Identification of play therapy stages in a brief sand-tray process

Patikai Linda Chibizhe

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Identification of play therapy stages in a brief sand-tray process

By

Patikai Linda Chibizhe

Submitted in partial fulfilment of requirements for the degree of

MAGISTER EDUCATIONIS IN EDUCATIONAL PSYCHOLOGY

Supervisor

Prof. Carien Lubbe - De Beer

Department of Educational Psychology

Faculty of Education

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Dedication

To my late parents Thaddeus and Hazel Chivizhe for the childhood years that birthed this in me, I hope I make you proud. Above all, to my very own God, for every treasured moment of clarity in this journey, may this work glorify You.

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- To the participant who afforded me the privilege of walking a journey with her and 'seeing' the world through her eyes, you are truly precious.
- My parents who raised me Amos and Elsie whose intellect and insight is inspirational. Thank you for all you have invested in me.
- My family, all **'one hundred'** of you for believing in me, praying for me and rooting for the very best out of this for me. You are a stunning team, I love you dearly!
- My friends and colleagues who saw the big picture with me - Magdaleen, Cleo, Driana, Michelle, Melany, Ashika and Khuze, thank you

Declaration of originality

I Patikai Linda Chibizhe (student number 11185920) hereby declare that all the resources consulted are in the reference list and that this study titled: *Identification of play therapy stages in a brief sand-tray process* is my original work. This dissertation has not been previously submitted by me for any degree at another university.

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Patikai Linda Chibizhe   **Date**

Ethical clearance

Faculty of Education
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Patikai Linda Chibizhe

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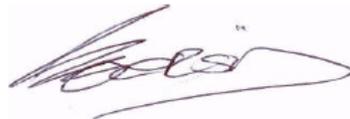
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Ethics statement

The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that she has observed the ethical standards required in terms of the University of Pretoria's *Code of Ethics for researchers and the policy guidelines for responsible research.*

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Patikai Linda Chibizhe

Abstract

Supervisor : Prof Carien Lubbe De Beer

Institute   : University of Pretoria, Department of Educational Psychology

Degree   : MEd (Educational Psychology)

The prevalence of resource and time constraints compounded by too few professionals to serve large populations poses a major challenge for South African psychology. Expressive Sandwork is an intervention model that engages briefly trained volunteers under supervision to facilitate sand-tray therapy. This intervention has been conducted successfully in China, Columbia and South Africa. The Shongollolo Expressive Sandwork project adapted the model to a six session group intervention in a resource constrained context. At the project site, a Gauteng township primary school, supervised educational psychologists in training (EPTs) facilitated the group with each client assigned a therapist. In light of evidence based practice, this case study measures a selected case from the project against researched play therapy stages to gain insight into the intervention's utility. Using a Jungian Analytical Play Therapy (JAPT) framework, a deductive thematic analysis was conducted through interpretivist lens. Case file contents were matched against selected themes to detect play therapy stages within the client's process. The set themes were the play therapy stages of Rapport Building, Working through and Termination as outlined by Schaefer (2011). The analysis intends to reflect attained play therapy stages in the adapted intervention. This is envisioned as contributing to JAPT knowledge of intervention adaptation for unique contexts. (Word count 205)

Key terms:

- Brief intervention
- Expressive sandwork
- Play therapy stages
- Resource constrained community
- Sand-tray

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List of acronyms

DSM-IV   - Diagnostic Statistical Manual Four

EPT   - Educational Psychologist in Training

HPCSA   - Health Professions Council of South Africa

Chapter 1 – Contextualising the study

1.1   Background and rationale

This study emanated from the Shongololo Expressive Sandwork project. The project engaged educational psychologists in training (EPTs) as facilitators for six sessions with volunteer child participants in 2013. Other than the training of EPTs, the project had a research focus on short-term application of sand-tray as an intervention in resource constrained communities (Lubbe De Beer, 2015). Two other aims of the project were to provide access to therapeutic intervention for a community that may not typically have access. By using the sand-tray medium, the project also sought to accommodate diversity factors such as language barriers and cultural relevance that are typically present between facilitator and client in other therapy mediums.

