POST GRADUATE STUDENTS IN EDUCATIONAL PSYCHOLOGY AND THERAPLAY: A RELATIONAL CASE INQUIRY.

by

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PRINCIPLE 2, UNITED NATIONS DECLARATION ON THE RIGHTS OF THE CHILD.

"The child shall be given opportunities and facilities, by law and by other means, to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enhancement of laws for this purpose, the best interests of the child shall be of paramount consideration".

SYNOPSIS

Educational psychology honours students and Theraplay: a relational case inquiry.

The South African community is moving towards fundamental socio-and-political restructuring. Part of the restructuring process is establishing suitable psychological intervention for the needy black child. From the researcher's understanding of the black child's need and knowledge of the different types of play therapies, the research question pertaining to how black students would relate to Theraplay emerged.

The aim of the study was to investigate how black students relate to the proposed Theraplay principles. The method of investigation entailed superimposing a training model onto a research format in order to train and simultaneously observe the students relating to Theraplay. The five training phases of the model served as template to five observation opportunities for data collection.

The data were analysed and consolidated in order to arrive at eight final categories. These eight categories were interpreted in relation to the proposed Theraplay principles, and black philosophy, in order to draw conclusions on how the students related to Theraplay. The research found that the students related well to the Theraplay principles of nurturing, intrusion, structuring and using the child as play object. The students related poorly, however, to the Theraplay principles of challenging, differentiating, playing in the "here-and-now" and controlling the sessions.

Implications of the findings for practice, for educational psychology and for research are stated in conclusion to the inquiry.

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FOREWORD

I would like to thank the Human Resource Council and the Rand Afrikaans University for their financial support which made this study possible.

Interpretations are made by the writer and cannot be regarded as official pronouncements made by the above mentioned institutions.

The term black is used throughout this study to indicate the socio-cultural perspectives of the students.

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CHAPTER 1

SCIENTIFIC FOUNDATION OF THE STUDY

1.1 INTRODUCTION

The first chapter of this study consists of an introduction to the context and rationale (both physical and theoretical) of the investigation, the research question and the aim of the inquiry. An overview of the methods used in the field investigation and overall design of the inquiry is included, subsequent to an introduction to the researcher.

1.2 CONTEXT AND RATIONALE

"We commit the new South Africa to the relentless pursuit of the purposes defined in the World Declaration on Survival, Protection and Development of the Child".

Union convention on the rights of the child signed by Nelson Mandela and F.W de Klerk when receiving the joint Noble Peace prize in Oslo 1993

The South African community is moving towards a period of fundamental socio-political restructuring. The demands and expectations generated by the prospects of educational change and psychological intervention for children in the new South Africa are enormous (Gilmour 1994:122). These changes and new prospects affect all the children of South Africa and especially black children as they have been subjected to deprivation more profoundly.

A glimpse into the lives of black urban South African township children reveals the **emotional turmoil** these children experience daily, mainly due to their adverse living conditions. The following quotations are excerpts from diaries of four black Sowetan children (Mtshali 1988).

"Woke up early to prepare for school- went to a peace society- I realise that blacks are suffering , others are drunkards and burning their houses, all these terrible things-

went to bed".

"Woke up- went to bus stop, found a girl 9 years old drunk of alcohol- it was a disgrace".

"Coming to school saw a police car running after 4 boys- they had knives in their pockets .....the police beat them, kick them like a dog".

"Going to school on my way I saw a dead person. And many people were looking at him sadly".

The majority of children in South Africa have thus been living in a society in which barriers to social and economic advancement have been part of their total existence. The ***psychological needs*** of black children are largely ***unacknowledged*** and, until recently, only a small number of children receiving psychological help have been black. According to Dawes (1994:1) simply "being black rather than white predisposes these children to experiencing a range of adverse life conditions which would not have risen had they been born white".

Growing up in these unsure conditions produces a particular set of **risks** and **challenges** for a child. Urban South African township children have had to live in high risk environments where anxiety and fear are common. Studies on the effects of political stressors on childhood development, cited in Dawes (1994:184), indicate that living in negative life circumstances "render the child vulnerable for a variety of developmental problems". In addition, Turton et al (1991:78) report that township children exposed to political unrest experience extreme levels of **stress**.

Richter (1994:41) postulates that people exposed to persistent economic hardship develop endemic chronic stress. This chronic stress includes feelings of resignation and is linked to a sense of ***helplessness*** and ***hopelessness*** as well as to a decline in an individual's sense of self-esteem. These adversities have definite implications for parenting styles which in turn influence child behaviour. The stress of poverty and low socio-economic status in communities where not only ***deprivation*** but also ***violence*** prevails, is assumed to directly undermine the quality of child care and nurturing.

The Goldstone Commission has spent the past year doing research in identifying the effect

of ***violence*** on South African children. The commission found that (reported by Baker 1994:13):

- South Africa is not merely a "child neglecting society," it is also a "child abusing society". A large number of children are affected by political violence, and even a greater number by other forms of violence.

- The neglect and abuse of children is illustrated by the "destructive nature of past apartheid practices; the fact that there is no national surveillance system monitoring acts of violence against children, and the existing shortage of resources and services aimed at assisting children affected by violence".

(Baker 1994:13 reported in The Star:1994 Monday September 26)

Violence and political instability undoubtedly affect children's development adversely, and in South Africa, where 70 percent of the population is under the age of 18 years, it has a devastating effect on their future (Baker in The Star 1994:Monday September 26).

In the field of educational psychology, it is essential that research be conducted with regard to the ***upliftment*** and ***support*** of ***disadvantaged urban township children*** as well as the training of black therapists. According to Kessen (cited in Dawes 1994:6) the bulk of South African research has been, as is the case in the rest of the world, skewed away from examining the developmental consequences of living under disadvantaged circumstances. Psychological services and adequate support systems for blacks remain poor and contact with their developmental problems has been unknown (cited in Dawes 1994:6).

There is thus an immense need for sufficient support systems in South Africa, with trained helpers to intervene and assist with the needs of black children (Dawes 1994, Kessen 1994, Goldstone Commission 1994). Psychological facilities and the availability of suitable therapies for black children in South Africa are at present very limited. **Taking the emotional crisis of the black child into consideration, a grave need for therapeutic intervention is identified**. A short term therapy which is cost-effective, action oriented and complies with the basic needs of the child as far as sufficient parental care is concerned is required.

The commitment from President Mandela to support and protect the child is clear from the opening quotation. Yet the South African Medical and Dental Council stipulate that only registered psychologists may implement methods to rectify and help people with emotional, behavioural and personality problems (Law 56 of 1974 on Physicians, Dentists and other health related professions). Taking the therapeutic need in South Africa into consideration, the required six year period before registration, as psychologist, is too long. A possible interim solution could be to train black honours students, who already possess degrees in education and psychology as play therapists.

A recent study conducted by the National Education Policy Investigation (1992:7) indicates that the biggest obstacle to providing sufficient and imperative support systems for all children of school going age is "the limited number of professionals available and the inequitable development of human resources". Even if support services were to be reconstructed to make better use of human resources, there would still be an insufficient number of trained professionals.

Thus, as we enter this period of political transformation, it has become particularly urgent to redress the neglect in the training of black professionals and helpers in the urban black communities. These urban township communities have become microcosms of the world of psychological stress endured by young children who know ***little peace and security.*** There is a substantial and vital need to improve the understanding of the psychological consequences of the adversities facing the majority of urban South African children, as well as to train black play therapists, and to adjust present play therapies to suit the needs of urban black children.

When measuring the available play therapy approaches against the needs of the black child, it would seem as if Theraplay is the most suitable. Theraplay, a structured play therapy, is based on the assumption that "***all children are entitled to feel unique and wonderful***" and brings about change by replicating the parent-child relationship. Theraplay aims to improve the child's ***self-esteem,*** offers alternatives for poor parental care, provides alternative parental and child-rearing styles, and aspires to ***uplift and empower*** children as well as parents.

Furthermore Theraplay is a ***short-term*** play therapy comprising of approximately twelve to sixteen sessions, thus making it a ***cost effective*** therapy. As the role of a Theraplay therapist is structured, the training of Theraplay helpers and therapists is not a lengthy

process but rather short and to the point. Jernberg, the founder of Theraplay, (1976:347) is of opinion that post-graduate training can "get in the way" of the effective functioning of the Theraplay therapist. Theraplay is therefore readily accessible to therapists and is, at the same time, easily implementable. An honours student with an amount of psychological and educational knowledge could be an ideal candidate to train as Theraplay therapist.

The assumption can be made that Theraplay would go a long way to rectify some of the problems facing the black children in urban townships. There are two questions, however, that need to be asked: H*ow compatible is Theraplay with the world view of a black person? and, will a black student relate to the principles of Theraplay?*

The focus of this study will, therefore, be on **training** black Educational Psychology Honours students and determining whether they can **relate** to structured play therapy. Two students from urban black township communities are invited to participate. Both students have B.A Education degrees from traditional black state-owned universities and are presently doing an Honours degree in Educational Psychology at the Rand Afrikaans University. Both have grown up in urban townships and are in continuous contact with township life.

In South Africa the term "black"- a collective generalisation- is applied to indicate various ethnicities. The term refers to groups such as Zulu, Xhosa, Sotho, Tswana and other African ethnical groups. For the purpose of this study the term black is used as a collective term for these ethnic groups and is by no means implied as discriminatory.

1.3 RESEARCH QUESTION

"A research problem is a situation resulting from
the interaction or juxtaposition of two or more factors".
Guba (cited in Merriam 1991:41)

Owing to the unique problems facing children in the black community, it is clear that they are in need of :

short-term immediate psychological intervention to build self-esteem, release tension, and to work through traumas,

- trained helpers to provide the necessary therapeutic intervention.

This study will focus on:

- The **training** of black Educational Psychology students as Theraplay therapists.
- The **role** of the therapist, and her use of self during therapy, to determine how she **relates** to Theraplay. The acceptability of Theraplay within a black culture will thus be determined.

(The pronoun **she** will be used throughout this study when referring to therapists, as both B.Ed students used in the study were female, whereas the pronoun **he** has been used consistently to refer to children).

In order to formulate a research question the main concepts are briefly described:

1.3.1 MAIN CONCEPTS

1.3.1.1 THERAPLAY

> ***"Theraplay is a structured, intensive, individual, therapy using the type of play activities characterised by the healthy parent-infant relationship".***
>
> ***Rubin 1989:7***

Theraplay is a short-term structured play therapy method designed to ***"promote self-esteem and joy in engagement"*** (Theraplay Institute Spring 1994). Theraplay attempts to replicate the kind of interaction and relationship that exists between child and parent. This interaction is based on *nurturing, challenging, intruding and structuring* in a fun, *playful* way.

According to a definition by the Theraplay Institute in Chicago, Theraplay is "*a treatment method for enhancing self-esteem, trust in others and joy in engagement. It is based on the assumption that all children are entitled to feel unique and wonderful in their own eyes and in the eyes of others. Children need to experience intimate engagement with other human beings and to know that life can be exciting and enjoyable, no matter what age. The absence of self-esteem and joy with others can lead to despair, helplessness,*

mistrust and anger which can result in behaviour that is self- defeating and/ or 'difficult'. Theraplay tries to replicate the kind of interaction and relationship that exists between parents and their children. Treatment is geared to the child's emotional age" (Theraplay Newsletter Spring 1994).

Theraplay aims at using and utilising the **human resources** within each therapist. Jernberg (1976:347) is of the opinion that too much knowledge of theory and methods "get in the way" of being a good therapist. Theraplay is therefore primarily taught to people who do *not* have professional degrees. Yet in South Africa, the South African Medical and Dental Council requires psychologist registration before any therapeutic diagnosis may be made or treatment may be administered (Law 56 of 1974 on Physicians, Dentists and other related health professions).

Jernberg (1976:347) disagrees strongly with the above mentioned view and argues that the only requisites for a good therapist are creativity, spontaneity, optimism and being comfortable with physical closeness. Post graduate training and higher education are not necessarily prerequisites for the development of these qualities.

Considering the above mentioned, Theraplay is possibly a suitable solution to some of the problems facing the black child, in that it addresses the need :

- for upliftment of self-esteem
- to compensate for the lack of sufficient parental care and support that every child needs in order to develop
- for more trained helpers in the black community.

1.4.2 RELATEDNESS

> ***"What one perceives is a consequence of how one participates in perceiving, which in turn, is a consequence of one's social context".***
>
> ***Keeney 1992:3***

Psychology in the Third World according to Gilbert (1989:92), Retief (1989:76), Gobodo (1990:97) is ***"practised in an environment different from that out of which it emerged"***. South Africa, as part of the Third World, requires an approach to psychology which is

flexible and which builds from the known to the unknown (Gilbert 1989:92). Training black students in the Theraplay technique aims at building from the known -**Theraplay**- to the unknown: how these students will **relate** to the therapy. This investigation will either support the notion that black students relate to Theraplay or it will build and develop new theories and possible methods. To investigate how black students relate to Theraplay, it is essential that the students' knowledge, understanding, cultural perspective and theories are properly understood and recognised as part of the process of investigating how students will relate to Theraplay.

The students' cultural background/perspective is thus of paramount significance in determining how they relate to Theraplay. Grove (1989:70) is of the conviction that a clear cut definition of culture is problematic in that "*culture is a process rather than an entity*". Culture is the collective experiences of a man, an "*outpouring of humanness*" (Berger 1976 cited in Grove). Segall (cited in Gilbert 1989:94) is in agreement and views culture as a "*global concept that does not require definite conceptualisation*". He perceives it as a broad "*catch all*" term. Geertz (1975:44) clarifies his view on culture by stating that "culture is best seen not as complexes of concrete behaviour but as a set of *control mechanisms- plans, recipes, rules and instructions* - for governing *behaviour*". Culture is thus a condition essential for human existence as humans are fundamentally cultural beings (Vygotsky, 1978, Geertz 1975:44). As culture is an all-inclusive concept the terms culture, black philosophy and black world view will be used synonymously in this study.

As humans are fundamentally cultural beings, the students' cultural background will undoubtedly influence the way in which the accommodation and utilization of Theraplay will take place. The students will be exposed to new therapeutic principles and will thus as Vygotsky (cited in Gilbert 1989:96) theorises "internalise what is learnt in the external world" bringing about an ***internal transformation or relatedness***. In order to describe the relatedness, it is essential to examine the students' cultural world, as well as, how external knowledge and abilities become internalised (Vygotsky cited in Gilbert 1989:96). Thus describing the students' **behaviour** during Theraplay will depict the transformation that takes place when their **cultural** world is brought into **relationship** with new knowledge.

For the purpose of this study it is essential that the students' cultural view or world perception be discussed. A literature review on black culture/black philosophy is given in Chapter Two.

1.3.1.3 USE OF SELF IN THERAPY.

> ***"The body (self) is not an object among objects .....***
> ***but a mysterious and expressive mode of belonging to***
> ***the world through perceptions, gestures and speech".***
> ***Merleau-Ponty***
> ***cited in Kearney 1986:73***

In any therapeutic situation the therapist brings her ***whole being*** into therapy and enters into a relationship with the client. Both therapist and client have their own emotional and social backgrounds and points of view. Consequently Salomon (1992:167) states that human behaviour cannot and ***"should not be seen independently of the social and cultural context in which it occurs".***

A person is viewed as a whole comprised of personal, social and environmental qualities. Personal qualities consist of cognitive, affective and normative attributes. Social and environmental qualities can be viewed as community influences, economic circumstances, level of education and social values. The student is, therefore, viewed within her ***social context,*** taking her ***surroundings and environment*** into consideration, and not as an ***isolated entity but as a whole person interacting with her world.*** The "*total complex*" of the self, the whole process of "*man-in-society-in-man*" is examined (Grové 1989:70).

The student in the study is therefore observed from a **holistic perspective**. As a result, her *cultural background* (black philosophy), *educational training* (honours in educational psychology) and *social environment* (urban townships) are taken into consideration as these influence the way in which she **uses** herself in therapy and how she invariably **relates** to the therapy.

For the purpose of this study it is essential to understand the way in which these students interpret, communicate and relate to Theraplay.

Emerging from the context and rationale of the study, as well as the clarification of the main concepts, the research problem posed is : **How will two black Educational Psychology Honours students relate to Theraplay during the training period in which they will:**

- articulate their tacit (personal) knowledge about play, play therapy and Theraplay
- be exposed to the concepts and principles of Theraplay in a declarative manner
- convert conceptual knowledge into skills (procedural knowledge)
- re-articulate personal knowledge, noting metacognitively how their concepts have changed and how they have experienced the cyclic process, thus evaluating the viability of Theraplay as therapeutic intervention.

An explanation of knowledge construction will be stated in Chapter Three.

1.4 AIM OF THE STUDY

"Aim at nothing and you will always hit it".

The aim of this study is to investigate how black honours students *relate* to structured play therapy in a cyclic process as expressed in the previous paragraph.

In order to achieve this aim, a *theoretical framework* will be constructed that will consist of readings on play, play therapy, Theraplay, the role of the therapist and the use of self in therapy. In order to investigate the students' relatedness to the therapy it is necessary to investigate the perceptions underlying black philosophy and clearly depict black culture as a way of being.

Subsequently the field investigation will be conducted aiming to arrive at findings that will succinctly clarify the students' process of relating to this structured therapeutic intervention. The study aims to ***investigate, describe and explain*** these processes with a view to either stress or diminish the emphasis on the accessibility of Theraplay for black educational psychology therapists in training.

1.5 METHODOLOGICAL ORIENTATION

1.5.1 RESEARCH DESIGN

> ***"A research design is similar to an architectural blueprint. It is a plan for assembling, organising and integrating information (data) and it results in a specific end product (research findings). The selection of a particular design is determined by how the problem is shaped, by the questions it raises, and by the type of end product desired".***
>
> ***Merriam 1991:6***

This study focuses on a *qualitatively* based research design in the *interpretative* and *explanatory* paradigm. A case study of two B. Ed students is used to determine how they relate to Theraplay.

A structured observational design is used according to which data are collected. The observational design is derived from the phases of training in a model proposed by Swart (1994). According to Mouton and Marais (1992:143) a model is a *"representation of the dynamics in a process, highlighting the main relations in the process".*

The functionality of the training model, as a template for the research design of this investigation, becomes clear when the phases of knowledge construction and articulation are examined. These phases were briefly mentioned in the discussion of the research problem and will now be discussed somewhat more expositively.

1.5.1.1 Observation 1

Before knowledge construction can be observed, the students' *present* knowledge has to be determined. Personal theory and socio-cultural beliefs of play, play therapy and Theraplay are explored. The students' personal theory is used as the commencing point of the research.

1.5.1.2 Observation 2

A session is conducted during which the theory of Theraplay is *introduced* and *didactically* presented to the students. The students' declarative knowledge is expanded.

According to Ferguson-Hessler (1993:4) a person's declarative knowledge encompasses factual information, facts and principles.

1.5.1.3 Observation 3

The students' procedural knowledge and emerging skills are observed during this phase. Theraplay ***actions*** and ***manipulations*** are observed during the role play with one another. Ferguson-Hessler (1993:4) believes procedural knowledge to be a "compilation of declarative knowledge into functional units that incorporate domain specific strategies". Not only are their ***skills*** evaluated, but also their ***plans of action***. A stimulated recall enables the researcher to determine the students' ***experience*** as therapist. The students are asked to explain their experience whilst administering Theraplay and also to explain *how they felt about being Theraplay therapists.*

1.5.1.4 Observation 4

The students' ***application*** of Theraplay principles in interacting with a child are evaluated. Her contextual knowledge of what to do, when to do and how to do, is observed and evaluated within a natural Theraplay session. How the student ***implements*** Theraplay principles and the meanings she bestows on the principles will invariably indicate to some degree how she ***relates*** to the structured play therapy approach.

1.5.1.5 Observation 5

A final focus group interview is conducted to determine and compare the characteristics of the students' prior knowledge with their present knowledge. Data collected in this interview are compared to data obtained during the first focus interview. The cyclic process is thus concluded as the student metacognitively reflects on what she has learnt and evaluates the feasibility of the Theraplay approach in her community.

1.5.2 Methods of data collection.

The data in this study will be collected by means of:

- Focus group interviews
- Observations of sessions recorded on video
- Stimulated recalls of session activities

- Iconic material consisting of video recordings of role play situations.
- Documents: essays written by respondents.

1.5.3 Methods of data analysis.

The methods of data analysis used in this study are based on Miles and Huberman's (1994:10) definition of data analysis. They believe data analysis consists of three concurrent directions of activities namely: *data reduction, data display and conclusion* drawing. Each of these themes will be explained in depth in the study. A short description of how these activities will be used, follows.

1.5.3.1 Data reduction.

According to Miles and Huberman (1994:10) data reduction refers to the process of ***selecting, focusing and transforming*** the data that appears to transcribed notes and field notes. The focus interviews, stimulated recall and text used in the study are transcribed. During the study, as data collection proceeds, data reductions are made in the form of ***summaries, coding and clustering.***

1.5.3.2 Data display.

Miles and Huberman describe a display as "***an organised, compressed assembly of information that permits conclusion drawing and action***". The data displays used in this study consist of matrixes and dendrograms.

1.5.3.3 Conclusion.

The purpose of qualitative analysis is to determine ***what things mean.*** Miles and Huberman (1994:11) state that the researcher looks for *patterns, explanations, casual flows* and *configurations.* The aim of data analysis in this study will therefore be to draw conclusions from the consolidated data.

1.6 INTRODUCTION TO THE RESEARCHER

> ***"Researchers have their own understandings, their own conceptual orientations, their own convictions, they too are members of a particular culture at a specific historical moment "***
>
> ***Miles and Huberman 1994:8***

In this study the researcher is viewed as the *primary tool* of investigation. It is therefore necessary to state the researcher's perspectives and assumptions as the research reflects the perspectives of the researcher. According to Anderson (cited in Swart 1994:15) the researcher is an integral part of the research. He states that as researcher "***how you see the world is largely a function of where you see it from, what you look at, what tools you use to help you see and what you reflect on and report to others".***

As an educational psychologist, I am first and foremost concerned with the *well being of the child.* Owing to the immense need for therapeutic intervention amongst the black children in South Africa, I decided to investigate a play therapy technique in the black community. As Theraplay was initially designed for the deprived, underprivileged children in Chicago, I decided to research the *viability of Theraplay in the black community.* Here I reached my first obstacle in that I do not speak a black language and am unable to communicate with young black children in their vernacular. My second option was thus to train black students in Theraplay and to investigate how they *relate* to a primarily Western "white" therapy.

In South Africa, psychology is criticised at the levels of training, practice and function, for "*being irrelevant* to the nature and needs of the majority of *black population*" (Hickson 1990:171). A need to devise a therapeutic technique to suit the black culture and to be appropriate in the Third World is essential. The study thus encompasses two major needs of the black community: firstly the need for a *suitable play therapy* and secondly, the need for *more therapists.*

As Theraplay was developed for the disadvantaged child, I am firstly of the opinion that Theraplay is a suitable therapy to implement in the black community. But as Theraplay is Western in its origin the question is whether black students from a Third World perspective will ***identify*** and relate to it? I surmise that the students will relate to some

aspects of Theraplay and will possibly reveal new aspects of Theraplay congruent with black philosophy. The study will thus use a Western therapy as a possible *starting point* to develop *new theory* and to evolve *guidelines* for a suitable play therapy in the Third World.

