisations are not advisable from case study research, in line with Edwards and Dattilio's (2014) arguments, some tentative considerations may be drawn from these findings. Firstly, the nature of a young Xhosa client's difficulties should be considered in unison with the amount of therapeutic contact available. If the child is mainly facing emotional difficulties and only very short-term sandplay (less than 5 sessions) is available, this form of explorative and expressive therapy may not be best suited.[82] It may, however, be indicated when the child is facing shortcomings in their relationships, sense of resilience, and therapist rapport.

Secondly, given sandplay kits' greater portability and economic feasibility over traditional playrooms, they appear to be effective tools in contexts of limited resources where therapists seek to engage in an expressive, non-threatening, and largely non-verbal therapeutic modality with a Xhosa child.

Thirdly, given sandplay therapy's roots in western, nuclear, and heteronormative families, consideration should be given as to how non-western, collective, and 'non-

[81] Bratton and colleagues' (2005) meta-analysis being the single extensive example (though also lacking in cultural coding).
[82] A concern raised previously and in greater detail by Loue and Parkinson (2015) in the North American context.

traditional' family structures could influence symbolic expression and ego development within sandplay therapy.

Lastly, and with Thembi's ongoing distress due to bullying and poverty in mind, the concept of 'chronic trauma' should be taken into account – especially as it impacts the majority of South African youth (Williams et al., 2007). Any psychological intervention, therefore, targeted at local youth needs to remain cognisant that "multiple traumatisation occurs within a broader resource context of poverty, with its attendant burden on family structures and parental coping capacities, an inadequate educational system and limited mental health services for children" (Kaminer & Eagle, 2012, p. 229). Without this awareness, psychological interventions, and assessments of their effectiveness, could be poorly understood and crudely implemented.

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9. APPENDICES

9.1. MATERIALS

9.1.1. Strengths and Difficulties Questionnaire (SDQ)

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, finds it hard to sit down for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with others, for example food and drink	☐	☐	☐
Often loses temper	☐	☐	☐
Would rather be alone than with other people	☐	☐	☐
Generally willing to do what other people want	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with others or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by others	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous in new situations, easily loses confidence	☐	☐	☐
Kind to children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by others	☐	☐	☐
Often volunteers to help others (family members, friends, colleagues)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, work or elsewhere	☐	☐	☐
Gets along better with older people than with people of his/her age	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Since coming to the clinic, are your child's problems:

Much worse	A bit worse	About the same	A bit better	Much better
☐	☐	☐	☐	☐

Has coming to the clinic been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

Over the last month, has your child had difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
☐	☐	☐	☐

If you have answered "Yes", please answer the following questions about these difficulties:

• Do the difficulties upset or distress your child?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

• Do the difficulties interfere with your child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	☐	☐	☐	☐
FRIENDSHIPS	☐	☐	☐	☐
CLASSROOM LEARNING	☐	☐	☐	☐
LEISURE ACTIVITIES	☐	☐	☐	☐

• Do the difficulties put a burden on you or the family as a whole?

Not at all	Only a little	Quite a lot	A great deal
☐	☐	☐	☐

9.1.2. Young Person's Clinical Outcomes in Routine Evaluation (YP-CORE)

OVER THE LAST WEEK...	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
1. I've felt edgy or nervous	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2. I haven't felt like talking to anyone	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3. I've felt able to cope when things go wrong	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4. I've thought of hurting myself	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5. There's been someone I felt able to ask for help	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
6. My thoughts and feelings distressed me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7. My problems have felt too much for me	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8. It's been hard to go to sleep or stay asleep	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9. I've felt unhappy	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10. I've done all the things I wanted to	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

9.2. LETTER OF EXPLANATION (PARENTS)

Dear (parent's name),

I am currently a Clinical Psychology Master's student at Rhodes University. For my thesis, I am interested in using examples of (child's name) therapy sessions to understand how Sandplay Therapy can help local children.