The two sites of the project were primary and secondary schools in Gauteng and Mpumalanga respectively (Lubbe De Beer, 2015). The researcher was part of the project as an Educational Psychologist in training (EPT) and she facilitated six sessions for a nine-year-old girl's sand-tray process. Participants involved in the project were considered as going through typical developmental adjustments as opposed to being referred for specific concerns.

In therapeutic intervention, play is accepted as effective for use with children and a natural medium for self-expression (Landreth, 1982). Play therapy is based on an appreciation of child development and the significance of play in a child's growth (Landreth, Ray, & Bratton, 2009). Malchiodi (2005) notes play therapy as one of the expressive therapies where media such as drama, sand-tray and sandplay, art, puppets, music and clay can be used.

Sandplay and sand-tray are distinguished from each other on the basis of theoretical orientation. Sandplay is specific to Jungian orientation as developed by Dora Kalff and sand-tray is a generic term used by most other orientations (Hutton, 2004; Turner, 2005). In light of this distinction, Jungian purists revert to naming any technique of sandplay that adapts or deviates from Jungian norms by other terms. One such variation of sandplay is a brief (6 – 12 sessions rather than longer), group context application of sandplay being referred to as expressive sandwork rather than sandplay intervention (Pattis Zoja, 2011; Lubbe De Beer, 2015). This study is based on an intervention that engaged Jungian Analytical Play Therapy

(JAPT); a fusion of Jungian principles and other orientations such as child-centered non-directive principles (Green, 2008). Chapter 2 discusses JAPT in depth and due to the theoretical variation from pure Jungian principles, this study refers to the intervention with the client as sand-tray.

Sand-tray facilitators in brief intervention work are typically briefly trained volunteers under the guidance of a registered therapist as opposed to qualified play therapists (Pattis Zoja, 2011). Brevity and content of the training varies depending on intervention needs and the training therapist. Typically, less than 6 months part-time training conducted by a registered therapist would be offered to volunteers prior to working with clients in intervention. In most cases, volunteers are preferred to have a background in psychology, social work or professions/contexts of working in a helping capacity with people such as teaching or nursing among others. In the instance of this study a registered Educational Psychologist, trained the volunteer EPTs in facilitating sand-tray intervention over two sessions. The training extended and based its content on the two year masters level training at that the volunteers were applying in their internship period.

While the use of volunteers in intervention delivery increases the capacity of the supervising professional to reach more clients, it is deviant from the therapeutic norms where only trained professionals provide therapy. Consequentially, ethical pitfalls present and need to not only be acknowledged but also managed by the registered professional engaging in using volunteer facilitators. In the Shongololo Expressive Sandwork project, all the EPTs who volunteered were registered with the Health Professions Council of South Africa (HPCSA) as Intern Psychologists or Student Psychologists. The volunteers were also under supervision of registered psychologists in their individual capacities over and above the training psychologist for the project. Additionally, none of the EPTs on the project were from the community in which the intervention was delivered so the multiple relationships possibilities were minimised as far as possible.

In all, the Shongololo Expressive Sandwork project presents with play therapy norm deviations of volunteer facilitators as well as brief intervention duration (6 sessions). In light of these, a question of whether a full play therapy process occurred in the progression of the intervention is raised. This study will analyse a case from the project for stages of play therapy progression. The stages considered are *Rapport building*, *Working through* and *Termination* (Schaefer, 2011)

The aim of this study, is to identify and understand play therapy stages in a clients' sand-tray process so as to ascertain the utility of an adapted intervention applied in this case. With an intervention context that is consciously informed by diversity and a client whose profile is not adversity focused, it is envisaged that this study will widen and advance the application scope and value of brief sand-tray and expressive sandwork. Existing published studies are predominantly informed by intervention with trauma victims in under-resourced areas (Pattis Zoja, 2011). This consequently limits the application context as discussion in situations where there is an adverse prevalence of trauma.