Secondly the enormous demand for therapeutic intervention in South Africa is a major consideration, and I concur with the views of Derek Milne who postulates that we need to "***give psychology away***" to para-professionals (Milne 1986:1). Durlak (cited in Milne 1986:11) defines a para-professional as "nurses, parents, teachers and students". From this definition stems my motivation for using honours students, whom I view as para-professionals. **By "giving psychology (Theraplay) away", to para-professionals (Honours students) I hope to address the need for more therapists to intervene in the needy communities.**

Milne (1986:3) suggests that therapeutic skills that do not require intensive and lengthy periods of training, such as behaviour therapy and the more structured approaches to therapy, can be "***given away***" to para-professionals. These skills can be taught to lay people in a short period of training time with minimum involvement by qualified professionals. The researcher notes that Theraplay is a direct structured approach, similar to behaviour therapy, and is of the opinion that Theraplay can be "given away" to para-professionals. Ann Jernberg (1976:347) the founder of Theraplay states in agreement that the Theraplay therapist requires "***neither a PhD nor other post-graduate qualifications to be an effective Theraplay therapist***".

Milne notes immense success with the implementation of "*giving psychology away*" to para-professionals. A recent study where parents were trained as therapists shows significant changes in the behaviour of the problem-child (Milne 1986:89). Marks et al (cited in Milne 1986:136) conducted a study in training nurses in behavioural techniques. The findings of the study show marked and significant *improvement* in the handling of patients and a substantial improvement in patients' behaviour. Marks et al (cited in Milne 1986:136) subsequently state that the results obtained from the nurses in their study were *"as good as results obtained by psychologists and psychiatrists using the same techniques"*.

Owing to the results shown by Milne et al (1986), the researcher is of the opinion that the Theraplay method can be implemented by para-professionals (B.ed students). The researcher is thus convinced that "giving Theraplay skills away" to black para-professionals could answer a dire need in the psychology community of South Africa today.

1.7 SUMMARY

The **context and rationale** of the study has been discussed as commencement of the scientific foundation in this chapter. The **research question** which emerged from the unique problems faced by the urban black child was posed. A brief overview of the **main concepts** underlying the research was stated as well as the **aim** of the study. Subsequently, a discussion on the **methods** of data collection, data analysis and conclusions was supplied. To conclude the Chapter the reader was introduced to the **researcher's view of giving psychology away.** In order to implement the study a theoretical orientation of the concepts related to the study needs to be discussed. Chapter Two proposes this theoretical framework in detail.

CHAPTER 2

THEORETICAL ORIENTATION

2.1 INTRODUCTION

As indicated in Chapter One a theoretical orientation to the main concepts of the study is necessary as baseline for the line of inquiry. When investigating how black students relate to Theraplay it is vital to explore black philosophy and black culture. Following this exploration an outline of the concept of play is given as well as the development from play to play therapy. As therapists are the common denominator in any therapeutic intervention the use of self in therapy is discussed. Theraplay and the principles underlying this structured approach to play therapy are examined in detail, especially with regard to the role of the Theraplay therapist.

2.2 BLACK PHILOSOPHY AND CULTURE

"Umuntu ngumuntu ngabantu".
"A person is a person by virtue of other people"
Zulu proverb

The existence of a black philosophy is a highly *debated* issue. What is black philosophy, who has the right to describe it, comment upon it or present opinions about it, are some of the key issues of this controversial topic (Mudimbe 1988:x). Literature on this philosophical debate is limited, yet authors like Gyeke 1991, Mudimbe 1988, Okolo 1992, Mbiti 1975, all agree that a ***black philosophy does exist.*** Gyeke (in Abrams 1991:126) is of the opinion that black philosophy is "constructed on the basis of ***cultural*** elements and ***traditional life***". An in depth literature study of black culture and philosophy is required, and subsequently follows, in order to explain black students relatedness to Theraplay.

Jahoda (cited in Gobodo 1990:96) states that an attempt to define philosophy or culture is "arguably the most elusive term (to define) in the generally fluid vocabulary of the social sciences". Crahay (cited in Mudimbe 1988:156) is of the opinion that a philosophy is "a *vision of the world*, in sofar as it expresses itself, we can say is a language of experience,

language of living and acting, poetic or not, and filled with symbols, a vision of the world that is immediate". Ong (in Gobodo 1990:94) is of the opinion that culture, on the other hand, is "a *set of symbols and meaning in terms of which individuals orient themselves to each other and the world*". Grovè (1989:70) believes culture to be "a ***process*** rather than an ***entity***". Geertz (1975:44), in accordance to Ong's definition, states that culture is "best seen as a set of control mechanisms- plans, recipes, rules and instructions- for governing behaviour". Mudimbe (in Mowoe 1986:91) states that culture "*determines behaviour, or presented differently, all human behaviour depends upon a system of general principles*".

Criticism and resistance aimed at the notion that culture is obsolete and static are abundant. Ong (in Gobodo 1990:97) warns that "man cannot move against the tide of change and therefore their culture is not static". Yet Gobodo (1990:96) rightfully states that "the broad cultural structure provides some ***firm standing ground*** and ***rootedness***", a vision of the world. This implies that *man is regulated by the ethos of his original culture*. Ignoring cultural beliefs and philosophies, denies a person his living reality and original being (Buhrmann, cited in Gobodo 1990:93).

Although the existence of a black philosophy is a controversial issue (Gobodo 1990:93, Keita 1985:145), there are definitely certain elements arising from black culture that bind black Africans together. Okolo (1992:478) states that "Africans (Black's) are not one but many peoples with a diversity of cultural beliefs and traditions". Yet he continues by pronouncing that "regardless of the many differences among Black's in skin colour, language and culture.....*black Africa exhibits a certain cultural unity*". This unity according to him is *not racial but cultural.*

John Mbiti's cardinal statement "***I am because we are and because we are therefore I am***" clarifies the perception of black self (cited in Noble 1980:103). The emphasis in the black philosophy of being is on **we** rather than **I,** on belonging to nature and the community, rather than on the separateness and uniqueness stressed by Western philosophy. Man is seen as an *integrated* and *indispensable* part of the universe only becoming aware of his own being in terms of others (Noble 1980:103). A person exists through and by other people *relating* and *interacting* with each other and is only viewed as a person "to the extent that he is a member of a clan, community or family (Okolo 1992:483). Man, therefore, exists in society and, according to Mbiti (cited in Mowoe 1986:66), is "related to others in horizontal and vertical directions, and is further integrated into the wider social world, which enables him to help perpetuate society".

This relationship between self and others is defined by Noble (1980:103) as the "***extended self***". In any relationship a black person will not establish her uniqueness and separateness, but rather confirm her **oneness** with the relation, thus extending herself to become one with the relationship. Okolo (1992:480) views this relationship as an "order of existence" encompassing "***relate to***" and "***interact with each other***". In line with black philosophy, a black person views herself as part of other people, especially as part of other blacks from her tribe or community. Without the community the individual has no existence (Okolo 1992:482). Noble (1980:103) clearly elucidates the difference between Black and European (White) perceptions of being in the following table:

TABLE 2.1 BLACK AND EUROPEAN WORLD VIEW

EUROPEAN WORLD VIEW		BLACK WORLD VIEW
Survival of the fittest		Survival of the tribe
Control over nature	ETHOS	One with nature
Competition		Co-operation
Individual Rights	VALUES AND CUSTOMS	Collective Responsibility
Separateness Independence		Cooperateness & Interdependence
Individuality		Groupness
Uniqueness	PSYCHO-BEHAVIORAL MODALITIES	Sameness
Differences		Commonality

As seen in Table 2.1, African psycho-behavioural modalities emphasise "***commonality***", "***groupness***" and "***similarity***" (Noble 1980:102). The notion of **we** instead of **I** is clearly depicted in Noble's description and clarifies the ontological analysis of the self. Over hundreds of years the inner feelings of ***oneness*** with nature and the survival of the people has evolved into a perception of self as ***interdependent*** and ***extended***. This perception of self therefore extends into a ***collective consciousness*** of oneself with one's people. Julius Nyerere, the former leader of Tanzania, stated that "***the African is born socialised***"

(Okolo 1992:482). Tempels in accordance states that a black person is "***not a lone being***" and "never appears as an independent entity" (in Okolo 1992:483).

According to Kotze (1993:3) black South Africans experience the self on the basis of ***collective consciousness*** in contrast to white South Africans who experience the self in a framework of individual consciousness. He suggests that collective consciousness in South Africa is established for dual reasons. On the one hand it results from traditional black philosophy and, on the other hand, is due to "particular kinds of living experiences" concerning deprivation and poverty. Survival of an individual or nuclear family is virtually impossible in conditions of deprivation and poverty, and this leads to *sharing* in order to *survive* emphasising the collectiveness of being. Collective consciousness can therefore be seen as a functional adaptation to deprivation (Kotze 1993:7). South African black people have been exposed to a vast amount of deprivation which in turn has led to a state of collective consciousness as it "equips them with vitally important tools for coping with their living conditions" (Kotze 1993:21).

Black philosophy or culture focuses on the *group,* on the *collectiveness*, rather than on the uniqueness and individualistic state of being. As one's world view influences the way one perceives the world and interacts with it, it is thus essential to understand black philosophy when investigating how black students relate to Theraplay.

Before discussing the principles of Theraplay as such, the importance of play and play therapy is discussed, as well as the use of self in therapy.

2.3 PLAY

> ***"You can discover more about a person in an hour of play than in a year of conversation."***
>
> ***Plato***

As an educational psychologist, one is primarily concerned with the *child's needs and problems*. Play is a child's way of being in the world and is of indispensable value when working with children.

Play is an integral part of childhood and is recognised as a *central element* of all child development (Kraft 1983:35). All children play and children have played throughout the

ages. It is their *way of life* and way of being in the world. Not only is it the most natural way for a child to use his capabilities, to grow and to learn a variety of skills, it also reveals his emotional concerns and ability to interact and imitate in a social environment (Schaefer 1991:7, Solnit 1993:2). A child's pattern of play, reflects and reveals a wide variety of aspects of a child's inner life, developmental functioning level, his competence and capabilities (Schaefer 1991:4). Through play one is given the opportunity to *get to know* the child, to *understand* him better and to asses a variety of aspects surrounding the child. Play serves as a ***window*** into the child's world, giving clues about the child which he himself cannot verbally express.

Many authors have theorised and discussed the phenomenon of play. A cursory description of some of the views held will now be highlighted.

Solnit (1993:1) states that play is a "mental process that builds upon and integrates many other processes in the developing child's mind". Similarly Axline (Axline 1974:19) believes "there is a frankness, honesty and vividness in the way children state themselves in a play situation. Their feelings, thoughts and attitudes emerge and unfold themselves. The child learns to understand himself and others better". Erickson (cited in Schaefer 1985:106), on the other hand views play as a kind of "***emotional laboratory***" in which a child learns to master his environment and come to terms with his world. He is of the opinion that "***playing it out***" is the most natural and self-healing process in childhood. Play thus provides constant experimentation, discovery and learning in a fun, secure manner preparing the child for the roles and expectations of adult life. Not only is play experimentation and discovery but also a practice of reality production (Westby 1991:31).

From the foregoing views on play, it is clear that a child's way of expression, learning and coping is typified through his play. Play is not a mere one-sided action resulting in the production of a product but rather a ***process of being*** (Bishop 1982:37). This process of being is universal to all children. According to Caplan (1973:xii) play has the following universal characteristics:

- play aids growth
- play is intensely personal and embodies a high degree of personal achievement and motivation
- play develops a child's ego and builds will power
- play offers a child freedom of action

- play provides a base of language development
- play has a unique power of building interpersonal relationships
- play offers mastery of physical self
- play promotes interest and concentration
- play is a way of learning adult roles
- play is a dynamic way of learning
- play refines a child's judgement.

As play has universal characteristics, it is clear that play is of immeasurable value when working with children in an emotional crisis. It stands to reason that play has immense ***curative powers*** such as releasing pent-up emotions, compensating for loss, hurts and failures, facilitating self-discovery and self-awareness, promoting more adaptive behaviour and offering opportunity to re-educate and explore alternate behaviour. Considering the curative powers of play and that it is the child's natural way of being in the world, play therapy has enormous value as a therapeutic technique when working with troubled children.

2.4 PLAY THERAPY

> ***"This is a terrible hour, but it is often the darkest point which precedes the rise of day".***
>
> ***Charlotte Bronte, Shirley***

Play and playing is a natural part of childhood and child development. Up until the 1800's, play had only been perceived as an expression of surplus energy or a way of passing on religious and cultural rituals. It was only at the beginning of the twentieth century that play came to be considered as meaningful behaviour and, consequently, the therapeutic use of play was first proposed (Schaefer 1991:1).

Freud caused the scientific community to focus on early childhood development and behaviour as a way of understanding adult personality (Schaefer 1991:2). Whilst recognising the importance of play, his own therapeutic efforts were however geared at the adult population and not the young child.

Subsequently, Margaret Lowenfield (1939) developed a therapeutic technique that focused on the therapist's interpretation and methodical observation of the child's use of

toys in a play situation. Lowenfield defined the concept of play more broadly and stressed "play in childhood as a function of childhood" (cited in Schaefer 1991:2).

It was only in the latter part of the 1960's that Virginia Axline made one of the most important contributions to the awareness of play as treatment for troubled children. Her approach to play therapy has influenced the rationale behind play therapy immensely. She believes that play therapy is based on the fact that ***play is the child's natural medium of self-expression*** and that play therapy is "an opportunity given to the child to ***play*** out his feelings and problems just as, in certain types of adult therapy an individual ***talks*** out his difficulties" (Axline 1974:9). This approach to play as therapeutic intervention has opened many doors to the uses of play as a therapeutic device.

Currently play therapy is widely used as therapeutic intervention with children. Although there is a wide spectrum of play therapy approaches, it is believed that a child's play behaviour generally reflects how a child feels, his developmental stage, his capabilities, and how he relates to his world. Play therapy is a useful technique that can be used in most psychological approaches with children today. It is a natural therapeutic technique used to help children through difficult situations. The power of play lies in helping the child gain *mastery over various forms of emotional turmoil and difficult situations* (Kraft 1983:35, Schaefer 1979:16). One of the most valuable aspects of play therapy is that it allows the child to play out a troublesome situation in the most natural manner that childhood offers (Schaefer 1976:16, Axline 1974:9).

These troublesome situations or "problem behaviours" are often caused by the expectations placed on children to be independent, mature and confident. Play therapy gives the child *courage* to move ahead, to become more *independent* and more *mature* individuals. Schaefer (1979:15) claims that all processes of socialisation and self actualisation have their roots in a child's play activities. Through play a child can thus come to terms with his world, cope with life tasks, master various skills and techniques, and in so doing gain confidence to transfer all he has learnt to his daily life.

Play therapy therefore gives the child tools to, ***relate to*** and ***work through*** his problems (Schaefer 1979:234). This allows the child to discover and come to terms with himself and his problem mainly through his relationship with the therapist. The actual content of his play becomes less important than the use he is making of relating the problem to the therapist. The therapist thus helps the child to be himself, to become more active in dealing

with his problem and to come closer to his own reality through his experience with the therapist in a playful setting.

The relationship between therapist and child is vitally important in any form of play therapy. Complete acceptance and permissiveness is a prerequisite for any play therapy relationship thus helping the child to accept himself, to grow and change (Axline 1974:17). As the therapist-child relationship can influence the outcome of therapy, it is essential to investigate the role of the therapist and her use of self in therapy.

2.5 THE ROLE OF THE THERAPIST IN THERAPY

"It is when you give of yourself that you truly give".
Kahlil Gibran

In modern day psychology much is expected of therapy. It is seen as a vehicle by which people attempt to change their failures into fulfilment. Baldwin (1987:110) states that "therapy has become a modern day tool to address the interaction and complexities between people and their environment". The instrument common to every therapeutic model is the person of the therapist in relationship to the client. Considering the task of the therapist, it is no wonder that the person of the therapist and his use of self has become a central focus of inquiry.

Any therapy, whether with individuals or groups, involves an ***interaction***, a ***relatedness*** between at least two people. Baldwin (1987:19) states that any involvement of the therapist's self influences the therapy, regardless of the philosophy or approach. The therapist is unavoidably part of the treatment both as an agent of change and as herself. As a result, therapists need to operate without hiding behind professional facades. They need to be themselves, be integrated, authentic and non defensive (Weiner 1978:16). The person of the therapist **always** has an impact on the therapy.

Carl Rogers believes that this impact is merely reflective in capacity. The therapist enters the therapeutic relationship as a "blank screen", void of a personal frame of reference (cited in Weiner 1978:10). Looking at the therapist in her totality of being it is impossible to be merely reflective, as the therapist's reflections will be related to her personal being whether consciously or not. Like the client the therapist has a history and personality both

of which are relevant variables in the therapeutic process. Clients and therapists join together to create *a new actively evolving entity* within the therapeutic process. Each individual brings his or her own distinctive life experiences, culture, world views and personal relationships into the therapy. Each therapist ***relates*** to therapy in her ***own unique way,*** using her own frame of reference, own experience and own cultural background to assist her in implementing a specific therapy. The core process of the therapeutic process lies in incorporating personal qualities into technical interventions with clients.

When researching how students relate to a specific therapy, it is thus essential to investigate the personal self of the therapist as she has an important influence on the therapy. In any therapeutic session, the therapist uses her expertise and knowledge as well as her personal life experiences, cultural background and value systems in order to improve the quality of the clients way of life (Baldwin 1987:83).

One therefore has to take a ***holistic*** view of the therapist. Her technical skills and competence, as well as her personal self, have to be taken into consideration when analysing how she relates to implementing a therapy, as she is the main tool for initiating change.

Play, play therapy and the use of self in therapy have been discussed. A detailed discussion on Theraplay follows subsequent to the exploration of the role of the therapist in a Theraplay framework.

2.6 THERAPLAY

"Theraplay is a treatment method for enhancing self-esteem, trust in others and joyful engagement".
Theraplay Newsletter Spring 1994

2.6.1 HISTORY

Theraplay is an unique ***structured*** approach on counselling young children. This particular play therapy was developed by Ann M. Jernberg and has been used since 1967. It is a ***short-term*** therapeutic technique rooted in the psychology of the self, psychoanalysis and

developmental psychology. Theraplay is based on the works of Austin Des Lauriers, Viola Brody and Ernestine Thomas.

Des Lauriers (1962) developed a therapeutic style working with schizophrenic children that concentrates on ***physical contact*** and ***intrusiveness***, and which focuses on the concrete here-and-now. The object of his work is to "force the psychotic child to take account of the therapist's human presence" (Jernberg 1990:2). Theraplay has adopted most of Des Lauriers' principles in that it is intrusive, focuses on ***intimacy*** between child and therapist, stresses eye and body contact, emphasises the here-and-now, and ignores bizarre behaviour as well as the past.

Viola Brody (1978), a field worker at the Theraplay Institute and co- worker of Des Lauriers, developed a therapeutic technique she calls Developmental Play Therapy. Brody emphasises "active physical contact and singing" in her sessions and she treats the child at his current developmental age (cited in Jernberg 1990:3). Physical contact is an integral part of Theraplay, and the approach requires that the child be treated according to his developmental age.

According to Ernestine Thomas, a student of Brody, Theraplay concentrates on "the *child's health, potential and strength.* A message of hope is conveyed, making the child feel normal and lovable" (Jernberg 1990:3).

The Theraplay technique, as used today by the Theraplay Institute, is comprised of various techniques developed by the therapists mentioned above. Theraplay is a highly structured play therapy approach with definite underlying principles which will subsequently be discussed.

2.6.2 UNDERLYING PRINCIPLES

Theraplay is based on " ***natural patterns of healthy interaction between parent and child***" (Theraplay Spring Newsletter 1994). Theraplay tries to replicate a healthy parent-child relationship with all the activities that naturally exist between parents and their children. The focus is on personal interaction using few "props". Instead the therapist and child function as play objects (Rubin 1989:7). Jernberg (1990:6) conceptualises four requirements for healthy child development: *nurturing, challenging, structuring and intrusion.* She therefore bases Theraplay on these four principles within a playful,

spontaneous and fun-filled setting.

To elaborate on the five principles of Theraplay:

2.6.2.1. Nurturing

The primary need of an infant is to be nurtured. Natural nurturing activities are soothing, caring, quieting, and reassuring the infant. By nurturing her baby the mother makes her infant *feel safe, warm and secure.* The Theraplay therapist also nurtures and cares for her client. The purpose of nurturing activities is to fulfil the child's needs for love and acceptance and to lend credence to notions of comfort and stability (Jernberg 1993:245).

Activities that are soothing, calming, quieting as well as caretaking make the world safe, predictable and warm. The adult is actively physical, affectionate and verbally affirmative, giving the final message "***You are lovable***" and "***I will respond to your needs for care, affection and praise***" (Theraplay Newsletter Spring 1994:5). Rubin (1989:11) believes that the primary expression of Theraplay is "***I care for you***". This can be compared to Carl Rogers' unconditional acceptance (Belkin 1981:75).

2.6.2.2. Challenging

The healthy mother teases, chases and remains a step ahead of her baby. Daily she challenges her child to risk and do more. The mother plays peek-a-boo, extends her finger to the child and challenges him to stand on her lap (Jernberg 1990:6). The Theraplay therapist challenges her clients with the aim of frustrating him. The purpose of challenging and frustrating is to make it possible for the child to experience himself as separate and to teach him that combat and competition can release pent-up anger in a safe, direct and controlled way. Challenging helps the child to master tension-arousing experiences and to understand the boundary between real and make believe (Jernberg 1993:254).

These activities emphasise the child's strengths and competencies. The message is: "***You are capable of growing and of making a positive impact on the world***" (Theraplay News letter Spring 1994:5).

2.6.2.3. Structure

Parents provide rules and boundaries within which their children function. It is within these clearly defined parameters that the child masters skills with regard to: what to do, when to do it and what the effect will be (Jernberg 1993:244). Social, moral and physical realities are therefore naturally taught to the child in the healthy interaction between parent and child. The mother teases and tosses the child; she lays down rules and clearly clarifies time and space.

The Theraplay therapist structures the session firmly and provides the child with activities with much structure. The purpose of structuring activities is to define time and space clearly and to teach the child the concept of rules. These activities set limits, define body boundaries and establish expectations. The adult directs and controls the situation, communicating to the child : "***You are safe with me because I will take care of you***" and "I ***know lots of ways we can have fun together***" (Theraplay Newsletter Spring 1994:5). Structuring activities ensures that the adult is in charge which is reassuring for the child, thus allowing the child to ***be a child*** (Rubin 1989:12).

2.6.2.4. Intrusion

The healthy mother intrudes on her baby in various ways. She rocks him, picks him up, wraps him and plays with him. The Theraplay therapist also intrudes, offering adventure, variety, stimulation and a fresh view of life. Rubin (1989:11) prefers to call these intruding activities stimulation and views intrusion as "touching, surprising, activating and exciting the child" in order to evoke a response to the therapist. Intrusion introduces risk and a taste of the unknown (Jernberg 1993:254). The child thus experiences excitement and suspense as well as a high level of self experience.