I would like to use your child's therapy experiences, via case notes, pictures of sand trays, audio recordings, and short questionnaires to write a description of your child's play experience. Taking part in this process would involve:

- An interview with you, the child's other parent/guardian if applicable, and the child regarding his/her background and early life
- Up to fifteen 50-minute Sandplay sessions with your child
- A 2-page questionnaire completed by you
- A 1-page questionnaire completed by your child
- A feedback meeting where we can discuss, with the child's consent, his/her process

All family names will be changed and any identifying information will be changed. I will make every effort to ensure the confidentiality of you and your family. There is no fee charged for these Sandplay sessions.

One benefit of participating in this project is that you would be helping other families by adding to our understanding of child therapy in South Africa. There are no foreseen risks of participating in this research and there is no financial compensation for participating. If you wish to withdraw from this project, you may do so at any time. Participating or withdrawing from the study will not interfere with the therapy being provided to your child. You will also be allowed to review any work once it is complete and decide whether it may be published publicly.

Thank you very much for considering participation in this study. If you have any questions or concerns, please feel free to contact me at 046 603 8502, the research supervisor (Jan Knoetze) at 046 603 8344 or the course co-ordinator (Prof. Lisa Saville Young) at 046 603 8047.

Sincerely,

Orrin Snelgar

Student Clinical Psychologist

Bhota (Igama lomzali),

Ndingumfundi owenza iiMasters kwizifundo zeClinical Psychology kwiYunivesithi iRhodes. Kuphando lwam ndinomdla ekusebenziseni imizekelo ye (igama lomntwana) seshoni ze*theraphy* ukuqonda ukuba i*Theraphy* i*Sandplay* ingabanceda njani abantwana bengqingqi.

Ndingathanda ukusebenzisa okufunyenwe ngumntwana wakho kwi*theraphy*, ngokusenzisa okubhalwe phantsi, imifanekiso yeetreyi zesanti, ushicelelo-zwi, kunye nemibuzwana embalwa ukubhala ingcaciso ngokufunyenwe ngumntwana wakho ekudlaleni. Ukuthabatha inxaxheba kule nkqubo kuzokuquka:

- Udliwano-ndlebe nawe, omnye umzali womntwana/umgcini ukuba ukhona, kunye nomntwana malunga nemvelaphi yakhe nobomi bakhe esengumntwana
- Iiseshoni nomntwana wakho ezingagqithanga kumashumi-anesihlanu ezingama-50 imizuzu e*Sandplay*
- Amaphepha ama-2 emibuzo ekufuneka uwagcwalise
- Iphepha eli-1 lemibuzo ekufuneka ligcwaliswe ngumntwana wakho
- Intlanganiso yengxelo apho sizokuxoxa inqubo yomntwana ngemvume yakhe

Onke amagama akowenu azokutshintshwa kunye noluphi na ulwazi olukudizayo. Ndizokwenza zonke iinzame ukuqinisekisa imfihlo yakho kunye nosapho lwakho. Akukho ntlawulo ezokubizwa ngezi seshoni ze*Sandplay*.

Inzuzo yokuthabatha inxaxheba kuleProjekthi yinto yokuba uzokunceda iintsapho ngokongezelela kwindlela esiyiqonda ngayo i*theraphy* yomntwana eMzantsi Afrika. Akukho bungozi bulindelekileyo ekuthatheni inxaxheba kolu phando kungekho nantlawulo izokukhutshwa ngokuthabatha inxaxheba. Ukuba unqwenela ukushenxisa inxaxheba yakho kuleProjekthi, ungakwenza oko nangeliphi na ixesha. Ukuthabatha inxaxheba okanye ukushenxisa kwakho kolu phando akuzokuphazamisa i*theraphy* ezobe inikwa umntwana wakho. Nawe uzokuvumeleka ukuba uhlaziye nawuphi na umsebenzi xa egqityiwe wenze isigqibo sokuba angapapashwa kuwonke-wonke.

Enkosi kakhulu ngokucinga ngokuthabatha inxaxheba kolu phando. Ukuba unayo nayiphi na imibuzo okanye ongakuqondiyo, wamkelekile ukuqhagamishelana ikhankatha lophando kunye nesi sifundo (Jan Knoetze) ku- 046 603 8344 okanye umququzeleli wesifundo (Njing. Lisa Saville Young) ku 046 603 8047.