Macleod's (2004) review of South African psychology studies noted a lack of demographic representativeness in research. This translates to the data informing psychology practice being skewed and therefore interventions being irrelevant to clients served (Watson & Fouche, 2007). Participants in the Shongolollo Expressive Sandwork project were children from low income households in a resource constrained black community. This demographic of the study potentially addresses McLeod's (2004) highlighted shortcomings of a relatively low focus on children, as well as the over-inclusion of middle-class samples in research.

Working with a child who speaks a different language from her own on this project challenged the therapist to see the value of adapting interventions for clients in professional practice. Both the therapist and client were neither proficient in each other's home language nor conversant with the other's culture. Consequently, therapy could not rely on verbal exchange in spite of the availability of a competent translator. This experience informed the research enquiry to gain insight into the utility of sand-tray intervention, a technique that proved successful and not dependent on verbal exchanges. The uniqueness of this case lies in the client being considered as *Working through* typical developmental adjustments as opposed to profiled adversity and trauma with typical sandwork studies.

1.2   Purpose of the study

The purpose of this case study is to identify and understand play therapy stages present in the visual data, narratives, notes and reflections from a client's case file. At this stage of the research, play therapy will be defined as a helping interaction between a trained adult and a child in order to relieve distress (Henderson & Thompson, 2011).

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1.3   Research questions

1.3.1   Primary research question

How does insight into play therapy stages advance knowledge on Jungian analytical play therapy (JAPT)?

1.3.2   Secondary research questions

- What stages of play therapy can be identified in the visual data (sand-tray images), transcribed narratives, notes and reflections of six expressive sand-tray sessions?
- In what sequence do play therapy stages of a nine-year-old child unfold over six sand-tray visual data, notes, reflections and narratives?

1.4   Paradigmatic perspective

A paradigm is a frame of reference researchers apply in approaching research work (Babbie, 2005). According to Terre Blanche, Durrheim and Painter (2006), this frame of reference lies along three dimensions of ontology, epistemology and methodology. Healy and Perry (2000) explain the three dimensions as:

- ontology being the reality that researchers investigate,
- epistemology as the relationship between that reality and the researcher, and
- methodology being the procedure used by the researcher to investigate that reality.

1.5   Meta-theoretical paradigm: Interpretivism

In this study, an interpretivist paradigm is applied. According to Maree (2007), interpretivism holds that there are multiple realities, and that knowledge is located within an individual as opposed to outside and independent of the individual. Terre Blanche, Durrheim and Painter (2006) agree with this ontology and add that knowledge is an internal reality of subjective experiences. The epistomology of interpretivism refers to the multiple realities can be best understood from the meaning assigned by individuals (Maree, 2007). Understanding of another person's reality is therefore attainable through researcher empathy, which entails researcher subjectivity (Terre Blanche, Durrheim, & Painter, 2006). According to Creswell (2014), individuals access knowledge by sensing their world and giving meaning to these senses through socially constructed interactions and discussions.

Interpretivism is suitable for this study because in identifying play therapy stages, documents that were generated from the sand-tray process of a nine-year-old client, are analysed for unique meaning. These documents portray different reality perspectives; the visual data and narratives express the child's reality perspective, while the notes and reflections of the facilitator process express another view of the child's presentation of their reality. An interpretivist lens allows the researcher to be appreciative of the unique perspectives on reality within a therapeutic and research context. This covers the methodology what Terre Blanche et al. (2006) describe as having traits of interpretation, being interactional and qualitative in nature.

1.6　　Methodological paradigm: Qualitative enquiry

Qualitative enquiry is explained as a type of research which gives findings that are not arrived at through quantification or other statistical means (Strauss & Corbin, 1990). Terre Blanche et al. (2006) note that qualitative enquiry is commonly used where human experiences are investigated and can best be described being naturalistic, holistic and inductive. The authors explain naturalistic as referring to that studies are typically of real-world situations, are non-manipulative, variables are not controlled and there's openness to whatever emerges from the study. Holistic relates to whatever is being studied is understood as a complex system with meaningful interdependencies. Inductive speaks to the way the researcher immerses in details of data to discover categories, dimensions and interrelationships (Terre Blanche et al., 2006). Qualitative research methods allow a researcher to study an issue in depth so as to identify and understand categories of information derived from data (Terre Blanche et al., 2006).