The messages given during intruding activities are : "***You are fun to be with***" and "***You can interact in appropriate ways with others***" and "***You can be close to others***" (Theraplay Newsletter Spring 1994:5).

The purpose of intruding activities is to teach the child to differentiate between where he leaves off and where the rest of the world begins. Activities require that the child be aware of others, utilising physical contact , eye contact, surprise and variety.

2.6.2.5. Playfulness

According to the Theraplay Newsletter of Spring 1994, a fifth Theraplay principle can be added. As all sessions are playful and fun, playfulness cannot be viewed as a totally separate principle but one that is an integral part of the therapy. *A session is always playful no matter what the activity.*

All activities are conducted in a lively atmosphere of warmth, spontaneity, optimism, cheerfulness and fun. A child relates to playfulness and is therefore given a base from which he can grow, learn and actualise himself.

Theraplay is thus based on these five principles which should be found in the daily interaction between mother and child. The question arises why is it not possible for some mothers to have meaningful interaction with their infants?

2.6.3. Reasons for poor mother-child interaction

Jernberg (1990:7) provides the following three reasons as the possible causes for the lack of such meaningful interaction:

2.6.3.1. Environmental pressure

Because of financial burdens caused by economic hardship, mothers are unable to cater sufficiently for their children's needs. According to Jernberg (1990:7) and Richter (1994:41) *external stress* and *strain* causes child care to become routine and systematic. The infant's needs for maternal nurturing are not met and this in turn causes the child to have a developmental lag, which results in troublesome behaviour at later stages.

Current research undertaken by Cleaver and Botha (cited in Dawes 1994:42) shows that 74% of urban black women have negative or ambivalent feelings towards their babies because of economic hardships faced when raising a child. A further study by Hess (cited in Richter 1994:39) states that poor mother-child relationships in the black community are caused by the "lack of alternative exchanges" as they see no incentive to change.

Meaningful mother-child interaction in the black community seems uncommon. Theraplay therefore seems to be a promising alternative to meet the child's need for parental affection and love.

2.6.3.2. "Mismatch"

Jernberg (1990:8) believes that mothers and infants may not suit each other. The mother's personality and the child's personality may clash causing what she calls a "mismatch". A frail, gentle, soft mother may have a vigorous, demanding, active baby resulting in a conflict between the needs of the baby and the needs of the mother.

2.6.3.3. Personal Realities

Insufficient care may be the result of personal problems caused by *physical* or *psychological difficulties.* Jernberg stresses fatigue due to work schedules, pain and illness as another possible personal reality.

In South Africa black mothers are experiencing grave personal as well as environmental difficulties with child rearing. Because of past apartheid laws, the majority of black mothers live far away from their children. The black man was historically not permitted to live and work in the company of his family. A vast number of black women spend their married lives separated from their husbands and this results in children growing up fatherless. In most cases child rearing is the responsibility of the grandparents or other family members.

2.6.4. THE THERAPLAY THERAPIST-CHILD RELATIONSHIP

The Theraplay therapist-child relationship is primarily based on the *healthy mother-infant relationship.* According to Jernberg (1990:19) the Theraplay therapist takes the role of the "***idealised mother, who has the responsibility of bringing the child up all over again***". The therapist therefore has the obligation and the "right" to intrude, and to intervene in the child's pathology and to change the child's inappropriate behaviour.

The therapist assumes responsibility for everything that takes place in the "here and now" of each session. Her relationship with the child is one of authority. She never asks for permission or approval.

2.6.5. INDICATIONS AND CONSIDERATIONS

As indicated by the Theraplay Institute in Chicago, Theraplay is a treatment for children with "***emotional, social and developmental problems***". Jernberg (1990:26) is of the opinion that Theraplay is indicated for children "who as a result of early deprivations, have low confidence in themselves and little trust in others". This statement seems to be written for the majority of black South African children. Developmental and social problems are widely recognised amongst black children (Richter 1994, Dawes 1994, Reynolds 1989). Political unrest and violence have contributed to a nation of children in emotional turmoil. As Theraplay is a treatment for emotional, social and developmental problems, it seems to be an appropriate play therapy approach for the troubled children of South Africa.

Theraplay is a play therapy technique that can be applied to the ***majority*** of troubled children. Yet Jernberg (1990:26) mentions that Theraplay "*in its purest form*" is not suited for every child. Theraplay techniques should be *adapted* to suit the child's problem, needs and personality. Jernberg (1990:26) cautions that Theraplay should be reconsidered or adapted to a child with a need that Theraplay does not address. If a child therefore has a presenting problem that needs other forms of therapeutic intervention, then Theraplay can be used in conjunction with other play therapy techniques.

Jernberg (1990:26) mentions the traumatised, abused and fragile child as possible indications that other forms of play therapy techniques might need consideration. A traumatised child for example might need a more interpretative form of therapy to help him understand his traumatic experience. The abused child, on the other hand, might fear intimacy and intrusion due to physical abuse. The fragile child might require a more subdued therapeutic intervention not characteristic of a active Theraplay session. Each of these considerations will now be discussed within the South African context.

2.6.5.1. The traumatised child:

Although Theraplay addresses some of the traumatised child's needs, children who have lived through a traumatic experience need to factually understand what has happened (Jernberg 1990:27). The child needs to express his feelings, needs reassurance that the incident was not his fault and that he will not be punished for whatever happened. Depending on the traumatic experience, Theraplay activities can be used in conjunction with other therapeutic interventions such as drawings, puppets and discussion to work

through the traumatic event (Jernberg 1990:27).

Dawes (1994:192) believes that bodily physical trauma is not equated to psychological trauma. According to him, political violence is an antecedent for psychological trauma. As most township children have grown up in political unrest areas characterised by strife and violence, it can be assumed that ***most South African township children suffer from psychological trauma.*** Contrary to Dawes' belief Stracker (1991:78) is of the opinion that political violence does not necessarily involve trauma or stress.

Yet media reports paint a picture of unsettling conditions in the townships. Mothibeli reports in The Star of September the tenth 1994 that "life in Sharpeville (for example) has gone sour. People live in fear and smell death everywhere". This is but one example of a township experience and one is immediately concerned with the children's experience of township life and their emotional well being. It might be a broad speculation that all children in townships have been traumatised but none-the-less it is clear that they are in an emotional crisis. When taking the emotional needs of the urban township child into consideration it would appear as if Theraplay could address their traumatised needs.

2.6.5.2. The fragile child

Children who are particularly emotionally fragile respond with terror and panic to intruding activities. Realising that they are special and unique is terrifying and frightening. Theraplay techniques should therefore be modified to suit the child's emotional developmental stage (Jernberg 1990:28).

2.6.5.3. Abused child

Jernberg (1979:28) suggests a combination of techniques be used with the abused child. The use of drawings and puppets will help the child understand his situation. According to Jernberg (1990:32) abusing parents are "generally under stress and were never properly parented themselves. They are depressed, deprived and in need of care as much as their children". Theraplay can thus serve a dual purpose as a therapeutic intervention for children as well as their parents.

Within a South African context, Dawes (1994:211) states that ***all children exposed to political violence can be seen as being abused.***

In conclusion, Theraplay seems to be a suitable therapy for most troubled South African children and can be used *solely* or in *conjunction with* other therapeutic techniques. The child's particular need will determine which aspect of Theraplay is most appropriate and thus which facet of Theraplay is most likely to succeed.

2.6.6. ROLE OF THE THERAPLAY THERAPIST

The essence in any therapeutic intervention is the role of the therapist. The role of the Theraplay therapist differs from traditional play therapy in that the therapist assumes responsibility for change, uses herself as the primary play object, never asks for permission, is always in control and clearly structures and plans each session.

To understand clearly the role of the therapist it is essential firstly to name the phases of the therapeutic process and secondly, to describe the role the therapist plays in each phase.

2.6.6.1. Introductory phase

In the introductory phase of the therapy the ground rules of the therapy are set. The child clearly understands what can be expected of each session and the therapy as a whole. The therapist is responsible for conveying the message that all sessions will be ***fun*** and ***enjoyable and controlled by the therapist.*** The role of the therapist is to ***direct*** and ***control*** every session with the child.

According to Jernberg (1990:38) the fundamental messages conveyed to the child during this phase are:

"***I know you are fun to be with and basically a strong, fun-loving person***" and "***I'm going to present to you the most appealing picture of the world I can come up with***".

2.6.6.2. Exploration phase

The main goal of this phase is for the child and the therapist to "*actively get to know one another*" (Jernberg 1990:37). The therapist and child constantly differentiate between each other to stress uniqueness. Jernberg (1990:38) states that the exploration phase can only be classified as a success if the child can conjure up a visual picture of his therapist once he is home. The role of the therapist is to *explore* and to *get to know* the child. The

therapist constantly highlights the differences and uniqueness of both the therapist and the child.

2.6.6.3. Tentative acceptance phase.

The child seems to play along or to "play the game" in this phase (Jernberg 1990:38). This tentative acceptance could be a defensive attempt to keep the intruding therapist at bay. The therapist has to continue convincing the child of her sincerity and acceptance. The therapist thus continues to be intrusive, insistent, challenging and fun.

2.6.6.4. Negative reaction

During the negative reaction phase the child becomes resistant to efforts of intimacy. The therapist now has to keep being *persistent,* continue with the sessions as before and still convey the message that the child is a fun person to be with. According to Jernberg (1990:39) the therapist stays ***"persistent and hopeful"*** conveying to the child that "what they are about to do is fun for any normal child".

2.6.6.5. Growing and trusting phase.

Owing to a firm and consistent therapist the child is now ready to move to more trusting and growing relationships. The therapist and child experience pleasure being together. The child is now ready for interaction with other members of the community under the supervision of the therapist. The role of the therapist is to continue with her pleasurable relationship with the child as well as facilitating the introduction of other members into the therapy.

2.6.6.6. Termination.

The termination of a Theraplay process can be divided into three separate phases. Jernberg (1990:41) distinguishes between:

- *preparation phase*: the therapist now introduces other members into the therapy sessions and prepares the child for normal daily interactions. The child shows signs of "enjoying interaction with his world and himself".

- *Announcement of termination*: the child is informed of the completion of therapy. The role of the therapist starts taking the form of friendly participant and she keeps reminding the child of how many sessions are left.

- *Parting phase: A* party is held in which the child's strengths and identity is stressed. The therapist bids the child farewell as an old friend with a warm friendly hug and reassuring comment.

The role of the Theraplay therapist is to clearly assess what the child needs and to structure each session to meet these needs. Throughout the phases encountered in Theraplay the therapist stays in control, persistent, positive and full of fun.

The role of the Theraplay therapist according to Rieff (in Theraplay Newsletter Spring 1994:1) is to:

- take lead, pursuing the child when he withdraws and enticing him to participate,
- find ways to show the child that the world is not frightening and overwhelming,
- challenge the child's needs for sameness by introducing variety and change,
- entice the child into interactions that promote awareness of self and other.

2.6.7 GUIDELINES TO BEING A GOOD THERAPLAY THERAPIST

Jernberg (1990:48) lists twenty six "do's and don'ts" to assist Theraplay therapist. These guidelines are by no means the only parameters within which a therapist should function, but are ***guidelines*** that can be followed. Each guideline, where pertinent, is discussed in the light of how it can possibly affect a black therapist.

1. ***The Theraplay therapist is confident and has leadership qualities.***
   This implies that a good Theraplay therapist has a **positive self image** and "conveys the ability to guide and **protect**" (Jernberg 1990:49).

2. ***The Theraplay therapist is appealing and delightful.***
   She comes across as a person with a **love of life** and the child finds himself inevitability drawn to an enthusiastic non-judgmental therapist. The therapist is therefore not aloof and rejecting.

3. ***The therapist is responsive and empathic.***

"The good therapist knows when to listen and when to soothe and does not use the child for her own needs" (Jernberg 1990:50).

4. ***The therapist is in charge of the sessions at all times.***

The therapist **controls** and **regulates** the session as she sees fit thus making her "fully in control from the moment the child enters the therapy room until he departs" (Jernberg 1990:50). The therapist does not ask questions, requires permission or seek approval.

According to Kayongo-Male (1984:19) the child is traditionally disciplined and socialised by any adult in the community. It would thus seem as if black children will readily accept the structure set by any adult person.

5. ***The therapist uses every opportunity to make physical contact with the child.***

She looks for opportunities to **move closer** to the child. "The therapist does not discuss, interview reflect or interpret' (Jernberg 1990:51).

Urban black communities usually experience poor living conditions and a lack of living space. Kayongo-Male (1984:59) states that these conditions often lead to two or more people sharing a room or even a bed. Physical contact and closeness appears to be a natural phenomenon amongst the black people and could possibly be indicative of the therapist making use of physical contact with the child.

6. ***The therapist insists on eye contact at all times.***

No matter what it demands of the therapist, she insists on **eye contact**. The therapist does not allow herself to be manipulated out of the opportunity for making eye contact. Jernberg (1990:52) states clearly that making eye contact should be kept fun and spontaneous and should not become "task oriented".

7. ***The therapist focuses on the child and is often intensive, exclusive and intrusive.***

The therapist focuses solely on the child and his potential "**for health**". For thirty minutes, complete undivided attention is directed at the child, portraying a positive image of him at all times.

Black people greet the arrival of a child with joy and satisfaction. Black culture naturally focus on the child's well being as a child is regarded as "the greatest

blessing of life" (Mbiti 1975:82).

8. ***The therapist is responsive to clues given to her by the child.***

The therapist is on the look out for signs of interest from the child which she then uses to form variations on activities. The therapist, however, does not allow the child's interests to guide and rule the session.

9. ***The Theraplay therapist initiates rather than reacts to.***

This implies that a Theraplay therapist is **alert** and **responsive** to a child's negative reactions. Instead of reacting to a child's behaviour the therapist is creative and initiates a new activity. The therapist does not find herself saying "no don't do that" (Jernberg 1990:52).

10. ***The Theraplay therapist uses every opportunity to differentiate herself from the child.***

The therapist constantly shows the child his **unique** features, differentiating between her own and those of the child. The therapist avoids showing the child how they are alike and similar. Under no circumstances are differences to be put down's (Jernberg 1990:53).

Taking the black philosophy of self into account, differentiating could be problematic to a black student. Mbiti's (cited in Noble 1980:103) conceptualisation of ***"I am because we are"*** might cause a black student to relate differently to separateness and differentiation due to her perception of oneness with others.

11. ***The therapist uses every opportunity to show the child he is positive, special and separate.***

The therapist stresses the **positive** and **unique** features of the child.

As mentioned in the previous paragraph, black philosophy propagates oneness, groupness and not necessarily separateness. A black student could possibly find relating to this principle difficult and unnatural.

12. ***The Theraplay therapist uses the child's moods and feelings to help the child differentiate himself from others.***

The therapist merely reflects the child's **uniqueness**. She does not interpret or search for deeper causes.

13. ***The therapist keeps the sessions full of surprises and spontaneous.***

The therapist carefully **plans** each session according to the child's needs, yet from the child's perspective the sessions are unpredictable and fun. The therapist is not rigid and mechanical but flexible and fun.

14. ***The Theraplay therapist uses herself as primary play object.***

A minimal number of toys are used in a Theraplay session. The therapist uses her body, actions, movements and words as play objects. Dolls, books and other toys are rarely used in Theraplay.

In her study on childhood in Crossroads, Pamela Reynolds found the township children's play to be "innovative and filled with imagination" (Reynolds 1989:55). Township children have few or no modern new toys and are therefore inclined to use themselves as play objects. It would thus appear that the black child and therapist would spontaneously use themselves as play objects.

15. ***The therapist structures the sessions so that time, place and persons are clearly defined.***

In the Theraplay room, space is clearly defined. The child knows exactly where he can play. The therapist always shows up on time and clearly conveys all expectations. Theraplay sessions are highly **structured** and **planned** and do not take place randomly or whenever the child or therapist feels like it.

16. ***The therapist keeps the sessions cheerful, optimistic, positive and health oriented.***

Jernberg (1990:55) specifically states that a good Theraplay therapist communicates to the child that:

a) the world is appealing, happy and fun filled

b) the child is basically strong and has potential to enjoy.

The therapist therefore does not focus on the sick and discouraged. She does not present a negative view of life and living.

17. ***The therapist focuses on the child as he is.***

The therapist reflects on the child as he presents himself to the therapist in each session. The therapist does not praise the child and does not comment on "being good" (Jernberg 1990:57)

18. ***The Theraplay therapist focuses on the present and the here-and-now.***

The therapist concentrates on what is happening **now**. The therapist is not interested in the happenings of the day or past events. She does not inquire, ask questions or pretend.

19. ***The therapist plans each session with a beginning, middle and end.***

Each segment of each Theraplay session should be a little playlet in itself. The therapist does not allow the session to be one undifferentiated play or a portrayal of desperate sporadic segments.

20. ***Each Theraplay session contains frustration, challenge and discomfort.***

The therapist places all her confidence in the child and his ability to grow. The therapist urges the child to accept a healthier view of himself and the world. The therapist does not protect the child in his current state. She constantly suggests alternatives to current behaviour.

21. ***Paradoxical methods are used.***

The therapist encourages the child to do something he should not do, or not to do something he should. This technique is only used when the situation calls for it. The therapist does not overuse this technique as this will result in the loss of the intensity of the challenge.

22. ***The Theraplay therapist conducts her session regardless of whether the child likes her.***

The therapist continues with therapy regardless of the child's obvious feelings towards her. She continues to convey the message that the child is **likeable** and **lovable.** The therapist does not seek recognition or acceptance.

23. ***The Theraplay therapist prevents anxiety or motoric hyperactiveness.***

The therapist is attentive and prevents too much activity. The role of the therapist is not to encourage hyperactivity or cause unnecessary anxiety.

24. ***The Theraplay therapist attends to physical hurts.***

The therapist nurses and treats all bumps and sores tenderly.

25. ***Throughout a temper tantrum the therapist constantly makes her presence known.***

The therapist stays with the child and helps him gain control. The therapist verbalises trust and confidence in the child's ability to regain control. The therapist does not condemn the tantrum or reprimand the child for his behaviour.

26. ***The therapist incorporates the child's body movements into the therapy, when at a loss for ideas.***

Any movement of the child can be turned into a playful Theraplay activity. The therapist is never at a loss for ideas and never asks the child what he wants to do next.

2.6.8. Summary

This chapter consisted of the *theoretical orientation* of the study. This framework served as the main supporting structure for the baseline of the research, consisting mainly of the main tenets of black philosophy, play, play therapy and Theraplay. A detailed discussion of Theraplay principles and the role of the Theraplay therapist was unveiled. The methodology used to determine if black students relate to Theraplay will now be explicitly discussed in Chapter Three.

CHAPTER 3

RESEARCH METHODOLOGICAL ORIENTATION

3.1 INTRODUCTION

The focus of this Chapter is on the research methodology applied in the study. The Chapter consists of an introduction to the researcher's paradigm, the rationale for a qualitative research approach, as well as the research design that emerges from the posed research question. The research format followed throughout the study is discussed in detail with reference to data collection, data processing and data consolidation.

3.2 INTRODUCTION TO THE RESEARCHER'S VIEW ON RESEARCH

"Theory is embedded in human thought"
LeCompte 1994:117

Theory is seen to "*be akin to what we now call design and methods*- a way of looking at the world and deciding what things are important and what data to collect" (LeCompte 1993:116). The personal theories of the researcher and the theoretical framework of the study will invariably influence the research question, which in turn influences the methods used in the study. The statement by Silverman (1993:1) that "***without theory*** there is ***nothing to research***" is indicative of the importance of a theoretical framework. Theory thus provides the impetus for research. Henning (in press) refers to Silverman(1993) who states, that "without truly explanatory theory that acts as a map of navigation...*researchers are left without sufficient theoretical guidance*, and the research effort inevitably becomes a hit and miss".

As an educational psychologist the researcher's theory stems from an Educational Psychological perspective focusing on the need of the child. Thus the social reality of an educational psychologist is founded in the *needs of the child.* As the majority of black South African children are in need of therapeutic intervention (refer to Chapter One) the researcher's knowledge on play therapy has led to the assumption that structured play therapy could be a possible solution to some aspects of these children's needs. The availability of black therapists to intervene are at present nearly non existent. From the researcher's understanding of the black community's needs and knowledge of available

play therapies the research question emerged pertaining to the nature of the black therapists in the process of relating to Theraplay. This study is embedded in the need of the urban black child for therapeutic intervention, thus encompassing the theory of Theraplay and black philosophy. ***The construct of the research question is therefore directly linked to the researcher's knowledge base and the theoretical baseline.***

As an educational psychologist, the researcher, conducts this study from a theoretical *Theraplay framework, a black cultural context*, under the all encompassing perspective of *Educational Psychology*. The study will therefore be viewed from a "***paradigm of choices***" making it possible for the researcher to be flexible and to "*view the same data from each paradigm*" and to "*interpret the data in more than one way*" (Patton 1980:127) allowing for "*theory development*" (Silverman 1993:28).

The researcher views Educational Psychology as focusing on the social reality of the need of the child. The research question thus emerges from within the social reality of the researcher, as educational psychologist, in this case the emphasis is on the need for therapeutic intervention amongst black children. As the subject under research is human relatedness, the research approach calls for an ***in depth*** study of the process of human action and interpretation. This study therefore attempts to explain and interpret the black students' relatedness to Theraplay as observed through the five consecutive observations of varying format. When considering such an in depth look at human behaviour (relatedness) a *qualitative* research approach is required, viewing the phenomena holistically and in detail.

3.3 INTRODUCTION TO QUALITATIVE RESEARCH

> ***"In some sense all data are qualitative; they refer to essences of people, objects and situations".***
>
> ***Miles and Huberman 1994:9***

A qualitative research strategy invariably differs from a quantitative research approach especially as the method of investigation is concerned. Qualitative research strategies stress the importance of "*social processes and the context of research*" (Vulliamy 1990:3). According to Miles and Huberman (1994:4) social facts are embedded in social action, just as social meaning is constituted by "*what people do everyday*". Research of human

beings can thus not be linearly viewed but has to be seen as a *process* involving observing and analysing activities as they occur. In this study the way in which the students relate to Theraplay is observed and analysed throughout a cyclic training model (which will be discussed later in this Chapter). Owing to the nature of the research question, an overall qualitative strategy is applied in this investigation, revealing an in depth evaluation of the students relatedness to Theraplay. The common features ascribed to qualitative research are emphasised, as these features are indicative of the approach used in this study. According to Miles and Huberman (1994:6-7), Silverman (1993:25,29) and Vulliamy (1990:11) the following features are characteristic of qualitative research and are also characteristic of this study:

1. Qualitative research focuses on meanings and attempts to understand the ***culture*** of those being studied (Vulliamy 1990:11).
   The research conducted in this study focuses on black urban township students. To understand and explain how the students relate to Theraplay, black philosophy is explored in a literature review (refer to Chapter Two).

2. Qualitative research is concerned with "***micro***" features of social life (Silverman 1993:25). Two black educational psychology students and how they relate, to a single setting (Theraplay), is researched.