Ozithobileyo,

Orrin Snelgar

Clinical Psychologist engumfundi

9.3. PARENTS' INFORMED CONSENT FORM

I give Orrin Snelgar permission to use my child's, _____,

- YP-CORE questionnaire
- Sandplay pictures
- Case file
- Session audio recordings
- Family background information

and my own

- SDQ questionnaire

for the purposes of education, research, and professional publications and presentations. I understand that all clinical material will remain securely locked in the Rhodes University Psychology Clinic and that all identifying information of family members will be changed to ensure confidentiality. I do not expect any financial compensation in exchange for this permission. I also understand that I may withdraw from this study at any time without any penalty (such as to ongoing therapy).

If I have any questions regarding this consent, I can call

- The research supervisor: Jan Knoetze at 046 603 8344
- The course co-ordinator: Prof. Lisa Saville Young at 046 603 8047

_____

Parent's Printed Name

_____

Parent's Signature

_____

Date

Ndinika u-Orrin Snelgar imvume yokusebenzisa ezi zinto zilandelayo zomntwana wam, _____,

- Imibuzo i-YP-CORE
- Imifanekiso ye*Sandplay*
- Ifayile yesifundo
- Ushicelelo-zwi lweseshoni
- Ulwazi ngembhali yosapho

neyam

- Imibuzo i-SDQ

Ngokwezizathu zemfundo, uphando, kunye nopapasho lobugcisa kunye nonikezelo lweenkcazelo. Ndiyaqonda ukuba wonke umqulu woluphando uzokugcinwa ngokukhuselekileyo eSibhedlele sezengqondo iFort England kunye nalo lonke ulwazi oludiza amalungu osapho lwakho lizokutshintshwa ukuqinisekisa imfihlo. Andinqweneli nayiphi na intlawulo yemali ukunikezela le mvume. Ndiyakuqonda kwakhona ukuba ndingashenxisa inxaxheba yam kolu phando nangeliphi na ixesha kungekho sigwebo.

Ukuba ndinemibuzo ngesisivumelwano, ndingatsalela

- Ikhankatha lophando nowesisifundo: uJan Knoetze ku- 046 603 8344
- Umququzeli wesifundo: Njing. Lisa Saville Young ku- 046 603 8047

_____

Igama lomzali

_____

Tyikitya apha (Umzali)

_____

Umhla

9.4. CLIENT ASSENT FORM[83]

I am doing a study to learn about how some South African people feel about counselling using Sandplay. I am asking you to help because I don't know very much about if children like you will enjoy it.

If you agree to be in my study, we are going to work with sand and toys. You'll be using them when we do counselling and I'll ask you questions about what you're doing. For example, I'll ask you explain the story when you create with the sand and toys. I will also ask you to answer a form and our time together will be tape-recorded and I'll take photographs of any pictures you make.

You can ask questions about this study at any time. If you decide at any time not to finish, you can ask me to stop.

The questions I will ask are only about what you think. There are no right or wrong answers because this is not a test.

If you sign this paper, it means that you have read this and that you want to be in the study. If you don't want to be in the study, don't sign this paper. Being in the study is up to you, and no one will be upset if you don't sign this paper or if you change your mind later.

Your signature: _____ Date _____

Your printed name: _____ Date _____

Signature of person obtaining consent: _____ Date _____

Printed name of person obtaining consent: _____ Date _____

[83] Adapted from the Cornell University Institutional Review Board for Human Participants' (2007) *Sample Child Assent Form*.

Ndenza uphando ukufunda ngokuba abanye abantu eMzantsi Afrika baziva njani nge-*councelling* ngokusebenzisa iSandplay. Ndicela uncedo lwako kuba andiyazi kakhulu ukuba abantwana abafana nawe bazokuyithanda na.

Ukuba uyavuma ukuba kolu phando, sizokusebenza ngesanti nezinto zokudlala. Uzokusebenzisa zona xa senza icounselling futhi ndizokubuza imibuzo ngalento uyenzayo. Umzekelo, ndizokubuza ukuba uchaze ibali xa usakha ngesanti nezinto zokudlala. Ndizokubuza kwakhona ukuba ugcwalise ifomu futhi ixesha lethu sonke lizokucishelelwa kwaye ndizokuthabatha imifanekiso nayo neyiphi na imifanekiso oyenzayo.