3. A preference for ***meaning*** rather than behaviour is favoured in qualitative research (Silverman 1993:25). The study is concerned with the students relatedness (or the process of meaning making) to Theraplay which will in turn influence their behaviour.

4. Qualitative field research is ***theoretically*** driven rather than determined by technical observations (Silverman 1993:29). As stated in the researcher's view of research, the research is embedded in the theory of Theraplay and black philosophy.

5. Social phenomena are examined as a ***procedural affair*** (Silverman 1993:29). The cyclic procedural model (which will be explained in detail later in this Chapter) has a procedural nature and is not a static one dimensional activity.

6. One of the main tasks of qualitative research is to explicate the ***ways*** people in particular settings come to ***understand*** and ***take action*** in their every day situations (Silverman 1993:25). The manner in which black students implement Theraplay principles invariably

stem, to some degree, from their black cultural heritage, thus indicating their relatedness to Theraplay (Vygotsky, cited in Gilbert 1989:96).

7. The researcher's role is to gain a ***holistic*** view of the context under study. A consequence of the holistic emphasis is that qualitative research tends to incorporate a variety of research techniques within one project (Miles 1994:6, Vulliamy 1990:11). The research techniques applied in this study vary from a focus interview, role play sessions to documented texts.

8. The ***researcher*** is the main ***"measurement"*** device in the study (Miles 1994:7). In this research the researcher participates in the event being studied both as trainer, and as observer. This has important implications for the way in which validity and reliability are attained (refer to Chapter Four). Participant observation by the researcher provides certain unusual opportunities for collecting data, in that it allows the researcher to perceive the reality from "inside" the case study (Yin 1989:93, Wolcott 1988:193).

9. Hypotheses and theories are generated from data implying ***flexibility*** of research design and data, causing a process whereby data analysis occurs simultaneously with the process of data collection (Vulliamy 1990:11). Data analysis occurs during the cyclic procedural model in so far as it determines the students' readiness to proceed to the next phase of the model (compare paragraph 3.5.3.2).

10. A ***range of sources*** are used for data collection (Silverman 1993:25). The data in the study are collected by means of focus interviews, documented text and video taped role plays (refer to methods of data collection Chapter Three).

The study will be qualitatively researched within an Educational Psychological perspective of *interpreting, explaining and describing* in a pre-structured research design and format. A discussion of the nature of the research design is presented in the next section, after which a detailed description of the research format implemented in this study will be proposed.

3.4 RESEARCH DESIGN

> ***"A good research design is based on a thorough knowledge of methodological and analytical tools (including theory) available and their uses and limitations".***
>
> ***Dobbert, cited in Swart 1994:163***

The research design of this study can be described as descriptive, contextual and qualitative. A brief explanation of each aspect will now be given.

3.4.1. Descriptive

One version of a descriptive research design, is viewing it as "describing the mundane detail of settings" (Silverman 1993:24). The descriptive research is undertaken with the aim of *examining* and *explaining* how black therapists relate to Theraplay. Merriam (1991:7) states that the aim of descriptive research is to "***characterise something as is.***.....with no manipulation of the subjects (students).....the researcher taking things as they are".

3.4.2. Contextual

The study is contextually based in ***black*** students relating to ***structured*** play therapy. Black philosophy and black perceptions of self are proposed to be central to the students' relatedness to a therapy. The students relatedness is studied within the context of their black philosophy and the principles of structured play therapy.

3.4.3. Qualitative

As mentioned in paragraph 3.3, the students' relatedness to Theraplay is qualitatively researched within a cyclic procedural observation. The research design, with the above mentioned characteristics, is encompassed in a research format comprising of a structured cyclic procedural model of data collection. This model will now be explained in more detail in the discussion on the research format.

3.5 RESEARCH FORMAT

The format of the research is based on the training model proposed by Swart (1994:288). The model serves as template for the research format which entails a case study comprising of the sample drawn, data collection, data processing and data consolidation. Each of these components will be explained in detail.

3.5.1. CASE STUDY

> ***"A case study is an examination of a specific phenomenon such as a program, event, process or social group".***
>
> ***Merriam 1991:9***

A *descriptive* and *elucidative* case study format based on a model of cyclic procedural observation is used in the study. Merriam (1992:9) states that a "case study is an ***examination of a specific phenomenon***, such as a program (therapy), event, process or social group". The case study in this research correlates with Merriam's (1991:11) suggestions on the main aspects of a case study, namely that:

- a case study is *particular*- the focus of the case study is on a particular situation (child in need), particular students (black honours students) and a particular therapy (Theraplay).

- a case study is *descriptive*- the end product of the case study is a "thick rich" description of the phenomenon. The black students relatedness to the Theraplay approach is richly described and explained in Chapter Four.

- the case study is *heuristic*- bringing about new understanding, new meanings or confirming and extending what is known. The verifications of the processed data enables the researcher to bring about new understanding of how black students relate to structured play therapy (refer to Chapter Four).

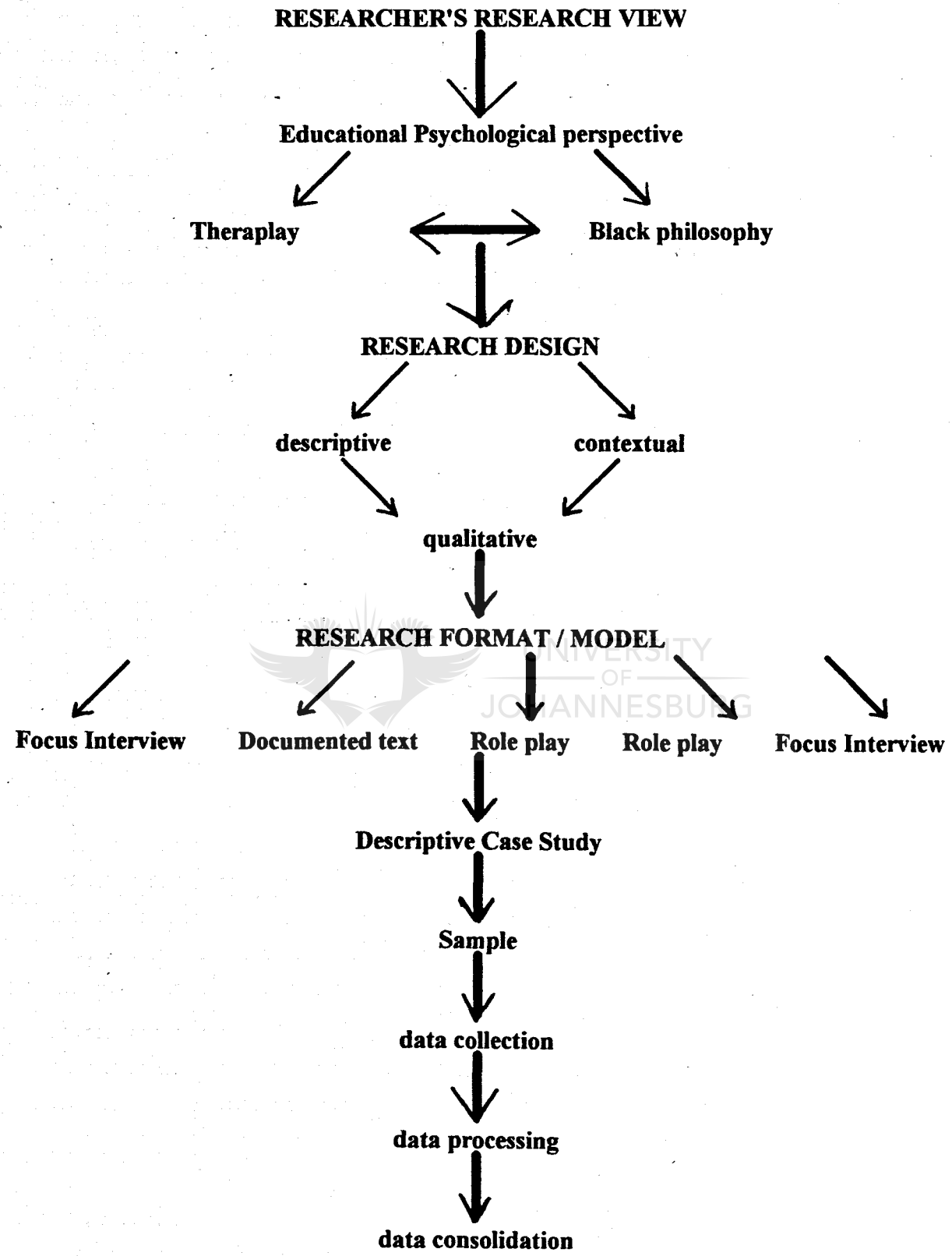
3.5.2. SAMPLE

The study was introduced to all the Educational Psychology honours students, at a formal lecture. All the black Educational Psychology Honours students were invited to participate. It was clearly stated that all students participating would receive a certificate from the Institute for Child and Adult Guidance at the Rand Afrikaans University, stating that they have completed a course in Theraplay.

Initially four female students attended the first meeting where the course was discussed in more detail. Hereafter only three students decided to participate. All three students hail from urban black townships and have received their B.A degrees from traditional state owned black universities. Owing to poor health and a heavy work load one student dropped out after the first focus interview and did not complete the course. The research was thus conducted with two black students.

Before discussing the methods of data collection, data processing and interpretation, a schematic diagram is given to visually depict the structure of the study. The diagram is a representation of the methodological stance of the study.

FIGURE 3.1 RESEARCH OUTLINE



3.5.3. DATA COLLECTION.

"The qualitative study of people in situ is a process of discovery.....It is the observers task to find out what is fundamental or central to the people, or world under observation".

Lofland, quoted in Merriam 1991:68

The qualitative data in this study were collected by means of a *procedural cyclic observation model.* The model comprised of five training phases which were superimposed with research observation opportunities. The model represents the dynamic process of knowledge construction, knowledge conversion and relatedness to Theraplay. The use of the model can be seen to serve dual purposes. It functions as:

a) a ***training model*** -the students were trained (by the researcher) to be Theraplay helpers.

b) a ***research format*** -the students relatedness to Theraplay was concurrently observed (by the researcher).

The data in this study were collected from *multiple methods* derived from the above mentioned cyclic procedural model. Merriam (1991:69), Miles and Huberman (1994:266) and Hammersley (1983:198) view this multiple methods of data collection, providing opportunity for *triangulation* which contributes to the validity of the study (refer to paragraph 4.8).

The data from the five phases of the training model were superimposed onto five research observations, each a different method of data collection. The First Observation consisted of a focus interview, where verbal data were collected on the students' concepts of play, play therapy and Theraplay. The Second Observation entailed a day-long training session on Theraplay principles, whereafter the students wrote an essay on their perceptions of Theraplay. Written data were collected in Observation Two. Observation Three and Four consisted of video taped role play sessions serving as a source of iconic data collection. The cyclic procedural model was concluded with a final focus interview whereby verbal data were collected on the students' view and evaluation of Theraplay.

A detailed explanation of the model follows in addition to the means of data collection in each phase (observation) of the model.

3.5.3.1. Observation 1- Focus interview.

The students were invited to participate in a focus group interview on Theraplay. Kruger (cited in Kingry 1990:124) defines a focus interview as "*a carefully planned discussion, designed to obtain perceptions on a defined area*". Kvale (1983:176) in accordance states that a "qualitative focus interview is focused on certain themes of the life world of the interviewee". In this case the students discussed their theories on play, play therapy and Theraplay. The verbal data collected were tape recorded and later transcribed into written texts before being processed (data processing is discussed later in this Chapter).

The aim of the interview was to determine the students' personal theory and socio-cultural beliefs of what is a child, what is a parent, what is a good therapist, play, play therapy and Theraplay. Insight into the perceptions of the black philosophy of play and play therapy was gained as the students articulated their tacit knowledge. The focus interview served as a rich source of data, providing access to the students' own socio-cultural beliefs and perceptions (refer to paragraph 4.4).

After the focus interview guidelines on the Theraplay approach and the role of a Theraplay therapist were compiled by the researcher and handed out to each student to prepare for the next session (see research addendum: appendix 2).

3.5.3.2 Observation 2 -Training session and documented text.

In this session learning and instruction of Theraplay principles featured in accordance with the guidelines presented (see research addendum: appendix 2), followed the previous phase. The students were introduced to the principles of Theraplay, linking their personal knowledge to newly instructed information. The main objective of instructing was ***transforming "incoming"*** information into accommodated ***knowledge***. Ferguson-Hessler (1993:4) calls this declarative or static knowledge as it refers to the knowledge of concepts, principles and facts within a certain domain. The students' existing knowledge structure of play therapy was exposed to a more specific form of play therapy namely Theraplay. The training comprised of the two students discussing the guidelines that they had studied, with the researcher. Videos of various Theraplay sessions were shown, highlighting the four basic principles of Theraplay. The training session was video recorded and can be obtained from the researcher.

After the formal instruction on the principles of Theraplay, the students were asked to write an essay on what they understood Theraplay to be. The data collected from these written texts served as a procedural analysis of the knowledge construction of the students at the time. What the students understood Theraplay to be was evaluated by their documented texts and was used as an indication of the students readiness to proceed to the role play sessions.. The students were asked to prepare for a Theraplay role play session.

3.5.3.3 Observation 3 -Role play session.

Observation three consisted of a role play session comprising of each student enacting the role of *therapist,* and of *child.* During the role play, which was video recorded, the student's *actions* and *manipulations* were observed. The iconic data collected in this observation depicted the students' skills, ***adaptability*** and degree and quality of personal ***relatedness*** to the Theraplay technique.

After each role play session the student, acting as therapist, was asked to relate her experience as the therapist. The data collected as a stimulated recall of the Theraplay session was tape recorded. The students verbal account of how she experienced being a Theraplay therapist was later transcribed (refer to paragraph 3.5.4.1, and refer to research addendum: appendix 4).

3.5.3.4 Observation 4 -Role play session with a child.

The aim of phase four was to expose the student to a more realistic situation, in which she was to use her acquired Theraplay skills with a child from her community. Her contextual knowledge of what to do, when to do it and how to do it was evaluated in terms of her relating to the Theraplay principles. Data were collected in a videotaped role play, in order to evaluate how she improvised, used and applied the Theraplay techniques and principles. While the student played with the child, speaking in the vernacular, the other student translated to the researcher, watching behind a one-way mirror, as the researcher does not speak a black language. The iconic data collected in this observation as well as the detailed field notes of the researcher, served as data source for evaluating how the student applied her newly constructed knowledge. This invariably indicated, to a degree, how she ***related*** to the specific structured play therapy approach within the ***context*** of her ***culture and philosophy***.

3.5.3.5. Observation 5 -Focus interview.

The cyclic process was continued by an additional assessment observation of the students' concepts in another focus interview. The students were asked to *metacognitively* relate how their concepts had changed, what they had learnt about Theraplay and to evaluate the functionality of Theraplay in the black community. The verbal data were tape recorded and transcribed at a later stage (refer to paragraph 3.5.4.1, and research addendum: appendix 5).

The data collected from the model represented a ***holistic perspective*** on the students' ***relatedness*** to Theraplay. A whole picture was formed revealing how the student incorporated herself and related to the structure postulated by the Theraplay approach. Data were collected from each observational phase of the model by means of either a focus interview, videotaped role play session or written text. Table 3.1 shows the type of data collected, the technique (source) used, as well as in which observational phase of the model it was collected.

Table 3.1 OBSERVATION, DATA SOURCE, DATA TYPE

OBSERVATION	DATA SOURCE	DATA TYPE
Observation 1	Focus interview	Transcription
Observation 2	Documented text	Written text
Observation 3a	Videotaped role play	Transcriptions
Observation 3b	Stimulated recall	Field notes
Observation 4	Videotaped role play	Field note transcriptions
Observation 5	Focus interview	Transcription

All the data collected from the cyclic procedural model, were processed and consolidated. A detailed discussion of the processing techniques follows subsequent to a detailed discussion of the consolidation of the data.

3.5.4. DATA PROCESSING

The raw data, collected by means mentioned in Table 3.1, needed to be processed before being analysed. The aim of processing data is to see *what is similar* and "*which things go together and which do not*" (Miles and Huberman 1994:249). The raw data therefore needed to be refined from written text, tape recordings, notes, and interviews into written transcripts in order to be processed and analysed.

3.5.4.1. Transcripts

Transcripts needed to be made from all data collected from the focus group interviews, stimulated recall and the videotaped recordings (see research addendum). Despite the different forms of data collected, they all share a *common feature* -they focus on ***language.*** In order to process the raw data the "verbal formulations of the subjects have to be treated as an appropriate substitute for the observation of actual behaviour" (Heritage, cited in Sliverman 1993:116).

Heritage (cited in Silverman 1993:118) notes the gains of working with transcripts as :

- providing the researcher with more detail
- allowing the reader and researcher to return to the exact extract to either analyse or refer back to
- permitting the researcher to have direct access to the data.

The transcribed verbatim raw data were processed by making use of ***contextual*** and ***chronological clustering techniques.*** LeCompte (cited in Miles 1994:249) views clustering as a process of seeing "what things are like each other, and which go together and which do not?". The aim of clustering the data was to "***understand the phenomenon*** better by *grouping* and then *conceptualising* the objects that have *similar patterns*" (Miles 1994:249). Clustering data is thus the process of "inductively forming categories and the iterative sorting of things" (Miles 1994:250).

3.5.4.2. Verbal data

The data collected from the focus interviews, stimulated recall and written text were ***chronologically and contextually clustered*** by means of the technique of

dendrograming. The contextual and chronological nature of dendrograming allows for the sequence of the data events to be acknowledged. A characteristic of a dendrogram is its inherent *relatedness* to text analysis in literary critique, as both are concerned with knowledge in text. The data are thus presented and analysed in its *textual context*. Dendrograms *condense* data, which in turn enhances temporal validity, because the chronology is maintained. The vast amount of data were sifted and resifted by the clustering process of dendograming the data into higher levels of abstraction in order to arrive at categories (Miles 1994:250). This process was implemented in the following manner:

- The transcribed data were read through several times so that a holistic picture was formed.
- The main idea/ theme was written down.
- The data were broken up into segments for example each page is divided into half.
- The main theme in each segment was noted.
- These main ideas or themes were then noted and grouped together.
- A dendrogram of the main themes was drawn.

An example of the dendrogram from the data collected in the documented text of Student Two is given in Figure 3.2.

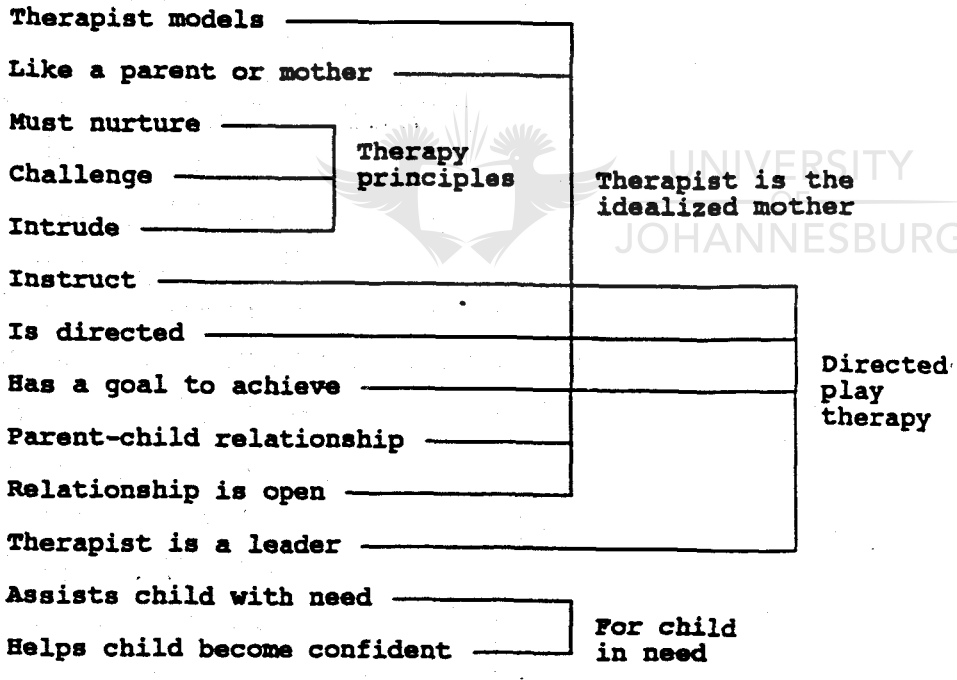
The above mentioned ***contextual*** and ***chronological clustering process*** was followed in each stage of the cyclic procedural model. A dendrogram was drawn up of the themes collected in both focus interviews, the essays written in observation 2, role play sessions as well as the stimulated recall. This implies a vast amount of processed data. In order to draw conclusion and determine categories from the research, the data had to be reduced and consolidated. Miles and Huberman (1994:11) believe that data reduction is a form of analysis that "sharpens, sorts, discards, focuses and organises data in such a way that final conclusions can be drawn and verified".

The processed dendrograms of each student were reduced into one final dendrogram per student (refer to research addendum: appendix 1). Categories could now be deduced from each student's consolidated dendrogram. The categories found needed to be interpreted. Chapter Four discusses the interpretation of the categories in detail. An extract from the second student's documented text is presented with the dendrogram drawn thereof as example of the process.

EXTRACT OF DOCUMENTED TEXT

"What I have learnt about Theraplay is that Theraplay therapist must model to a child like a parent or mother in a sense that the therapist must nurture, challenge, intrude and instruct just like the mother. Again that Theraplay is directed and the therapist has a goal to achieve in play. The basis is the parent-child relationship in assisting the child with her needs".

FIGURE 3.2
DENDROGRAM OF DOCUMENTED TEXT FROM STUDENT TWO



3.5.4.3. Iconic data

The role play videotaped recordings were processed and clustered in a similar manner as the transcribed text. Although the whole video taped session was not transcribed, the raw data were still clustered and dendrogrammed by the following process:

- The video taped recordings were watched several times in order to form a holistic picture.
- The main theme was noted after watching the whole session.
- The tape was divided into episodes of five minutes each.
- The main themes of each episode was noted.
- Themes of each student's session are noted and clustered together in the form of a dendrogram.

An example of the Second Student's first five minutes of her role play session follows, as well as the final dendrogram drawn from that session.

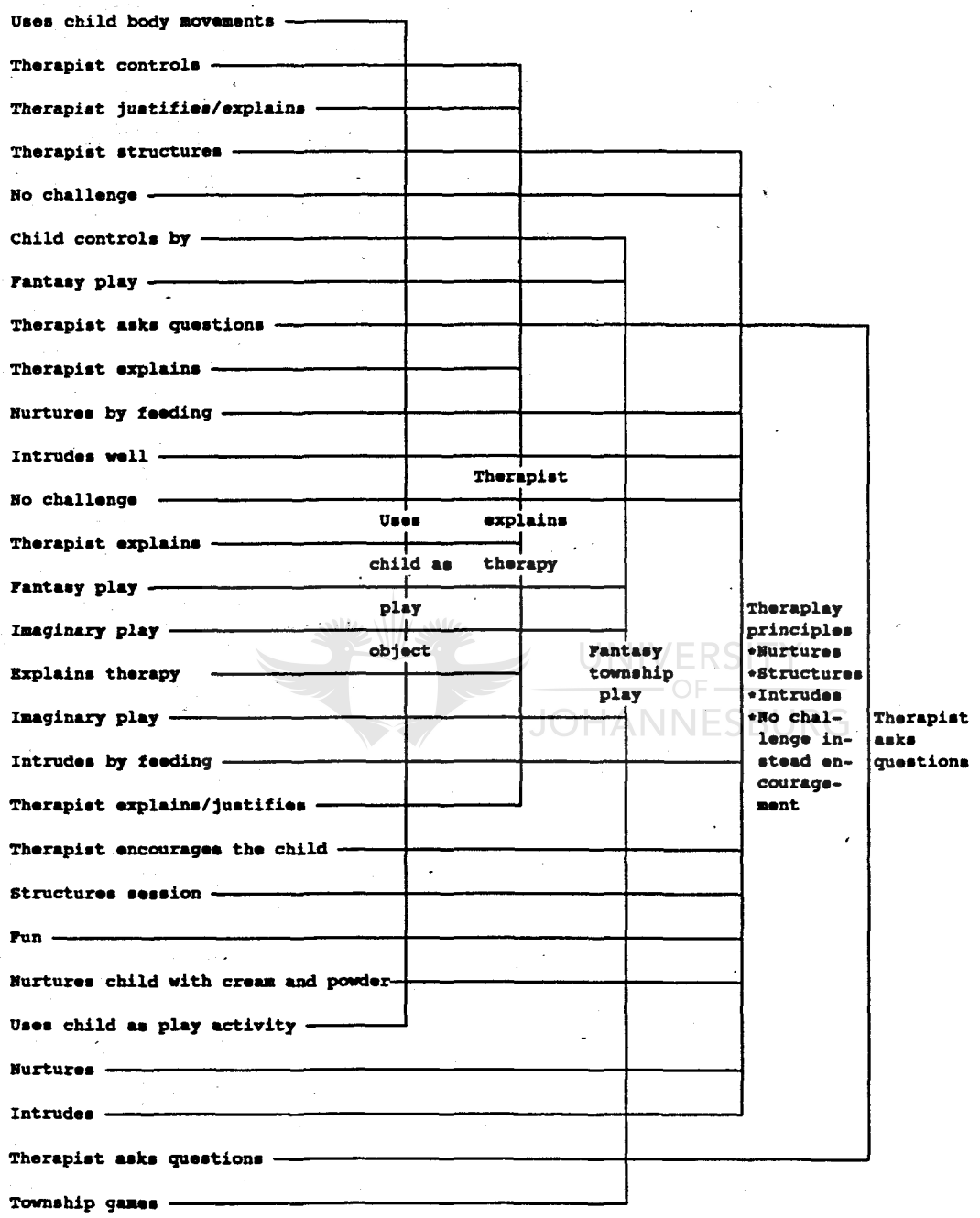
Video recorded minutes 0.00-5.00

- Therapist initiates the child's body movement into the play
- The therapist controls the session
- The therapist explains the reason for playing
- Therapist initiates fantasy play
- Therapist structures the session
- Therapist does not challenge the child
- Therapist intrudes well

Main themes:

- Therapist intrudes frequently
- Therapist explains what she is doing

FIGURE 3.3
DENDROGRAM OF STUDENT TWO'S ROLE PLAY SESSION



3.5.5. Data consolidation

The vast amount of data collected from the various data collection techniques (refer to paragraph 3.5.3.) needed to be ***consolidated*** in order to arise at categories determining the students relatedness to Theraplay. An independent researcher was asked to draw categories from both the role play sessions, in order to "***check***" the findings of the researcher. The categories from each observation were *contextually* and *chronologically* stated. The final categories were obtained by taking the ***recurring categories*** that arose in each observation. Tables 3.2, 3.3, 3.4. illustrates the researchers category consolidation.

TABLE 3.2
STUDENT ONE'S CATEGORY CONSOLIDATION

OBSERVATION 1	OBSERVATION 2	OBSERVATION 3	OBSERVATION 4	OBSERVATION 5
Focus Interview	**Documented Text**	**Role play on each other**	**Role play with child**	**Focus Interview**
• Nurture	• Nurtures	• Nurtures	• Nurtures	• Nurture
• Intrude	• Intrudes	• Intrudes	• Intrudes	• Therapist is the mother
• Good therapist	• Challenges	• Structures	• Structures	• Structure
• Challenge is daring the child	• Instructs	• Encourages	• Encourages	• Needed in the community
• Structure by rules	• Directed play therapy	• Uses child as play object	• Uses child as play object	• Play with each other
	• Therapist models the mother	• Asks questions	• Asks questions	
	• Therapist is the leader	• Explains therapy	• Explains therapy	
	• Gives the child confidence	• Township games	• Township games	
		• Differentiation turns to competition	• Differentiation turns to competition	

TABLE 3.3
CONSOLIDATION OF STUDENT TWO'S CATEGORIES

OBSERVATION 1	OBSERVATION 2	OBSERVATION 3	OBSERVATION 4	OBSERVATION 5
Focus Interview	**Documented Text**	**Role play on each other**	**Role play with child**	**Focus Interview**
• Intruding makes child relate to therapist	• Intrudes	• Intrudes	• Intrudes	• Need to learn more
• Structuring is building up	• Therapist has to persevere	• Explains her behaviour	• Asks questions	• Cannot control session
• Challenging is trusting	• Challenges	• Encourages	• Encourages	• Nurture
• A good therapist is a friend	• Therapist knows best	• Fantasy play	• Township fantasy games	
		• Child controls	• Child controls	
		• No differentiation	• Similarities	
		• Nurtures	• Child as play object	
			• Songs	
			• Nurtures	

TABLE 3.4.
CONSOLIDATED CATEGORIES

OBSERVATION 1	OBSERVATION 2	OBSERVATION 3	OBSERVATION 4	OBSERVATION 5
Focus Interview	**Documented Text**	**Role play on each other**	**Role play with child**	**Focus Interview**
• Nurture	• Nurtures	• Nurtures	• Nurtures	• Nurture
• Intruding	• Intrudes	• Intrudes	• Intrudes	
• Structuring	• Challenges	• Encourages	• Structures	
	• Therapist controls	• Justifies therapy	• Encourages	
		• Differentiation either competition or similarities	• Differentiation turns to competition or similarities.	
		• Fantasy township play	• Fantasy township play	
			• Child as play object	

3.5.6. Summary

The main tenets of the research paradigm in which this research was conducted, were discussed in this Chapter, illuminating ***methods*** of ***data collection and processing***. The training model superimposed onto a ***research format*** also featured in this Chapter, with detailed reference to the methods and techniques of data collection and processing. Extracts from the raw data collected were presented, to give the reader a view of the ***process of data analysis***. A discussion on the consolidation of the data followed, illustrated by representations of the ***consolidation*** process. The analysed data will be interpreted and verified in the following Chapter.

CHAPTER FOUR

DATA INTERPRETATION

4.1 INTRODUCTION

The process of data collection, data analysis and data consolidation has been discussed in Chapter Three. This Chapter consists of the individual interpretation of each student's data. The students' beliefs of play and play therapy, their perceptions of a good parent and therapist (collected in Observation One) were not included as core data, but are added in this Chapter as illuminative complementary data which are employed as interpretative device. The consolidated categories are interpreted after which conclusions are drawn. Implications for policy and practice follow thereafter. The validity of the study is discussed and the study is concluded with final comments.

4.2 Categories derived from data collected from Student One:

The categories identified from the first student's data are stated and then briefly discussed and interpreted by describing how the student functioned and behaved and suggesting the possible reason for doing so (taking black philosophy into consideration).

Theraplay principles:

- Nurture
- Intrusion
- Structure
- Encourage instead of challenge

Other categories:

- Differentiation turns to competition
- Justification of therapy
- Township related fantasy play
- Child as play object

4.2.1 Interpretation of Student One's categories

Theraplay principles:

Nurture

The student turned almost all activities into spontaneous nurturing activities. She seemed *comfortable* and *relaxed* whilst nurturing her clients. Nurturing was initiated and spontaneously implemented by the student. The black world view of "***survival of the tribe***" (refer to Chapter Two) possibly explains the spontaneous nurturing of the student to her client, as a person is considered "***blessed***" to have children (Mbiti 1975:82). Looking after, caring for, and loving a child, therefore, seems a natural activity for the student.

Intrusion

The student clearly conveyed the message "***You can be close to others***" to her client. There seemed to be no barriers between the student and her client. Owing to black customs of ***collectiveness, interdependence*** and ***groupness*** (refer to Chapter Two), intruding into someone else's body space seems a common and natural phenomenon. Kotze (1993:5) states that in the black community babies are in "constant physical contact with their mothers, sisters, grandmothers or other females who carry them on their backs".

Structure

The student structured her sessions well. She clearly provided boundaries and rules for the play. The concept of rules and structure were clearly conveyed in each of her play sessions. The concept of structuring to define boundaries between body and space however, was not achieved.

Encouragement instead of challenge

The student seemed to be wary of frustrating the child to risk. Instead she attempted to ***encourage*** the child to try. Challenging seemed strenuous to the student. This concept could be explained by the black value system of *co-operating* and *sharing* with one another (Kotze 1993:21, Noble 1980:103). Instead of *challenging* the client, *encouraging*

him to ***co-operate*** seemed the more natural activity for the student.

Other categories:

Differentiating turns to competition

The student attempted to differentiate between herself and her client. Instead of helping the client to become aware of his *uniqueness* and *separateness,* the student turned the situation into a competition. A "who is better" activity evolved instead of a differentiation. The child was left with a feeling of ***inadequacy*** instead of realising his *uniqueness.* The black psycho-behavioural modality of "***commonality***", "***sameness***" and ***"groupness"*** (Okolo 1992:78, Noble 1980:103) seems to influence the student's attempt to differentiate between herself and her client.

Justification of therapy

The student ***explained*** constantly to the child why he needs therapy. As a novice therapist the student seemed to be uncertain of her own capabilities as therapist, as well as the curative power of play therapy. She therefore seems to explain what she is doing to the child and why it is good for him.

The justification of therapy could also be viewed as an attempt to ***encourage*** the child to respond. The black value of **co-operativeness** and ***responsibility*** (Noble 1980:103) could possibly explain the therapist's behaviour. She seemed to feel responsible for the child's actions and tried to encourage him to participate, by explaining and justifying the therapy and her own actions.

Township play

A noticeable characteristic of the student's play is the constant use of township and fantasy play. Games originating from urban townships that are well known to township children, are classified in this study as township play. The township games are ***metaphoric*** and consist of a great deal of ***imagery*** and do not concentrate on the "here-and-the-now". **Theraplay principles, such as intrusion and structure, are superimposed onto township games, but the use of fantasy and metaphors are still maintained.**

Child as play object

The student spontaneously used the child's body as a play object. Just as intruding into the client's body space seems a natural activity, so too did using the child as a play object occur naturally and spontaneously.

Pamela Reynolds (1989:55) notes that township children often use each other as play objects, because of the shortage and lack of toys and play implements. The student naturally utilised herself and her client as play objects during all her sessions.

A consolidated matrix of the data, collected from the data collected from Student One, is depicted in Table 4.1. The examples of raw data has been selected as representative of the derived categories.

TABLE 4.1

MATRIX OF STUDENT ONE'S CONSOLIDATED DATA

Categories	Focus Interview	Documented Text	Video Roleplay on Each Other	Video Roleplay with Child	Focus Interview
Nurture	"Loving the child" "Bathing the child"	"Therapist shows concern by loving and caring"	"Come let met put powder on you" "Lets eat this food"	"I'll feed you krep-krep" "Lets put cream all over your hands"	"When you nurture the child he trusts you"
Intrude	"Intrusion is important so that child will open up"	"Get to know the child more, move closer so he opens up"	"Tickles the child "Hugs him	-Carries child on back -Hugs the child	"Helped me come closer to people"
Structure	"To learn rules - if you obey the rules you are a good player"	"Theraplay is structured play therapy"	"Take the blue marble" "Start only when I say three"	-"We don't play over the carpet" -"Start only when I count to three"	"Structure - teaches me to have a structure, to pre-plan"
Encourage instead of challenge	"It is like challenging him - I know you can do it"	***	"You can do it - touch the roof - you can do it"	"Come play with me, you can play"	**
Differentiation turns to competition	***	"Show the child he is unique"	"I have the longest arms, I win"	"My feet are dry, your feet are wet - pooh they stink"	**
Therapist explains and asks questions	"A person should play like this not like that" "Have you eaten well?"	"Therapist wants to know what the problem is"	"I'm the mother, then you will feel better" "What do you want to play?"	-"This is good for you" -"What do you want to play?"	**
Township fantasy games	"In black societies maskitlana is a usual game"	***	"Lets play maskitlana"	"I want to play the mother, you are the child"	**
Child as play object	***	***	-Carries child -Plays wheel-barrow with child's body	-Plays wheel-barrow -Carries child on her back	"In our community we play a lot, on the streets, with each other"

4.3. Categories derived from data collected from Student Two

The identified categories of the Second Student are mentioned under the headings Theraplay principles and other categories. A discussion of the students behaviour, with reference to black philosophy, is presented.

Theraplay principles:

- Nurture
- Intrusion
- Encourage instead of challenge

Other categories:

- Child controls session
- Similarities not differences
- Justifies therapy
- Uses township fantasy games

4.3.1 Interpretation of derived categories of Student Two

Theraplay principles:

Nurture

The student naturally nurtured the client by caring, soothing, feeding and powdering the child. Nurturing activities were implemented *spontaneously* and *comfortably* during the Theraplay sessions. The student seemed to regard her client highly, and the black ethos of the *survival of the tribe* (Okolo 1992:78, Noble 1980:102) was depicted clearly throughout her sessions as she protected, cared for and nurtured the child.

Intrusion

Once again intruding into the client's body space seemed to be a natural and spontaneous activity. The student moves close to her client at all times. She even pounced, lay on top of and hugged her client frequently. Her spontaneous intrusion could be indicative of the black custom of ***collectiveness*** and ***interdependence*** (Kotze 1993:21), as she stressed these customs by intruding naturally into her client's body space.

Encourage instead of challenge

The student seemed to want to *encourage* the client to respond and participate in the activities. Instead of challenging the client to do so, she tended to try to motivate and encourage him to respond. ***Co-operation*** is thus stressed by the student, and she emphasises the client's capabilities by ***encouraging*** him. The student found challenging the client nearly impossible, as this possibly opposes the black custom of *co-operation* and *collectiveness* (Noble 1980:103).

Other categories:
Child controls the session

The main characteristic of the student's session was the lack of control by the therapist. The student tended to allow the client to control and direct the session. As she did not structure her sessions the client had more leeway to control and initiate his own play.

The student seemed to want to ***please*** the client at all times and therefore allowed the client to take control. The black custom of ***"collectiveness"*** and ***"groupness"*** (Kotze 1993:21, Noble 1980:103) seems to override the Theraplay principle of therapist control. The student seemed to have difficulty with relating to being the leader, as her black custom of being ***"one"*** (Noble 1980:103) with the group seems to interfere with the leadership concept.

Similarities not differences

The student's attempts to differentiate between herself and the client turned into activities ***stressing similarities***. Each differentiating activity ended up in a comparison of similarities. The black psycho-behavioural modality of ***"sameness"*** and ***"commonality"*** seemed to influence the student's attempts at differentiating (Okolo 1992:78, Noble 1980:103).

Justification of therapy

As mentioned earlier, the student seemed to want to ***please*** the client at all times. She therefore tended to ***explain*** and ***justify*** her actions and behaviours to the client. By explaining what she was doing, she tried to please the client by giving reasons and

justifying the therapy.

Township games and song

Most of the play activities used by the student originate from the urban townships games. A noticeable element of her play is that song and dance was incorporated into most of the play activities. The student *encourages* the client to play township games with her. A characteristic of these township games is the ***fantasy*** and ***imaginary*** component of the play. Play is thus not directed at the here-and-now but is metaphoric, full of fantasy and very visual

Table 4.2 presents a consolidated matrix of the categories derived from Student Two with examples of raw data as representatives of the categories.

The identified categories of both students have been individually discussed. The consolidated categories identified (refer to paragraph 3.5.5) will now be stated and interpreted taking the students' inherent socio-cultural beliefs into account.

TABLE 4.2

MATRIX OF STUDENT TWO'S CONSOLIDATED DATA

Categories	Focus Interview	Documented Text	Video Roleplay on Each Other	Video Roleplay with Child	Focus Interview
Nurture	"You care and soothe the child" "You give her break-fast"	"The therapist nurtures the child"	Feeds the child popcorn. Puts powder on the child's body	Puts cream on the child's "dry legs"	"Now I give love and care that is needed"
Intrude	"You dis-cover the child's problem if you intrude"	"The therapist is intruding"	Hugs and rocks and pounces on the child	Hugs the child, stays close to the child at all times	
Encourage instead of challenge	"You motivate the child, you tell him I know you can do it"	"The therapist must challenge"	"Come, come, you can sit still"	"Come, come, sing with me"	"Thought encouraging a child is spoiling a child"
Differentia-tion as similarities	**	"Theraplay helps kids differentiate themselves from others"	"You have brown hands, I have brown hands too"	"Look, your nose looks like mine"	
Explains and asks questions	"You just ask the child questions - where is your father"		"What do you want to play"	"Do you want to tell me a story" "I'm going to be your friend today	
Township games and song	"There is this game we play called maskitlana"		-Plays -Black mamba -Lion and hare -Maskitlana	River-look Maskitlana "Lets pretend you have make-up on"	
Child controls the session			Child: "I want to play lion and hare - you are the hare"	Child: "I don't want to sing this, I want to dance"	

4.4 Review of students' socio-cultural beliefs and perceptions on play, play therapy, a good parent and a good therapist collected in the First Observation.

A brief overview of the students' perceptions and beliefs, collected in the first focus interview, needs to be discussed as they seem to influence the way in which the students used themselves in therapy. As the students were viewed holistically (refer to paragraph 1.3.1.3) their inherent beliefs of play, play therapy, what is a good parent and what is a good therapist possibly influenced her use of self as Theraplay therapist. Although the data collected from the first focus interview were not included as core data, they are used as complementary illuminative data to explain and interpret the consolidated categories.

In the first focus interview the following perceptions and possibly inherent beliefs were identified (refer to research addendum: appendix 3).

Play is:

- full of fantasy and song
- between children and not parents and children.

Play therapy:

- is learning through play
- teaches the child the norms of the society
- is encouraging the child
- concentrates on the positive.

A good parent:

- encourages
- teaches
- soothes
- loves and cares for the child
- models good behaviour required in society
- sings the child songs.

A good therapist:

- is an example
- gives the child love and care
- encourages the child

- is a good teacher, friend and parent.

The above mentioned socio-cultural beliefs and perceptions could possibly explain and interpret the students' relatedness to the Theraplay principles and their use of self as play therapists.

4.5. Consolidated data of both students

The categories of both students were combined (compare Table 3.4) to consolidate the categories into eight final collateral categories. A matrix is presented in Table 4.3 with a representation of the students consolidated categories.

The collateral categories are:

Theraplay principles:

- Nurturing
- Intruding
- Structuring
- Encouragement instead of challenging

Other categories:

- Differentiation as competition/similarities
- Justification of therapy
- Township fantasy games
- Child as play object

An interpretation of each category in terms of the students' *relatedness* to the *Theraplay principles* and *black philosophy* as well as, their inherent socio-cultural beliefs noted in Observation One, will now be discussed in order to reach a conclusion concerning their relatedness to structured play therapy.

4.5.1 Interpretation of consolidated categories.

Nurture

Jernberg (1993:243) is of the opinion that the purpose of nurturing activities is to fulfil in the client's *needs for love and acceptance* and to lend credence to the notions of *comfort*

and stability. As both students seemed to nurture their clients spontaneously and naturally, they relate to the Theraplay principle of nurturing very well. The students' possible inherent belief (refer to paragraph 4.4) that a good parent and a good therapist loves, cares for and soothes a child is possibly explanatory of their spontaneous nurturing. The natural caring and loving of children in the black family seem indicative of the student's relatedness to the nurture principle (Mbiti 1975:82).

Intrusion

Rubin (1989:11) defines the intrusion principle as "touching, surprising, activating and exciting" the child. Taking this definition of intrusion into consideration, the students comply and relate well to intrusion. Moving close to the client, intruding into his body space, touching and exciting the client, seemed natural and spontaneous activities for the students. When taking the black philosophy of *oneness with nature* and others into account (Kotze 1993:1, Okolo 1992:78, Noble 1980:103), it stands to reason that the students are comfortable with intrusion and physical contact.

On the other hand, Jernberg (1993:254) views intrusion as "stimulating, introducing risk and a taste of the unknown". Considering this interpretation of intrusion, the students did not comply with the Theraplay principle of intrusion. Confrontation and risk taking seem to be elements with which the black students are uncomfortable. The black custom of *responsibility* and *commonality* seem to oppose a confrontational activity (refer to Chapter Three Table 3.1).

Structure

The Theraplay Newsletter of Spring 1994 define structure as "clearly defining time and space, and teaching the client the concept of rules and boundaries". Although the students attempted to structure the play activities, they seemed to be unfamiliar with the concept of *defining body boundaries.* Considering the black concept of the ***"extended self"*** (Noble 1980:103) and the notion of ***"collective consciousness"*** (Kotze 1993:1), it stands to reason that defining body boundaries could be a difficult concept to relate to.

Encouragement instead of challenge

The purpose of challenging a client is to make it possible for the client to experience

himself as *separate*, and to teach him that combat and competition can release anger in a safe, directed and controlled way (Jernberg 1993:254). The students seemed to misinterpret the concept of challenge. Instead of frustrating and challenging, they *motivate and encourage* the client. The students, therefore, relate poorly to the challenge principle of Theraplay. True to their black culture, they emphasise ***positive encouragement*** and ***co-operation***, rather than oppositional challenge (Noble 1980:103). The students' possible inherent belief that a good parent and a good therapist encourages (refer to paragraph 4.4) a child seems indicative of their use of self as an encouraging therapist instead of a challenging therapist.

Differentiation

According to Jernberg (1990:53) the therapist calls frequent attention to his own unique features and uses every opportunity to help the client see himself as *positive, unique, special, separate and outstanding.* Jernberg stresses that "under no circumstances are differentiation's to be *put downs*".

Although both students related differently to the differentiation principle, their implementation of differentiating remained poor. Student One attempted to differentiate, but her differentiation's turned into "*put downs*". A competitive situation developed wherein the student turned the differentiation into a "*who is better*" game. The clients uniqueness and separateness is therefore not emphasised.

The Zulu proverb: ***"a person is a person by virtue of other people"*** (refer to Chapter Two) possibly clarifies Student Two's reluctance to differentiate. Existing by virtue of others contradict all indications of differentiation. The black philosophy of being one with nature and others has evolved over hundreds of years and is still visible when evaluating the student's relatedness to the principle of differentiating (Noble 1980:102). Tempels (Okolo 1992:482) understanding of the black self, possibly explains the students' reluctance to differentiate. He states that ***"just as black ontology is opposed to the European concept of individual things existing in themselves, so black psychology cannot conceive of man as an individual".*** Mbiti's description of a black child's nature possibly clarifies the students reluctance to differentiate. Mbiti (in Mowoe 1986:61) state that nature brings a child into the world as an individual but "the community turns the child into a member of the society". The child is "turned into an integral part of society's being,.....even before the birth of the child" (Mbiti in Mowoe 1986:61).