Ungabuza umibuzo ngolu phando nangeliphi na ixesha. Ukuba uthatha isigqibo nangeliphi na ixesha lokungagqibi, ungandicela ukuba ndiyeke.

Imibuzo endizokubuza yona izokuba ngoko ukucingayo kodwa. Akukho zimpendulo zichanekileyo nezingachanekanga kuba asoluvavanyo olu.

Ukuba utyikitya eli phepha, kuthetha ukuba ukufundile oku nokuba uyafuna ukuthabatha inxaxheba kolu phando. Ukuba akufuni ukuba kolu phando, sukutyikitya eli phepha. Ukuba kolu phando kuxhomekeke kuwe, futhi akhomntu uzokuqumba ukuba akutyikityi eli phepha okanye utshintsha iingqondo zakho ekuhambeni kwethuba.

Tyikitya apha : _____ Umhla _____

Igama lakho: _____ Umhla _____

Umtyikityo womntu ofumana imvume: _____ Umhla _____

Igama lomntu ofumana imvume: _____ Umhla _____

9.5. LETTER OF EXPLANATION (RHODES)

Dear Rhodes Psychology Clinic Management and Clinical Psychology Course Coordinator,

In partial fulfilment of my MA degree in Clinical Psychology, I will be completing a mini-thesis involving Sandplay work with a Xhosa child client from my caseload. Included in the email recipients is my research supervisor, Jan Knoetze, and attached is a copy of my research proposal for your reference.

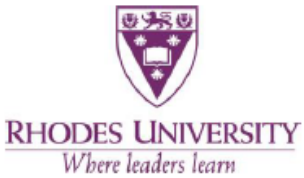
Thank you again for the instrumental role you have had in the development of this research. If any new questions or concerns arise, please do not hesitate to contact me.

Regards,

Orrin Snelgar

☎ 071 666 5356 ✉ orrin.snelgar@gmail.com

9.6. ETHICAL CLEARANCE



Rhodes University Ethical Standards Committee
PO Box 94, Grahamstown, 6140, South Africa
t: +27 (0) 46 603 8055
f: +27 (0) 46 603 8822
e: ethics-committee@ru.ac.za

www.ru.ac.za/research/research/ethics

28 September 2017

Orrin Snelgar
orrin.snelgar@gmail.com

Dear Orrin Snelgar,

Re: HUMAN SUBJECTS ETHICS APPLICATION
An exploratory case study investigating the effectiveness of Sandplay Therapy with a Xhosa child
Reference number: 8245112
Submitted: 7/27/2017

This letter confirms that the above research proposal has been reviewed by the Rhodes University Ethical Standards Committee (RUESC).

The committee decision is APPROVED pending the receipt of the gatekeeper's permission.

Please email this to ethics-committee@ru.ac.za thereafter your ethics application can be finalised.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

Sincerely,

Helen Kruuse

Chair: Human Subjects Ethics sub-committee, RUESC

Note:

1. This clearance is valid for three years from the date of this letter.
2. The ethics committee cannot grant retrospective ethics clearance.
3. Progress reports should be submitted annually unless otherwise specified in the clearance letter.

RHODES UNIVERSITY
Grahamstown • 6140 • South Africa

PSYCHOLOGY CLINIC • Tel: (046) 603 8502 • Fax: (046) 603 7203 • e-mail: v.scheepers@ru.ac.za

9th October 2017

Dear Orrin,

RE: Permission to conduct case study research

Thank you for your email dated 2nd October 2017 requesting my permission to use a child client referred to the clinic for your study entitled 'An exploratory case study investigating the effectiveness of Sandplay Therapy with a Xhosa child'

Thank you too for providing evidence of having received provisional ethical approval for this study.

I am happy to grant you access to an appropriate child client through the Psychology Clinic, negotiated with your supervisor Jan Knoetze.

Good luck with your research.

Yours faithfully

Lisa Saville Young, PhD
Associate Professor and Co-ordinator of the Clinical Training Programme

Cc Alan Fourie, Clinic Co-ordinator