Justification of therapy

Jernberg (1990:50) states that a Theraplay therapist is in *control* of the session at all times, clearly structures and plans each session, and ***never asks the client for permission.*** The therapist in effect ***"calls the shots".*** Taking the novice status of the students into consideration, explaining and justifying one's behaviour is normal. According to Skovolt (1992:6) the novice can become lost when encountering expectations that learned rules do not cover and will try to please the client. Yet the students allowed their uncertainties to cause the client to take control of the session. The students therefore, seem to relate poorly to the concept of leading and controlling the session. Black ethos calls for ***"oneness"*** with each other and could possibly explain the inability to control and direct (Kotze 1993:1, Noble 1980:103). Another possible explanation could be the students' inherent belief of using of themselves as teachers (refer to paragraph 4.4), thus possibly explaining their need to explain their behaviour. As they seem to view a good therapist as a friend, the concept of controlling and directing the child is possibly a difficult concept to relate to (refer to paragraph 4.4).

Township related fantasy play and song

A noticeable aspect of both student's play is their use of township originated *fantasy play.* An observable element of the township games is that they are ***imaginary*** and ***metaphoric***. Theraplay on the other hand, focuses on the present here-and-now, as well as the future. Jernberg (1990:56) states that the Theraplay therapist does not play ***"let's pretend you and I are somebody else"***. As all the township games comprise an element of ***"pretend,"*** the students tend to relate poorly to the Theraplay principle of playing in the "here-and-now". Their possible inherent belief of play as "full of fantasy and song" is possibly indicative of the metaphorical and fantasy play depicted throughout their play.

Child as play object

According to Jernberg (1990:54) a good Theraplay therapist uses every opportunity to use himself and the client as play objects. Playing with their own bodies and with their client's bodies, seems a natural phenomenon for the students. Utilising bodily contact and improvising new activities making use of their bodies is naturally and regularly implemented by the students (refer to Reynolds 1989:55). The students, thus, relate well to the Theraplay principle of using every opportunity to make physical contact and using

their bodies as play objects. Their socio-cultural perception of play as "full of fantasy" possibly hinders them to play in the "here and now" (refer to paragraph 4.4).

A consolidated matrix of examples of raw data representing the consolidated categories follows.

TABLE 4.3

CONSOLIDATED MATRIX OF STUDENT ONE AND TWO

Categories	Focus Interview	Documented Text	Video Roleplay on each other	Video Roleplay with Child	Focus Interview
Nurture	St 1: "Loving the child" St 2: "You care and soothe the child"	St 1: "Therapist shows concern by caring and loving" St 2: "The therapist nurtures the child"	St 1: "Come let me put powder on you" St. 2: "Feeds the child popcorn"	St. 1: "I'll feed you kiep-kiep" St. 2: "Lets put cream on your dry legs"	St 1: "When you nurture the child he trusts you" St. 2: "Now I give the love and care that is needed"
Intrude	St 1: "Important so child will open up" St 2: "You discover the child's problem if you intrude"	St 1: "Get to know the child, move closer, so he opens up" St 2: "The therapist is intruding"	St 1: Tickles, hugs the child. St 2: Rocks, hugs and pounces on the child.	St 1: Hugs, carries child on back. St 2: Stays close to child at all times.	St 1: "Helped me come closer to people" St 2: ***
Structure	St 1: "To learn rules, if you obey rules you are a good player" St 2: ***	St 1: "Theraplay is structured play therapy" St 2: ***	St 1: "Take blue marble" St 2: ***	St 1: "You don't go over the carpet" St 2: ***	St 1: "Teaches me to structure and pre-plan myself" St 2: ***
Encourage as Structure	St 1: "It is like challenging him - I know you are a good player" St 2: "You motivate the child"	St 1: *** St 2: "The therapist must challenge"	St 1: "You can do it, touch the roof" St 2: "Come, come you can sit still"	St 1: "Come on jump, you can do it" St 2: "Sing with me, come on"	St 1: *** St 2: "Thought it is like spoiling the child"
Differentiation	St 1: *** St 2: ***	St 1: "Shows child he is unique" St 2: "Theraplay helps kids differentiate themselves from others"	St 1: "I have the longest arms - I win" St 2: "You have brown hands - I have brown hands"	St 1: "My feet are dry, your's are wet, they stink" St 2: "Look at your nose, it looks like mine"	St 1: *** St 2: ***
Justification of therapy and asking	St 1: "A person should play like this, not like that" St 2: "You just ask a child"	St 1: "Therapist wants to know what problem is" St 2: ***	St 1: "I am the mother then you will feel better" St 2: "What do you want to play?"	St 1: "This is good for you" St 2: "I'm going to be your friend today"	St 1: *** St 2: ***
Township/ Fantasy Games	St 1: "In black societies maskitlana is a usual game" St 2: There is a game maskitlana the children play"	St 1: *** St 2: ***	St 1: "Lets play maskitlana" St 2: Plays river bank. Black mamba sings ...	St 1: Plays ... St 2: Sings songs, plays pretend game.	St 1: *** St 2: ***
Child as Play Object	St 1: *** St 2: ***	St 1: *** St 2: ***	St 1: Carries child, plays wheelbarrow with child's body. St 2: ***	St 1: Picks child up, carries child. St 2: ***	St 1: "In our community we play a lot, in the streets outside" St 2: ***

4.6 Conclusions

> ***"Human behaviour cannot and should not be seen independently of the social and cultural context in which it occurs".***
>
> ***Salomon 1992:167***

As Salomon rightfully mentions a person's ***cultural context*** influences the way in which she ***behaves***. The students' implementation of the Theraplay principles indicate how they relate to the principles proposed by the Theraplay approach, from a black culture. As mentioned in Chapter One "culture is best seen as a set of control mechanisms - plans, recipes, rules and instructions - for governing behaviour" (Geertz 1975:44).

The process by which the ***external knowledge*** (Theraplay principles) was ***internalised*** by the students, indicate how they ***relate*** to these principles. Of the eight categories identified, the students related well to the principles of *nurturing, intrusion, structuring and using the child as play object.* These principles seemed to correlate with their inner cultural values and customs (compare with interpretation of categories in this Chapter) The students' use of themselves as therapists were also possibly influenced by their inherent beliefs and socio-cultural perceptions on play and play therapy, a good parent and a good therapist (refer to paragraph 4.4).

On the other hand, the principles of *differentiation, challenging, keeping the play in the here-and-now and controlling the sessions* seem to ***oppose*** black cultural values and customs, causing the student either to avoid the principle or change it to suit her internalised world. The township games observed in the study are good examples of how the student adjusted the play to suit her cultural background (refer to paragraph 4.5).

Authentic Theraplay, as proposed by Jernberg (1990) stresses uniqueness, separateness and emphasises differences. The black ethos of being one with nature, living as people by virtue of others and existing because "we are" do not correlate with the main principles proposed by Theraplay. As culture influences the way one behaves and acts, the students did not seem to relate well to all the principles of authentic Theraplay as postulated by Jernberg.

The students improvised and adapted the Theraplay principles to suit their cultural perspectives and in so doing the researcher has gained insight into new theory of possibly adapting Theraplay to suit the black South African culture.

4.7. IMPLICATIONS OF THE FINDINGS

4.7.1. IMPLICATIONS FOR PRACTICE

As mentioned in Chapter One the urban black child is in dire need of psychological intervention. Considering that the main objectives of the Theraplay approach are to enhance the child's self-esteem, trust in others, and joy in interaction, Theraplay seems to answer most of the black child's psychological needs. Yet the research indicates that the black Theraplay therapist has difficulty relating to all the principles postulated by authentic Theraplay owing to her cultural background. The implications for practice is thus to either ***adjust*** the Theraplay principles proposed by Jernberg to suit the black culture, or to ***develop a new*** play therapy approach superimposing the Theraplay principles the students related well to onto the new play therapy.

4.7.2. IMPLICATIONS FOR EDUCATIONAL PSYCHOLOGY

Prior to completion of this study, the question surrounding the issue of obtaining training in play therapy was daunting. The proposed idea, stated in Chapter One of training B. Ed students as para-professionals still seems a viable solution to the insufficient number of trained professionals. The students' positive attitude towards the Theraplay training indicates their receptiveness to learning and helping their community. Statements made by the students such as *"I can do this"*, "*I felt I can help*" and "*I think Theraplay and therapy is really needed in our community*" emphasise their ***willingness*** and ***need for more training.*** A recommendation is made that the ***law*** on providing therapeutic help (refer to Chapter One) be ***revised*** in order to make it possible for lay educational psychology helpers to be trained to intervene in the community. Taking the immense need for therapeutic intervention into consideration, the training of more therapists is vital.

4.7.3. IMPLICATIONS FOR RESEARCH

Theraplay in its pure authentic form is not compatible to black South African culture. The need for a suitable short-term play therapy has been discussed on numerous occasions in

this study. The categories that arose from this research have opened various doors to further research. The following considerations for research are recommended:

- developing a ***unique*** South African play therapy, using some Theraplay principles and incorporating other play therapy approaches

- studying the use of ***metaphors and fantasy play*** as therapeutic device for black urban township children

- ***developing a new South African play therapy*** using township play and ***superimposing the Theraplay principles*** to which the students related well onto a new approach to play therapy.

4.8 VALIDITY OF THE STUDY

Validity is viewed by Rudestam (1992:39) as the "*generalizability* of the study". LeCompte (1994:322) is of the opinion that validity refers to the "common-sensical terms accurate, justifiable, warrantable and hence believable". Merriam (1991:172), on the other hand, is of the opinion that "rather than demanding that outsiders get the same results, one wishes outsiders to concur that, given the data collected, the results make sense - they are ***consistent and dependable***". The following arguments will be presented to show that the data collected in this study are consistent and dependable, thus proposing that the study is valid.

One of the main aspects of this study's validity lies in the *triangulation* of the data collection. Miles and Huberman (1994:267) view triangulation as "a way to get to the findings in the first place-by seeing or hearing multiple instances of it from different sources using different methods". The cyclic procedural model used in the study automatically calls for the triangulation of data collection. These data sources were discussed in detail in Chapter Three.

Furthermore the validity of the study will be evaluated by discussing the eight aspects of research activity that LeCompte and Priessle (1994:325) view as issues of research validity.

Formulating goals.

LeCompte states that an important aspect of research validity lies in: whose values and world views are promoted by how the goals and purposes of the research are framed?

The goals of this study promote both the Western world view of the researcher, and the Black world view of the student. The researcher has a goal to research the students' relatedness to Theraplay and the students have a goal to learn more about play therapy and to apply their skills in their needy community.

Discovering a research philosophy

LeCompte believes that the way in which the researcher's *philosophical tradition* affects the quality of the research should be considered (LeCompte 1994:326). The researcher's view on research and research philosophy are clearly formulated in Chapter Three, contributing to the validity of this study.

Framing research conceptually

The *theoretical* and *conceptual perspectives* of the study can be related to the validity of the study (LeCompte 1994:236). The question that can be posed whether the theoretical framework of the study makes sense?

The initial theoretical framework of the study consisted of theory on the context of the study- the need for therapeutic intervention amongst black children, and the theory on the Theraplay approach to play therapy. As black students' relatedness to Theraplay was investigated, a third theoretical concept namely that of black philosophy had to be added in order to interpret the findings on the urban black students' relatedness to structured play therapy.

Developing a research design

The research model from which the study develops is generally associated with conventions for assisting quality (LeCompte 1994:327). The research design and format is discussed and explained in detail in Chapter Three. The training model proposed by Swart (1994) was superimposed onto a research model to describe and explain the students'

relating to Theraplay as they underwent the training of the Theraplay approach. The design was therefore developmental in accordance with the research question.

Selecting data sources

LeCompte (1994:328) believes that the *selection* of *whom* and *what* to study and under which circumstances affect the issue of validity. Black educational psychology students were selected as they already have an amount of credibility in the community, can relate to the concept of play therapy and because there is a need for black helpers in the black community. The data sources emerged from the cyclic procedural training model proposed by Swart 1994 (refer to Chapter Three for a detailed discussion).

Experiencing and directing the research

The *researcher's background experience* and role in the investigation are central to how validity is addressed (LeCompte 1994:328). The researcher's role as trainer possibly influenced the students' attitude towards Theraplay and thus the validity of this aspect of research. As the researcher has achieved success with the Theraplay approach in her own work, her enthusiasm and positive approach to the play therapy could have influenced the students' own enthusiasm.

Collecting data

A conventional focus for issues of validity has been *data collection* (LeCompte 1994:329). The data collected in this study is based on a systemic data collection procedure in the form of the cyclic procedural model of Swart (1994). The process of data collection is discussed in detail in Chapter Three and contributes to the validity of this study.

Analysing the data

"The more ***aware*** researchers are of *what* they are doing, *the more they can make public*" (LeCompte 1994:329). The researcher's step-by-step explanation of her data analysis (compare Tables 3.2, 3.3, 3.4) contributes to the validity of the study. The process of data analysis is clearly explained and illustrated in the form of dendrograms (compare Figure 3.2, 3.3).

With regard to the reliability of the investigation it is assumed that the clearly explicated procedures are empirically replicable and the study is therefore proposed to be potentially reliable (Silverman 1993, LeCompte 1994).

4.9 Final comments

This last Chapter of the study consists of a discussion of the ***consolidated categories*** derived from the data of each student. The consolidated categories that arose from the consolidated data were ***interpreted*** considering the theory of Theraplay and black philosophy in order to determine the students' relatedness to structured play therapy. ***Conclusions*** were subsequently drawn, and ***implications and recommendations*** for practice, educational psychology and research were stated. A discussion of the ***validity*** of the study concludes the study.

Finally the main contribution of this inquiry is proposed to be the rigorous implementation of the observational design which facilitate the emergence of the students' profoundly unique experience. This establishes a beginning of local empirical knowledge about a hitherto unresearched topic: urban black students' relating to a structured form of play therapy.

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RESEARCH ADDENDUM OF THE DISSERTATION:

POST GRADUATE STUDENTS IN EDUCATIONAL PSYCHOLOGY AND THERAPLAY: A RELATIONAL CASE INQUIRY

BY

JACQUELINE BYRNE

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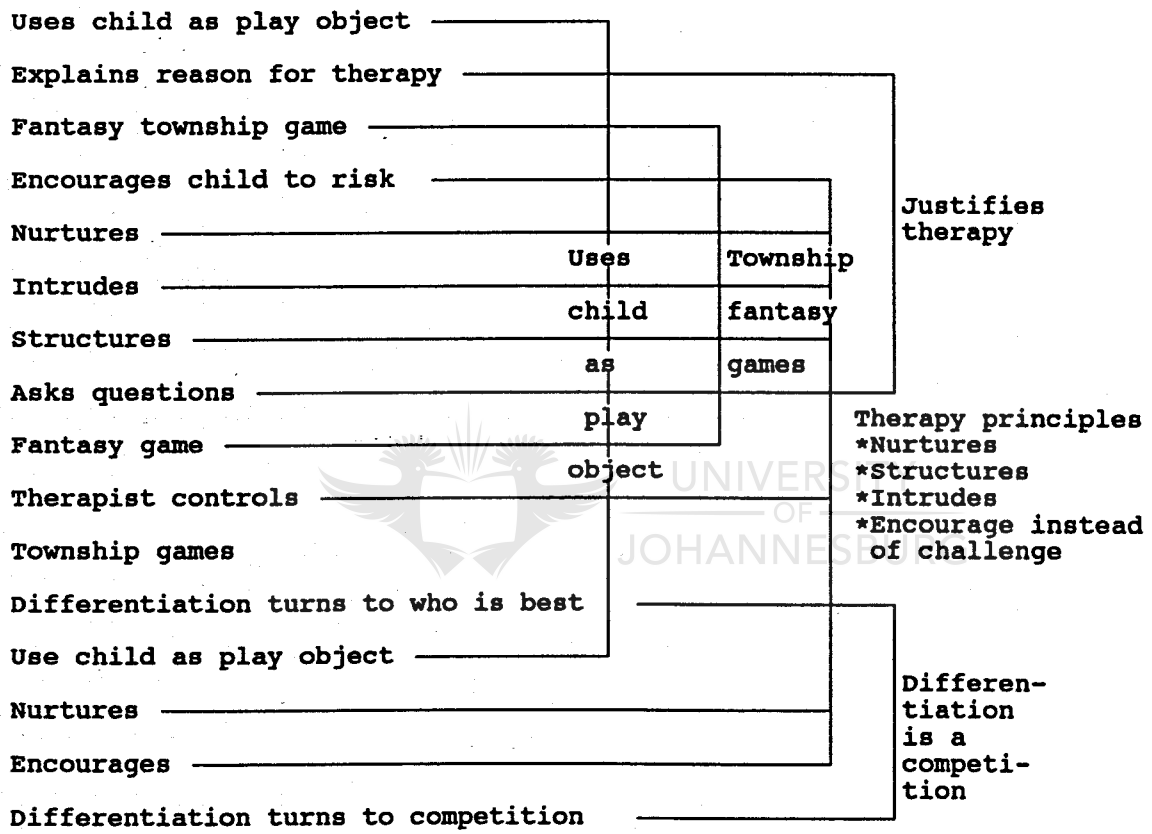
APPENDIX 1

CONSOLIDATED DENDROGRAMS FROM STUDENT ONE AND TWO

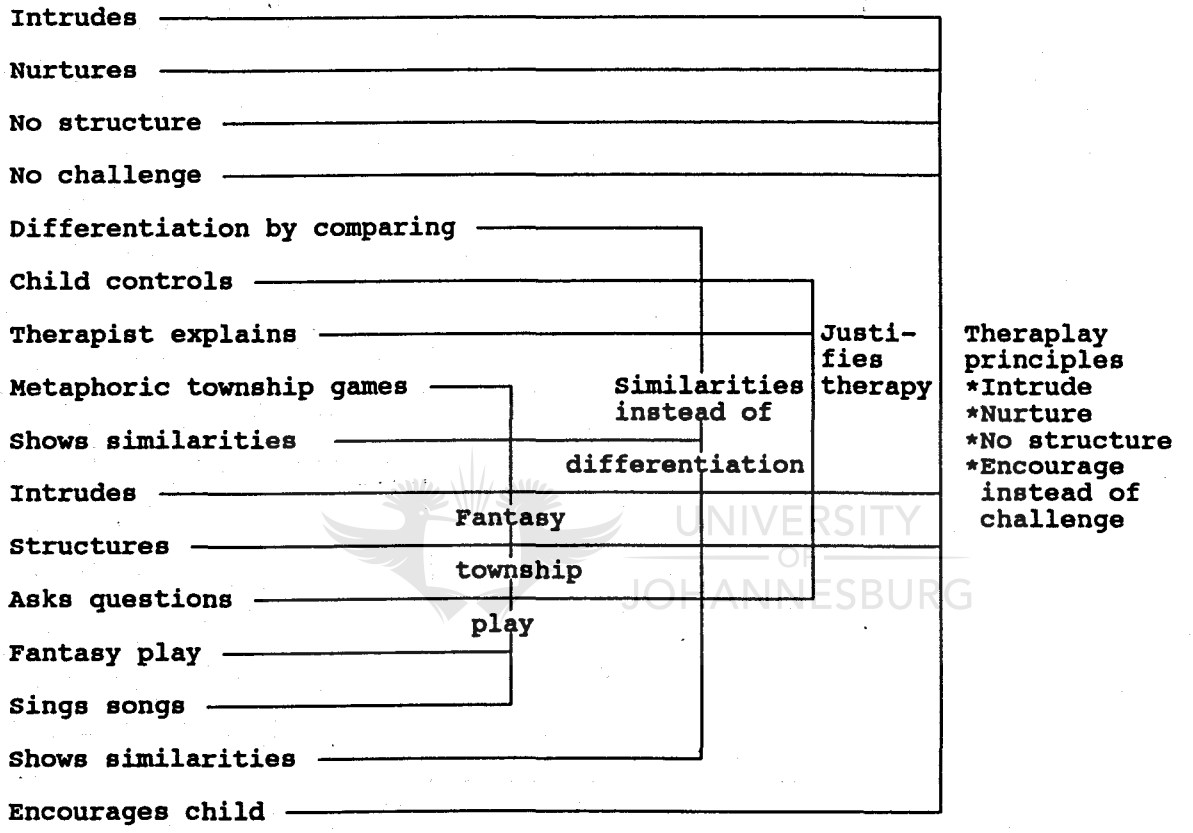
STUDENT 1

CONSOLIDATED DENDROGRAM OF OBSERVATION 3 AND 4



STUDENT 2

CONSOLIDATED DENDROGRAM OF OBSERVATION 3 AND 4



APPENDIX 2

THERAPLAY GUIDELINES

COMPILED BY J. BYRNE

INTRODUCTION TO:

THERAPLAY

Theraplay is a treatment method for enhancing self-esteem, trust in others and joy in engagement. It is based on the assumption that all children are entitled to feel unique and wonderful in their own eyes and in the eyes of others. Children need to experience intimate engagement with other human beings and to know that life can be exciting and enjoyable. No matter what age the absence of self-esteem and joy with others can lead to despair, helplessness, mistrust and anger, and can result in behaviour that is self-defeating and/or "difficult". Theraplay attempts to replicate the kind of interaction and relationship that exists between parents and their children.

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Theraplay is unique direct approach used when counselling young children. the Theraplay technique is also known as structured play therapy and was developed by Ann Jernberg in 1979. The term structured play therapy thus implies that Theraplay is a form of play therapy which is planned well in advance, has specific goals and is specifically structured to suit each individual clients specific needs. To fully understand the underlying principles behind Theraplay an in depth look is need into the theoretical background of structured play therapy.

2. THERAPLAY THEORETICAL BACKGROUND

2.1 The parent-infant relationship

The best way to understand the principles underlying the Theraplay method is to rediscover the basics of the mother-infant relationship. What does a normal mother do to and for her baby? How does a healthy baby respond? What are the typical daily interactions in the nursery?

Daily, the mother nuzzles her by's neck, blows on his tummy, sings in his ear, hides his eyes and nibbles his toes. She loves and nurtures him spontaneously every day. By gently teasing, chasing and eluding him, she remains a step ahead of him thus encouraging him to learn the art of mastery and to enjoy the challenge. The baby comes to see himself as clearly differentiated, attractive, safe, enjoyable to be with, lovable and capable of making an impact. In addition his mother teaches him about physical realities such as gravity time and motion when she tosses him high up gravity time and motion when she tosses him high up into the air or play's peek-a-boo.

Four normal mother-infant behaviours are stressed during Theraplay for their attachment-promoting and autonomy-enhancing qualities.

1. **Structuring**
   The mother limits forbids, defines, reassures, speaks firmly, labels, names, holds and restrains her baby.
2. **Challenging**
   The mother teases, encourages, dares and chases her baby.
3. **Intruding**
   The mother tickles, bounces, swings, surprises and pounces on her baby.
4. **Nurturing**
   The mother rocks, nurses, holds, nuzzles, feeds, cuddles, caresses, lies next

to and hugs her baby.

In effect the mother thus nurtures her baby, challenges him, intrudes into his body space and structures him. The mother clearly conveys the message of, you are nice and lovable and a unique person. Every baby needs these four principles but not every mother can give them, some mothers fail at these functions. Why?

1. Firstly the environment plays a big role. Financial problems, troubled family members and a stressful environment causes the mother to satisfy only the basic physical needs of her children such as food, and clothes. Love, warmth, fun and playing with one another is neglected.

2. Mother and child may have conflicting personalities child may be a rigorous, aggressive, demanding and a physically robust infant whilst he may have a gentle, frail and dreamy mother.

3. The mother may be physically or emotionally unable to handle her baby. The baby's needs can thus not be met by the depressed, tired, over anxious or emotionally confused mom.

4. The baby's inborn characteristics may ask for specific actions from the mother that she does not understand and thus does not satisfy the needs that her baby may have at that specific moment.

2.2.The therapist-child relationship

Successful therapy is grounded in the therapist-child relationship. Theraplay's principles lie in the mother-child relationship therefore a Theraplay therapist shares the principle that "he must be the idealized mother who has the responsibility of bringing the client up all over again" (Jernberg 1990:19). The Theraplay therapist thus sees himself as having not only every "right" but indeed the obligation to intrude into the clients' problem. The for change belongs to the therapist. He is expected to plan a strategy of change.

The therapist-child relationship also gives attention to the physical, concrete, here an now experiencing rather than to the process of insight and talking. The therapist has to assess the child's needs in terms of nurturing, structuring, intrusion and challenging and in a fun way fulfil these needs within the play.

Activities are therefore determined by the child's needs and age and are explicitly planned, although not over planned that they exclude spontaneity.

The therapist-child relationship is thus based on the mother-child relationship and always has a fun element, is spontaneous and focused on body contact.

2.3 Role of the therapist

The Theraplay therapist is always in control of a session. She has planned each session, well in advance and assumes responsibility for activities carried out within each session and for the progression of activities from one session to the next. Throughout the session, the therapist uses herself and the child as primary objects of play.

The Theraplay therapist is therefore:

1. Confident and has leadership qualities.
   The therapist has a positive self image and conveys the ability to guide and protect.

2. Appealing and delightful.
   The therapist is jolly and draws the child nearer.

3. Responsive and empathic.
   The therapist responds to, listens and soothes the child.

4. In charge at all times.
   The therapist "calls the shots". She is fully in control from the moment the child appears in the therapy room until he leaves.

5. Uses every opportunity for making physical contact with the child.
   The therapist structures every session so that it affords a hundred different opportunities for body contact.

6. Insists on unwavering eye contact.
   The therapist pursues the child's eyes with his own no matter how painful this is or how evasive the child becomes in his efforts to avoid it.

7 Places intensive and exclusive focus on the child.
The therapist's only awareness is on the child and his potential for health.

8. Initiates rather than reacts to.
The child will avoid intimacy and knowing this the therapist will make every effort to initiate before the resistant action is set in motion.

9. Responsive to clues given by the child.
The therapist is alert to signals given by the child that indicate interest.

10. Uses every opportunity to differentiate himself from the child.
The therapist calls frequent attention to his own unique features, likes, dislikes and compares it to the child's.

11. Uses every opportunity to help the child see himself as unique and special.
The therapist calls attention to special characteristics of the child in a positive context.

12. Uses the child's moods and feelings to help the child differentiate himself and label his feelings.
The therapist may translate "you're crying because you are unhappy".

13. Keeps the session spontaneous, flexible and full of happy surprises.
The therapist plans every session to suit the child's needs yet from the child's point of view each session is unpredictable and fun.

14. Uses himself as the primary play object.
The therapist's actions, movements, words and noises are used as the "toys" in each session.

15. Structures the session so that times, places and persons are clearly defined.
The therapist conveys clear rules and expectations within each session.

16. Attempts to keep the session cheerful, optimistic, positive and health-orientated.
The therapist communicates to the child that:
(a) the world is an appealing, happy, fun-filled place.

(b) the child, being basically strong has the potential to enjoy it.

17. Focuses on the present, future and the here.
The therapist gives the message that the present matters now and that the future is good.

18. Focuses on the child as he is.
The therapist attends to what the child is, how he looks, how strong his muscles are, how beautiful his hair is, how well he can jump or bounce or fall.

19. Sees to it that within each session there are many different segments, each with a beginning, a middle and an end.
Each segment or activity should be a little playlet in itself, with a beginning, middle and end.

20. Offers some minimal frustration, challenge and discomfort.
The Theraplay therapist urges the child to accept a healthier view of himself and the world and to perform in a healthier manner than is typical for him.

21. Uses paradoxical methods when appropriate.
The therapist challenges the child to do or not do something e.g. "Pat close your eyes and put your thumb in your mouth" this frustrates Pat to open her eyes and keep her thumb out of her mouth. This technique works well particularly with resistant and opposional children.

22. Makes his presence felt through a temper tantrum.
The therapist helps the child to gain control over a temper outburst. He stays right there, in physical contact with him, verbalizing his confidence in the child's ability to regain control.

23. Conducts his sessions without regard to whether the child "likes" him.
The therapist conveys to the child that there is something about him which is likeable, regardless of whether or not the child feels the same way about the therapist.

24. Curtails and prevents excessive anxiety or motoric hyperactivity.
The therapist maintains a careful watch and firm control so that the child will

not experience excessive anxiety or find himself to "wound up".

25. Attends to physical hurt.
However minor the bumps or cuts, the therapist nurses them tenderly.

26. When at loss for ideas, incorporates the child's body movements into his repertoire.
The therapist uses the child's movements to initiate an activity.

3. SEQUENCE OF A SESSION

Just as in the course of a good nursery school day, so also in the course of each Theraplay session, do activities vary in a predetermined way, namely:

3.1 The opening

3.1.1 Greeting activities

The object of greeting activities is to allow the child to experience unrestrained pleasure at being discovered. the therapist communicates his excitement and delight at being reunited with an old friend. The greeting is modelled once again on the parent-infant relationship where the mother exclaims "how big you look this morning", "I'm coming to get you!" The Theraplay therapist does the same e.g. "oh isn't it my friend Bobby with the nice curly hair", "You brought that beautiful smile with you again". The initial greeting is therefore spontaneous and fun, never formal and stiff.

3.1.2 Checkup activities

The purpose of the checkup activities is:

(a) An opportunity for the therapist and child to become reacquainted.
(b) The opportunity to convey to the child that he is capable of growth and growing.
(c) An opportunity to give the child a sense of consistency of self.

The therapist may cheerfully measure and compare the child's height today compared to last time or check his muscle size, number of teeth, length of hair and height of jump or kick.

3.2 Session proper

The Theraplay session proper consists of a choice

(a) Structuring activities

The purpose of structuring activities is to clearly define time and space and to teach the child the concept of rules.

(b) Challenging activities

The purpose of challenging activities are:

(i) to provide frustration that makes it possible for the child to experience himself as separate.

(ii) to teach the child that combat, competition and confrontation can release pent up tension and anger in a safe, direct, controlled an playful way.

(c) Intruding activities

The purpose of intruding activities is to teach the child where he leaves of and the rest of the world begins. Intruding activities also enhance the child's experiences of himself.

(d) Nurturing activities

The purpose of nurturing activities is to fulfil the child's need for love and acceptance.

3.3 The closing

Parting:

The object of parting is to provide closure to the session. While putting shoes back on the child and therapist discuss what fun they had. The therapist "straightens" the child's hair and clothes and sees him off.

4. PHASES OF THERAPLAY

Now that we have discussed the sequence of each session it is necessary to look at the six phases Theraplay usually works through.

4.1 Introduction Phase

During the introduction phase the ground rules of Theraplay are clearly set namely:

* The Theraplay sessions will be fun!
* The Theraplay sessions will be clearly directed by the therapist.
* The Theraplay sessions will be clearly directed by the therapist.
* The Theraplay sessions will be action orientated rather than talk and insight orientated.
* The Theraplay sessions will be clearly differentiated between time and space and therapist and child.

4.2 Exploration phase

In the exploration phase the child and therapist actively get to know each other. They get to know who has the largest feet, hands, the curliest hair, strongest muscles. The child thus comes to view himself in a new light and learns things about himself he never knew. The message is brought across that he is lovable even at his most resistant. Not only is the child aware of himself but also of the therapist. A Theraplay session can be considered a success if the child has come to perceive the therapist as clearly differentiated from himself and as fun.

4.3 Tentative Acceptance phase

During this phase the child pretends or actually may "play the game". The child seems to be enjoying the therapy yet is not genuinely relaxed in the activity. It may be, rather, a defensive, apprehensive manoeuvre whose propose is to keep the intruding therapist at bay.

4.4 Negative reaction phase

Here the child becomes clearly resistant to any further efforts at intimacy. The therapist however continues to be insistent and matter-of-fact, conveying to the child that what they are about to do together would be fun for any normal child.

4.5 Growing and Trusting phase

During the growing and trusting phase the child first experiences the pleasure of interacting with another human being in a "normal" reciprocally satisfying way. Once the child and the therapist have found a high degree of pleasure with each other, it is time to introduce other members of the child's community into the session.

4.6 Termination

The child has to be prepared for the ending of the therapy so that he can experience a feeling of independence. The child is reminded of how many more session remain so that the is fully prepared for the parting or ending of therapy. The last session is usually ended with a big party which includes all members of the child's family and if possible anybody available for the party.

5. INDICATIONS

Theraplay is a useful form of treatment for many emotional, social and developmental problems. It is a suitable treatment for children who, probably as a result of early deprivations, have low-confidence in themselves and little trust in their worlds. The overriding therapeutic goal for all referrals, is to help the child replace inappropriate solutions or behaviour with healthy, creative and age-appropriate ones.

Theraplay, in it's purest form is not indicated for every child however. Caution should be applied when considering Theraplay for the following children and it might be advisable to use a different type of therapy or and adjusted Theraplay with:

* Sociopathic children
* The traumatised child
* The fragile child

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APPENDIX 3

TRANSCRIPT OF FOCUS INTERVIEW

OBSERVATION 1

TRANSCRIPT OF:
FOCUS GROUP INTERVIEW - OBSERVATION 1

Researcher: What we are going to do is discuss a little about what we know and what we don't know, so that we can put everything together so that we can find out what we know about all of this and build on that. Then we can go to the theory part. Lets firstly find out what we know and what we don't know. I'd like to know from you what do you know of play therapy?

Silence

Researcher: What have you heard about it ... Patience?

Patience: Well I can say play therapy is were you help a child, with problems. Then try to help that child to in a way solve that childs problem ... maybe she must say something to you ... something that she maybe has been keeping to herself.

Researcher: You say you must help the child.

Patience: Ja

Researcher: Explain help.

Patience: By helping ... uhm ... the child will relate the problem to you ... and then maybe you pose some questions ... like what's her problem ... then how do you deal with it, so that she will try and explain ... and with that explanation maybe you can bring the problem together and try to help her.

Maud: Now maybe it's a child who won't talk, you try to make her feel relaxed ... loved, ... see that somebody cares and is concerned ... until she opens up. Ja, and maybe ... like you allow the fears make him comfortable, creates a atmosphere that he will be ...

Researcher: So you say it is also important to you to create a nice atmosphere.
Patience: Ja that is the most important thing.

Maud: Because to start with, he's got problems at home and I mean a foreign person, a unfamiliar persons so he can't just try trust me to deliver his problem. So I must make him feel comfortable so that he knows I am trusted and got that love.

Researcher: Alright.

Paulinah: Especially a child who is living with parents who don't care, don't show that love. That child might have a problem of trusting another person.

Researcher: Okay, so it is important that you build up this trust relationship.

Paulinah: Yeah.

Researcher: Can you add anything? Play therapy what would you add to what is play therapy?

Maud: It is like challenging the child. Maybe it is a child who is reserved and you try to make him feel more like playing you know. Like challenging him: I know you can do it, I know you will do it. Something like that, so that he feels, ja he knows I can do it and then goes for it. But now if he feels its as though he's afraid of you, he can't participate, he will always withdraw there.

Researcher: Do the other two of you agree ... about what Maud said about challenging?

Patience: Ja to help, that you are able to evaluate ...I don't know how to put it ... but that the child's behaviour through playing ...

Paulinah: Mm, children learn best through playing.

Maud: Ja, like an aggressive child you can see through the way he plays that somehow he has been affected ...

Researcher: So I hear you saying a child learns when he is playing.

Maud/Patience: Ja.

Researcher: So you must evaluate his behaviour and then according to that behaviour give him something to go on.

Respondents: Yes.

Researcher: I'd like to talk a little more about challenging. What Maud mentioned. Maud said we must challenge children. If we have a resistant child we must challenge him ...

Maud: Yes make him dare to do things.

Researcher: Explain to me more how do you think, or what do you think it means to challenge a child.

Paulinah: Just like uhm ... you motivate the child. You tell the child: I know you can do it.

Maud: Ja, he is capable.

Paulinah: You are going to do it. Lets start ... To build a positive self-concept.

Maud: Yeah you know sometimes at home there are these things at home like: you're stupid, ... you're always stupid. I know you will break the glass ... you always get in trouble. So make him feel important ... that he is capable of doing something good, that can be appreciated by others ...

Researcher: So we are going to challenge him.

Maud: Ja.

Researcher: Is there anything anybody would like to add to the whole concept of play therapy?

Maud: Like maybe you get a very aggressive child, try to soothe him in a way until the aggression slows down. Because children are so aggressive and you go with the very therapy that will make him more aggressive. Now you must make him known that there are norms in society. A person should behave like this, not like that, that is to rough on somebody. That is good, not that much.

Researcher: I hear you saying Maud that it is also important in play therapy to put norms there.

Maud: Ja, like guidelines of play. Don't hit that hard, it hurts something like that ... so that he can develop human behaviour sort of.

Researcher: Do the others agree?

Paulinah: With a child who has problems, it is best if you concentrate more on what is positive and ignore the negatives that he is doing ... because he is used to that life of being reprimanded ... so when she expects you to reprimand her ... don't do it.

Patience: Ja.

Paulinah: Try to praise her for the good that she has done.

Researcher: So I hear that in a play therapy session you boost the good.

Paulinah: Ja, you concentrate on the good things that she is doing. Reserve the bad things that she is doing.

Patience: Because maybe if ... at home they used to punish her for doing bad things, don't punish her ...

Maud: You don't punish but some how you try to guide her.

Patience: Ja, don't do this, this is not allowed.

Maud: That is you don't encourage this aggressive behaviour but somehow you don't reprimand. You try some ways of soothing that. Not that hard, this way ... that's a good boy, that's a good girl.

Researcher: Right, but still in the norms of the society.

Maud: Ja, you can do this not that. But somehow train the way you play ... he sees ... if I do this somehow its best.

Paulinah: I think its best if you can do it this way.

Maud: Not that it is, but I think it would be much better if you do this.

Researcher: So I hear you saying the way you play is important.

Maud: Ja.

Researcher: The way you play?

Patience: It is.

Paulinah: Because if you're play is not correct it won't help the child it will be making it worse.

Researcher: So it's important the way you play with the child then. So this is play therapy. The child learns to play.

Maud: Yeah we are helping him to realise those capabilities.

Researcher: Okay now lets just bring it one step back. What is a child?

Maud: A child is someone who should be guided towards proper adult behaviour. Sort of human behaviour.

Researcher: I hear a child should be guided.

Maud: Should be guided ja ... because a child doesn't have morals but through your guidance he sees that okay ... there is something like this and automatically their morals develops.

Patience: It's a living being.

Maud: Like if a child should come in here, he would ramsack all these sandwiches eat and ... but now through your guidance he will see okay when people are seated you are not supposed to touch like this. Yes should be guided always.

Researcher: A child I hear is a human being, a child needs guidance. What else is a child Paulinah?

Paulinah: If you compare a child with an animal ... an animal reacts to situations but the child is becoming, is taught to do things. An animal is not taught it's trained but a child

is taught. So if we teach children lets say good morals and we behave in that sort of a way that we are teaching then it will be best for the child. The child is always dependant on adult behaviour.

Maud: A child is a very good imitator. So once he grabs something from you that is bad, it will stay with him and with you it was maybe just that moment you were out of order but with him ... so Mom did it, it means it is good. He is a very good imitator. So what ever you do should be on those guidelines.

Paulinah: They will go to an extent that they tell you but Ma, the other day you said we shouldn't do it this way but now you are doing it.

Researcher: So children imitate ... and they can be taught ... we can teach children.

Paulinah: And they don't forget. What you say stays.

Maud: Ja, because they are at those concrete stages of development. Like now if you tell him that if you still in a shop, your'e going to be reprimanded in a way maybe like this, ... maybe won't be good for you ... like it will hurt ... something like that ... so you will stick to those norms ... he will stick to them. Like if you go into a shopping centre he knows I shouldn't take a chocolate ... Mom did not pay for them ... It means I am stealing ... so even if friends those good friends steal he won't say they are my friends I can do them a favour ... he'll just go to the store keeper and say my friends are stealing and the consequences thereof are going to be bad for them ... but as long as he has done a good thing ... that you don't steal I am going to report that.

Researcher: Maud I hear that it is very important to you that children have morals. Is it important to the other two, the whole aspect of morals ...

Patience: Yes, it is.

Paulinah: That is a aim of educating that child. To behave according to the norms and morals of the society.

Patience: And it is the duty of the family to do that. To socialise the child into the societies norms.

Researcher: Right so well all agree that, that is an important aspect. And Patience you say it is the duty of the family. Do you agree?

Maud: Ja, ... charity begins at home. I mean if a child socializes well at home by the time he reaches school going age, he knows what is expected of him.

Researcher: Who in the family is responsible for that aspect of child rearing?

Maud: It is the mother. Most important person is the mother because she is the closest to the child most of the time.

Paulinah: But now these day's its a problem. You find that the mother and the father are always out and ... then the father is much longer at home with the kids ... unlike the mother then if the father has that ... umm ... belief that the mother is the one who is supposed teach the kids then there is going to be a problem.

Maud: So you can say whoever takes care of the children.

Paulinah: Yes an adult person, who is at home. Who knows the good and the right things, is the one who should be responsible.

Maud: And the other siblings as well.

Researcher: So it should be an adult person at home, a parent or an adult person that knows the norms of the specific society. Lets talk about a good adult or a good parent be it the mother or the father. What is a good parent? What does a good parent do?

Patience: Is the one who models good behaviour.

Maud: Shows love, and concern like what did you do when I was away?

Paulinah: Responsible.

Maud: Have you eaten, are you well? All the concerns the child needs like so the child knows "I'm loved". But if you came in from work and then you cook, you do things, you don't ask how was the day. He thinks: oh my Mom neglects me, she doesn't care whether I've eaten, whether I am happy or whatever.
So they like reporting actually. Children like reporting. You now when Mom and

Dad came in, they tell: Oh big brother, big sister, did this and that they were in your lipstick, make-up things like that. Dad your music was so high. So they like reporting, so if you don't came up with the questions: What happened? They won't be afraid.

Researcher: Okay, so I hear a good parent is somebody who is concerned, who listens.

Maud: Ja, is always ready to listen.

Researcher: And who loves, Maud said. What else does a good parent do?

Patience: Teach him.

Researcher: Paulinah?

Paulinah: I think we mentioned all the things.

Maud: Provides, for all the basic needs of the children.

Researcher: What are the basic needs of children? Lets think of that!

Patience: Safety.

Maud: Security, love, care.

Paulinah: Shelter, food.

Maud: Health, of Mom my head is aching.

Paulinah: Then you say: you have been running around the whole day, now you come and tell me your head is aching.

Maud: Especially when it comes to bathing time. It itches, it hurts, so you have to have that patience because once you pour water, ooh it aches everywhere with a kid. And you put cream on them you soothe all those things is a very good mother.

Researcher: Soothes as well.

Maud: You sing, you read to him you lullabies him and everything. At bed time we are there.

Researcher: You are there, you sing lullabies. Is there anything else you can add?

Maud: Encourage, like drawings even if it is at the tender age of three, you just give him a paper. Draw anything ... draw mamma, then he starts drawing, participating.

Paulinah: They like to learn, kids.

Maud: They are ready to learn.

Paulinah: Ja they are ready to learn. My little one because of her sisters and myself too, at her age she is able to write her name, she has developed that interest because it is something that is practised in the family.

Researcher: There are other children that do it.

Paulinah: They do it, then she also wants to do it. Then we provide her with her own things to do.

Maud: I remember my sister was not that very clever at school. So she used to repeat standards, so when she was in standard six they were singing this: what is matter? matter is anything that occupies space. So I was at the lowest level ...

Paulinah: Mm ... but you know what matter is.

Maud: I know this song, so when I reached standard five there was this thing of Science in standard five. The teacher said what is matter ... on our first day. I said matter is anything that occupies space. She said where did you get that? My sister used to sing this everytime. Children inquire songs, I knew them because she would just sing, sing and sing.

Paulinah: So children like to learn and imitate.

Maud: And sometimes it is for the good of the child. He has taken the good things from

imitating or learning ...

Researcher: So children also imitate. You listened to your sister and copied.

Maud: You copy and it stayed. I remember maybe at standard two, having all those three years to standard five, but I still remembered what matter was.

Researcher: So children remember as well.

Maud/Paulinah: They have a good memory.

Researcher: I'd like to think of a few things that we could do to children and I want to just talk about it. Uhm ... and how do you think it fits in. Maud mentioned that children need challenging. Um ... how do you challenge a child?

Patience: I ask him questions. You want to know what he knows already then you prompt questions.

Researcher: Okay, we can challenge him by asking questions. And I heard you saying by daring him.

Maud: Ja, like maybe he want to climb but he's afraid of heights, swimming or whatever. So you dare him to do it. Like: I know you can swim. Through yourself into the water so that he will really go for it even though he is afraid of water. And now because you are daring him, he wants to please you and ...

Paulinah: And if you do it first ... so that he can see that you are able to.

Maud: O ja, that you are in the water and it is safe. Or climb the stairs or whatever.

Researcher: So that is how we challenge children. How do you structure a child?

(Silence)

Maud: This is difficult.

(Silence)

Researcher: What is structure?

Paulinah: Building up.

(Silence)

Researcher: What would you say structuring a child is Patience?

Patience: Structuring a child is uh ... you teach the child to follow the correct ... maybe procedures ... or ... morals of behaviour ja.

Researcher: Following the correct paths of behaviour. That's a way of structuring a child. ... How would you do that?

Patience: Firstly norms and rules are important.

Maud: And learn rules. Especially now you are in a game there should be rules. Firstly the rules are ... you go for them ... If you obey the rules you are a good player ... if you don't you are a cheat.

Researcher: So rules also structure?

Paulinah: Ja, they do and practicing.

Researcher: Practicing ... doing it over and over.

Paulinah: Doing it over and over until it is mastered, until it happens automatically.

Researcher: So that is also a way of structuring a child. Is there any other way we can structure?

Paulinah: Through your own behaviour you can structure a child. If I am stealing my child is likely to steal because she has seen that from me. To her it is a normal behaviour.

Researcher: So structuring also means modelling ... What is nurturing a child?

Maud: Loving the child.

Patience: Caring.

Paulinah: Soothing.

Researcher: Paulinah how do you nurture your child? What do you do?

Maud: You bath him it is part of nurturing.

Paulinah: In the morning you bath him, give her breakfast, during the day ... children when they are playing they forget that they are supposed to eat. She will come in there with an empty stomach. So you are on the look out, you must watch the time and know this is the time for eating and you must call them "come and eat" because they won't come easily.

Researcher: So feeding them is also a way of nurturing? How else do we care?

Maud: Maybe to tell them to go to sleep, when it is time to sleep. Like they like watching T.V. and they won't go to sleep unless you tell them. Ja, unless you tell them they just go dirty as they are, now it is more work for you. You just guide them always: okay it is time to sleep now, no more T.V. go and bath, things like that ... their pajamas are nice and clean.

Researcher: How do you intrude?

(Silence)

Maud: Now it goes with ages I would say. The 5 - 0 you don't intrude on those but 6 upwards they've got this little purse, little drawer with so many things ... diaries ... so you intrude now if you go there uninvited. So once you tell them: Yey I saw this in your draw. Mom how did you get there that's my drawer, you're not supposed to see that unless I show it to you. So you are intruding. And another thing is when you intrude in the life of the person like you want to know more than she doesn't want to give to you.

Patience: Those things maybe she's hiding. You want to know more about her. It is difficult for them to say things the way they are.
It is difficult for us ... for our parents to just tell us to ... you know there are others

you go to ... you have a boyfriend ... what are you doing? ... that is the way of intruding.

Paulinah: If I can give you an example. My eldest daughter I am intruding if I want to know if she is menstruating. She will hide ... I won't even know she is menstruating but the second one it's free, this other one is so hiding.

Researcher: So intruding depends on the ...

Paulinah: Personality.

Maud: Like my sister's child she is afraid of her mother but she comes to me and talks about boyfriends. She is sixteen, she has an interest of some sort, now she will talk about Sipho, Sam to see how I feel, how I view this relationship. Is she old enough to have boyfriends actually? So that is how she makes me intrude in her life. She wants some people to intrude but in a certain way. There are those people who are willing to intrude and there are those who are not. Me she knows I am just asking things. So they are ready to be intruded sometimes but sometimes they don't want it. So depends on the personality. Like she will say my Mamma don't tell me things but my aunt will, I don't know how to relate to you. So she is always expecting her mother to come and tell her all the girl things but the mother is so busy, just her first born child you know it's so difficult communication. But with me it's easy.

Researcher: Would you say intrusion is important to children?

Maud: It is.

Patience: No you have to as a parent you have to know. Some children don't tell their parents I have this problem. So you have to.

Maud: Like I read a book. The child was 13 and she slept with the mothers boyfriend. They were divorced actually. She slept with the mothers boyfriend until the mother discovered that and so when the child was taken to some reformatory school of some sort ... so the investigation of the social workers, they were so surprised to find a 13 year old bedroom so neat, the drawers so neat, everything was so in tact it was abnormal for the child's age, so the mother did not intrude in

her life to make her feel you are still a child, you've got to just let things laying around, you leave your panties there, your vest there. So she was so neat it shows the behaviour that she was more adult than her age. Now because the mother does not intrude, she has got so much to concentrate on, so there is no-one to talk to.

Researcher: So I hear that it is important to intrude.

Maud: So that a child should open up.

Researcher: Would you agree with that Paulinah?

Paulinah: Yes I do.

Maud: So that a child should not jump a certain stage of development. So if you don't intrude the child jumps this and that because you are not aware.

Paulinah: You were able to discover the problems.

Researcher: So intrusion is a way of helping a child develop and discovering problems.

Maud: Like a child who comes home from school especially boys, so temperamental so sensitive ... what's going on? ... What's wrong with you? ... everytime you came in you are so cross and angry ... only to find that there is a problem in the transport they are travelling in ... there's this bossy so and so ... so once you make him open-up that what is happening in the taxi, then he can relate to you ... you also say: you go and hit them if they do this to you, you do that. But if you are not interested, always he is angry, angry and he will end up running away from school. When it is time to bop-bop-bop to go to school, he will hide under the chairs because there are those bossy bullies there. So you've got to ask questions, always intrude find out what happened why is this like that.

Researcher: We've been speaking now about what is play therapy, what is children and what are the things children need. What do you know about theraplay?

Laughing.

Maud: Theraplay I take it from therapy ... play. Now if you are doing therapy it is not like you are just playing with the kid anyhow. But now you play to heal, to make something develop sistematically. Ja so there is a aim in this particular play.

Researcher: So you are playing with an aim.

Paulinah: Ja not just playing.

Researcher: What else do you know about Theraplay?

Silence ..... Silence .....

Maud: Theraplay will make the child to open up. So that you can discover the problems lying behind this little human being.

Paulinah: It works on the emotions of the child.

Maud: Like if you are going to play mother-father through that you can discover how the mother and father is or how aggressive the mother is. There are things that the mother says to him or her. Intrude, Theraplay and all those things, discover this child and what problems came the parents, or oh your my sister "don't do this" then you see the problem is the brother or the sister.

Paulinah: There's this play they call Maskitlana the children they play. They say if you want to know family life listen to those kids you will learn everything.

Researcher: Explain it to me.

Paulinah: They take stones ...

Patience: Just like sitting ...

Paulinah: The other stone is mother, other stone is father, brother ... then they imitate the behaviour of all these people. When the father has hit the mother then they will reveal it. Ja, way did you come home late yesterday. They shout, he sjambok her, mother cries, she cries, she cries then the little sister ran away to the neighbours and told the neighbours, then the neighbours came with axes and they kill the

father. Everything as it happens.

Researcher: Help me if I don't understand it right ... the children play with stones and they ...

Maud: The stone symbolizes the mother, father.

Researcher: Is this a game children play often?

Maud: Ja, most black societies it's just a usual game.

Paulinah: You will find children playing alone with this stones but everybody is included in that play.

Researcher: And everybody talks?

Paulinah: Everybody talks.

Researcher: Maskitlana.

Paulinah: If you can get hold of one of them and you say lets play maskitla then she will go on.

Researcher: So children know that.

Maud: Ja it's all over. It's like maybe you've got this institute, you've got these problematic children. So like I'm Zulu, she's Tswana things like that and I get a child of similar nation, I say to her I want to discover these things through play. I say lets play maskitla. Because she did not want to talk through other plays. Through Maskitlana I will get the core of the thing.

Researcher: So she talks through the game.

Maud: To her it's only a game, only to find you are after something.

Researcher: Bringing it back to Theraplay ... I understand you are saying you could use that in Theraplay.

Paulinah: You can use it especially with a child who has problems. Then give her those stones to play, then out of that you are going to detect who is causing the childs problems.

Maud: Or sometimes they can just leave the father out, to include him in the whole game.

Paulinah: Then from that ...

Maud: You know he does'nt want him in his or her life.

Paulinah: Or you can just ask where is your father, why is he missing? ...

Maud: Then you'll get it.

Patience: Even the change of their tone. If the father is bossy, he will say "Why, why? Why" You can deduce from that, I think Maskitlana is the best way of finding out what is causing the child's problems ... we have so been ignoring that, I didn't even think of it.

Paulinah: One of my neighbour's kids was there playing with my kids when my husband called me and said come and listen to what that child is saying. So we could detect then the life of that family from that child.

Researcher: So you can use it to determine what is going on? Is there any other ideas here on Theraplay what it is? ...

Maud: You just give children a normal room to play in and you just sit there and make as if you are writing something and you are playing, then you discover.

Paulinah: Just observing.

Maud: Just give them ample time, toys whatever and just listen.

Researcher: I hear you saying Theraplay is also discovery.

Patience: Ja, discovering a child's problem.

Maud: And this Theraplay should not be restrictive.

Patience: The atmosphere must be just happy.

Researcher: So the atmosphere is important.

Patience: Make the child feel at home.

Researcher: Any other things that you can add?

(Silence)

Patience: Um, another thing is the relationship you the therapist and the child must be so welcoming that whether you are there or not the child is free to do whatever ...

Researcher: That relationship is also very important. How would you say is a good relationship?

Paulinah: It should be inviting. The child should not be afraid of you.

Maud: And relaxed. You know like we are adults, sometimes we're got problems and talking to so and so makes me feel good. Even if you see that person once in a while but talking to people makes you feel good. Even if you are not talking about your problems just talking to him or her, just talking you feel so good and healed ... So the child can look forward to the sessions.

Patience: Whatever problem ...

Maud: So he knows today it's time to go and meet Maud. Packs his suitcase and he's looking forward to all the weeks that he'll be coming for sessions ... Not dreaded .. you know like sometimes ... have you been to a driving school, you dread it when that man comes ... oh it's so frustrating, you feel like running away.

Researcher: So it musn't be something the child dreads to do.

Maud: Not it should just be something she looks forward to.

Patience: I'm going to Maud today, the minute she gets into the room, you know what happened ... this and that ... the atmosphere and relationship must be like that.

Researcher: So she must want to talk to you, want to be with you and look forward to seeing you each time.

Maud: He must feel like the time should not end. It must just be that kind of feeling. It must be extended ... so then you feel that you are a good therapist ...

Researcher: Tell me about a therapist. What should a therapist be like?

Patience: Be inviting.

Maud: Have interest, shouldn't just be a course I'm doing at RAU.

Paulinah: A good listener.

Patience: Patience

Researcher: What else is a good therapist that works with children?

(Silence)

Paulinah: Must have sufficient love for children. They must feel that you love them.

Maud: And knowledge, you must know what you are going to do with the child.

Researcher: Explain knowledge Maud.

Maud: Knowledge of like Theraplay. You must know the aims of what you want to achieve with this. If you just going there and you don't have objectives then you're not a good one.

Researcher: So you must have good aims and objectives.

Maud: At the end of the day I have achieved this ... he has opened up to this ... I have discovered this. So everyday you are going somewhere, getting somewhere. You feel you are reaching now, this person. But if every end of the session you don't

know where you are, the person is still the same, then somehow it is just a waste of time. It must be an achievement for you as well. You must gain something.

Paulinah: Better knowledge.

Maud: It's like being a teacher and if they pass, you feel good but if always the children are failing the subject then you've got a problem. It's either you don't deliver the goods or they are not good listeners. So somehow you've got to make a retrospection there. You look at yourself again. Just look with this boy where am I going wrong, what am I saying that does not reach this child. So you do your homework, your research, you must have knowledge.

Paulinah: There should be a change in the child's behaviour since she has started Theraplay with you. If it was an aggressive child, there should be a change.

Researcher: So a good therapist looks at a change in a child. More ideas on a good therapist ...

Maud: Be a parent. If you've got to bring food you bring food. It's not just pens and play and toys. You bring food we've got to eat it's lunch time. It's still Theraplay.

Researcher: Any other ideas?

Patience: Good teacher.

Maud: A friend.

Paulinah: Be a good example.

Maud: You know my sister's child she likes to write in her diary ... Dear diary today at school ... you know it is intruding ... dear diary I am angry at my friend Tondy. So you've got to be a friend, they need someone they can identify with.

Researcher: A good therapist is warm and ...

Maud: inviting

Paulinah: caring.

...

Researcher: Does anybody want to ask anything or say anything?

Silence .....

End of focus group

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APPENDIX 4

TRANSCRIPT OF STIMULATED RECALL

OBSERVATION 3

TRANSCRIPT OF:
STIMULATED RECALL - OBSERVATION 3

Paulinah therapist
Maud client
Researcher asks therapist: What happened in the session?

Paulinah: The child was a wild child, a child who is free to do whatever. Now according to the mother, can't any longer control the child so that is why she brought her. When I was working with the child I really felt that the child is difficult to control. When we started she couldn't be controlled but as we went on she was very resistant, at the start, and then later on at least she was a bit O.K.

Researcher: You say as you went on. How did she become O.K.?

Paulinah: Well I sort of forced her, I kept on challenging her, to do things she didn't want to do. Then I just went out with her until she admitted that she can do it. Like the cream on the hands, I had to do it until she did it on me to.

Researcher to therapist: How did it make you feel? How did you feel during the whole session?

Paulinah: During the session? It is a tiring session but I felt that as an adult, as a therapist, I will be able to help a child who hasn't got any control.

Researcher: So you felt that you can help.

Paulinah: I felt I can help.

Researcher: Even if the child was a little uncontrollable.

Paulinah: Yes, this was a first meeting, as we can go on in the coming session's she will be O.K. She was wild at first, she wanted to run away from me but I put uh, tricked her.

Researcher: Paulinah you seemed very confident. Did you feel you can do this?

Paulinah: Yes I can do this even with a worse child. I can try that on a child that is worse than her.

Researcher: So you didn't feel anxious and oh I can't do this?

Paulinah: No, No, No I don't feel anxious the only thing is you need to think fast, what else you can do if a child is behaving like this.

Researcher: Something I'd like to ask is when you played Maskitlana, first you played then the child played. Didn't you feel at some times you wanted to ask her more questions or didn't you feel it necessary in that situation?

Paulinah: You know she is a well advanced child, she is above her age. She is too hyper active. She knows some of the things you don't even think she can do, I just felt that we are having ... she is having a insight of what was happening.

Researcher: So she (child) made her own insights?

Paulinah: When I introduced that play, she already knew something about it, she could play it already.

Researcher: So if you had to say in all, how did the session make you feel?

Paulinah: The session made me feel ... in the society we have intelligent children who have a potential but is not discovered, so as a therapist you can help discover their potential and make use of it.

Researcher: Sounds as if you feel you can do it.

Paulinah: I feel I can help in that part.

Researcher to child: How did you feel Maud?

Maud: O.K. I'll start with being a child. I feel that if I were to encounter such a child, the child really needs help in the way of structure and love. I think she needs more love than structure than anything else because somehow she wants to do many

things at the same time and she can just not help not doing this and that and that. We do have such children in the community .. Ja and they become problematic adults and naughty. And with us we usually use sticks and punishment which won't help the child. So I think a Therapist who knows what to do with the child can help the child. So the child needs to be given a long rope, let her play all those things that she wants to put her hands on but with a certain structure. Like if she wanted to be a lion at some stage you surcome to that but at another stage you must be on top. So that you can give her a feeling of being independent of owning, of being somebody because the way I see it the child wants to be somebody.

Researcher: If the child starts taking control of the session and says "I want to be a lion" you allow him but you use that to channel him into what you want. You did that very well Paulinah.

Maud: Because if you keep on wanting to do this and he is always at the under, he looses self concept. That means I can't be a lion I can't be ...

Paulinah: Then it becomes the same situation in which he is at home, where he is denied to be responsible. That is at this stage he can be.

Researcher: So you don't deny the child.

Maud: Ja you don't deny the child that much.

Researcher: But you use ...

Maud: You just give the go ahead with certain boarder lines.

Researcher: So you allow him ...

Paulinah: to a certain extent

Maud: he must know that you are in control.

Researcher: You did this very well (to therapist) because at times this child could have taken over completely and wrecked the session. And if you weren't in control, you gave

the child a lot of structure.

Maud: Like it's the first session and you give the child that space to do what she wants. Now in the second session you minimize her space until there is no space anymore. If you start by closing space it won't help. Just give her the go ahead and session by session you close so that she knows you are in control, she is the child, she is here and you are going to dictate to her.

Researcher: In Theraplay we don't answer questions we just go on and children ask a lot of questions. You did that very well Paulinah. How do you feel about that? Does it make you very uncomfortable? Do you want to answer her questions or are you comfortable with just going on?

Paulinah: Well you can't ignore them all, but the ones that you can ignore and go on is good to ignore and go on. They'll just vanish because once you start answering the questions then you are going to concentrate on the question.

Researcher: And that doesn't make you feel uncomfortable? It's O.K. for you just to go on?

Paulinah: No, No it's O.K.

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Maud - therapist
Paulinah - client

Researcher: Maud how did it feel to be the therapist?

Maud: Firstly this child is a very reserved child and somehow I think she is lacking something and she always wants to put the thumb and feel secure. I think she really needs help. So as the therapist I tried to give her love and show her she's loved, people care and it's not wrong to suck the thumb, but somehow it tends to be a bad habit but it's not wrong. I tried to show her like now if you suck your thumb it looks funny and she felt somehow uncomfortable and I think that habit through more sessions it's going to take the thumb away from the mouth and try to feel free and use the hands. Once the thumb is here nothing will go on so I tried to show her that no, the thumb must not just go in the mouth and now I tried to show her that if I put my thumb, it really looked funny to her, how can you be such a big

women and suck your thumb. Again I felt that she really needs nurturing, I think the mother is neglecting her. Somehow I think I should call the mother and we should talk and see. Maybe the mother has got so many kids and can't give this one love and something like that.

Researcher: How do you feel about nurturing as a therapist?

Maud: I think nurturing plays an important role.

Researcher: Does it make you uncomfortable to nurture a child.

Maud: Somehow when it comes to eye contact, the child keeps on running away, but I can see that she really needs it, but somehow she's not trusting as such, that I can really give her the things the mother can't give. She always kept on saying my mother doesn't want to give me this. So I think she really needs nurturing.

Researcher: And you don't mind nurturing?

Maud: No, no I don't mind.

Researcher: Do you feel comfortable doing it?

Maud: No, No, no I actually feel more happy to do it. Like putting powder. You know at some stage I've noticed that once I start rubbing powder on, she really feel's limp and like sleeping on me.

Researcher: And you feel O.K. doing that?

Maud: Ja, I feel like I could cuddle her and make her feel more loved. Warm and feel secure.

Researcher: Maud if you think of the whole session, of Theraplay and the things a person does in Theraplay - do you as a person, you as Maud feel you can do it?.

Maud: Ja I feel i can do it in any situation. I can do it ja. If the child needs love, I feel I can really try to give that love. If she needs structure or challenging you see this one didn't need challenging but loved.

Researcher: Ja and yet you did challenge her.

Maud: Ja.

Researcher: So Maud and Paulinah there seems nothing in the theory of Theraplay - that is in the structure or nurture that makes you feel uncomfortable with as a therapist?

Paulinah: You know as a therapist one thing you should take care of, to be emotional. If you meet a resistant child, then if you can be emotional, it won't help. Keep cool because you know what you want to do with this child. Just try to do it.

Researcher: Explain to me what you mean by emotional.

Paulinah: Uh, uh like a child who is sucking a thumb. Then she keeps on putting her thumb in her mouth then you say no you don't do this. You become impatient.

Maud: But you must keep on it's not nice, it's not nice, not so forward. And another thing I think the mother doesn't care whether the child eats or not because most of the time she just eats two spoons of the meat, and says no I don't want this, but if you are a parent you must make sure the child gets because you know food is nutritious to be healthy to eat this full plate. So you must make it a point of even spoon feeding him, if he so feels he doesn't want to eat.

Researcher: I was looking at this type of play therapy and I want to get a play therapy that we can use in the black community because nobody is really using anything at the moment. What I'd like to know from you as therapists doing this, do you feel you can relate to this therapy or is the nurturing not comfortable. Maud you and Paulinah seem to be comfortable, you don't seem to feel that it's a problem.

Maud: No not at all

Researcher: And the structuring part?

Paulinah: Ja in our society most of our children need structuring, because you find them in the street, doing all sort of this games, playing in front of the car, the ball jumping into the neighbours. So they need more structuring.

Researcher: And you feel comfortable doing that?

Maud/Paulinah: Ja.

Researcher: And challenge? Can you as Maud and Paulinah challenge, it's not uncomfortable.

Maud: Give me any kind of a challenge.

Paulinah: I know you can do this, I bet you can do this.

Researcher: So that's O.K., that's not something that's strange to you?

Maud: No.

Paulinah: No.

Researcher: And the intrusion seems to be ... you don't seem to have a problem with that at all. You move very close to one another. You don't have a problem moving close. And in your community ...

Maud: As I said last time people of your kind, somehow feel funny when you came closer but with us we just touch.

Researcher: That is something new to me. I though that maybe that would be a problem.

Paulinah: No. It's normal.

Researcher: Yet it seems to be one of the easiest ...

Maud: Ja because with us, once you stay far it means now you don't want to advance to me, somehow I might be bad. Why doesn't she came close, touch me?

Researcher: Because both of you were very close to each other and it's not as if it was forced.

Paulinah: No, its spontaneous.

Researcher: Thank you, ladies.

APPENDIX 5

TRANSCRIPT OF FOCUS INTERVIEW

OBSERVATION 5

TRANSCRIPT OF:
SECOND FOCUS INTERVIEW - OBSERVATION 5

Researcher: You've gone through Theraplay training, you've seen what we do. Now that we've finished how do you feel about Theraplay?

Paulinah: I think in my view Theraplay is really needed. We have trouble in our society who need this, this Theraplay. So since we have gone through the training I think we can be of great help.

Maud: What I think about Theraplay is, it has made me realise my shortcomings actually. Like treating other people, how to treat them. It has helped me to come closer to other people, like you can be able to understand other people. Like I have just had to experience with the children. So I think when dealing with a real child with a problem it will make me really have that skill to help the child. Ja, because how the relationship that one builds with the child - has already been instilled in me that the child will be very needy, you give what the mother can not give. In a way you become an idealized mother. So when you try to nuture the child, he trusts in you. And from there on you can carry on with the sessions of theraplay.

Paulinah: You know before I undergone this training, a person who did Theraplay naturally without having the training; it sometimes understood as if she is spoiling the child. Now that I have undergone this training, as a mother, I've also uh ... grasped my short comings. When I think back to what I did to my own children, I can see that at times I was misusing them. Not giving them enough love which they needed. But since I've undergone this training I think they'll enjoy their mother.

Maud: And it teaches you as an individual in life you've got to have a structure. You plan you're things, you re plan them you don't just do things at random. And you've got to call the shots. So you yourself are structured in a way. You're called to order, no Maud this is enough now this the limit, you can't go over the net.

Researcher: If you think of the whole course where did you learn the most?

Paulinah: We did learn the most when we are now doing it practically. We are able to see where we are still lacking.

Maud: Ja, the practical part made me realise I need to know more.

Paulinah: With practice I think we are going to be perfect.

Researcher: So the role play.

Maud: Ja the role play was the most helpful.

Researcher: Did anybody ever play with you when you were young to help you with a problem.

Maud: In our community, what we do actually is play. We play a lot, we play in the streets, we play inside.

Paulinah: We among ourselves. Not with adults we never play with your mother.

Maud: Lets put one problem aside. Let's take one family. We are three, how did your mother do this with you. I think we did encounter play at some stage but our mother did not have enough time.

Patience: Much attention is given from 2 - 4 once you are older it is gone.

Maud: But what they did in my family, my sister used to bathe me until I was twelve.

Paulinah: Ja but not your mother.

Maud: She is an older person. With Theraplay you take the role of the mother. Now that my mother is busy and she wants to do this for me, she feels she cannot do it so she takes this one in std. 9 to do it.

Paulinah: Ja O.K. but now you build a trust to your sister, you don't built it to your mother. Most of the time mothers are so busy, so occupied, they don't have the time. That's way you find at the end they are able to communicate within themselves, when they have problems they don't come to you because that closeness broke quickly.

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