This study resonates with these outlines in that the data used is from a case file which was compiled in a real-world therapeutic process (naturalistic). The stages of play therapy identifiable in the sand-tray process are viewed in light of contextual factors. This means that the case is understood as forming part of a complex system of meaningfully related variables (holistic). In seeking to identify play therapy stages, the analysis of the case file contents will entail immersing into the detail of the information gained from the visual data, narratives, facilitator process notes and facilitator reflections documents (inductive). The data from the case file contents can be categorised in themes of play therapy stages based on the sand-tray process of the client. In order to answer the questions posed in this study, qualitative enquiry suits this study the most.

Low generalisability of study outcomes may be considered a major disadvantage of qualitative studies. For this study, the intention is not to generalise, but rather to have an in-depth understanding of sand-tray progression and its alignment to play therapy stages as a contribution to evidence base of expressive sandwork.

1.7   Research methodology and design

1.7.1   Research design

This research will identify play therapy stages in brief sand-tray intervention using an instrumental case study design.

The case file contents are engaged with as secondary data through document analysis. Document anlysis is a method which studies the meaning and content of texts (Lockyer, 2008). For this case study, Mogalakwe's (2006) citation of Bailey (1994) document analysis that refers to the analysis of documents that contain material about a phenomenon of interest definition is followed. Silverman (2013) extends documents to include images. In a study by Mogalakwe (2006), document analysis is noted as being commonly overlooked. Terre Blanche et al. (2006) agree adding that there's often a tendency to focus more on the intentions of the author of the text as opposed to the value of document analysis technique.

According to de Vos (2002), documents used in document analysis are often not written with a view to research. In this study, although permission to use the data for research purposes was included from the start, the intervention phase prioritised effective delivery of therapy to the client. In document analysis, texts exist as primary and secondary documents (Mogalakwe, 2006; de Vos, 2002). Primary documents are original written material on an author's experiences and observations; secondary documents are material derived from someone else as the original source (de Vos, 2002). The case file contents are considered as a combination of primary and secondary documents. The researcher's involvement in the generation of the documents as the therapist qualifies for primary documents and the sand-trays and narratives produced by the client are secondary documents.

1.7.2   Selection/sampling

Sampling is the "selection of research participants from an entire population, and involves decisions about which people, settings, events, behaviours, and/or social processes to

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observe." (Durrheim, 2006, p. 49).

Non-probability sampling refers to a sampling method where not everyone in the target population has a fair chance of being chosen (Terre Blanche et.al, 2006) as a participant. Purposive sampling falls under non-probability sampling and it is when a sample is selected on the basis of the purpose of the study as well as what is known about the population and its fundamentals (Babbie, 2005). Purposive sampling is based on a judgement of "who can provide the best information to achieve the objectives of your study" (Kumar, 2011, p. 207). The technique carries a risk of representativeness of study outcome whereby if generalisations about a population are to be drawn, participants of a study must typically depict the population as accurately as possible (Durrheim, 2006). Purposive sampling can however be justified on the grounds of feasibility (Babbie, 2005). Although the ideal would be more cases rather than one, the feasibility of tallying the cases for the level of depth of understanding sought would not be feasible. Rather than generalising about the stages of play therapy in a brief sand-tray situation, this study seeks to understand and gain insight through in-depth analysis (Babbie, 2005) and thus learn in the process. Fouché (2002) poses this as a strong response to the generalisability criticism.

1.8   Data collection
1.8.1   Documents

The unit of analysis is documents from a concluded clinical case file namely visual data (photographs from six sand-tray sessions), narratives, notes and reflections. Document analysis is used to examine text in order to identify play therapy stages over the course of a brief intervention (Lacity & Janson, 1994).

1.9   Data analysis and interpretation

The visual data, narratives, notes and reflections will be thematically analysed. Aspects of play therapy stages (as set out in section 4.3) will be identified in each of the documents from the six sessions. The Sand-tray Categorical Checklist (SCC) for sand-tray analysis (Grubbs, 2005) was used to analyse and summarise the sand-tray pictures, summaries were then analysed for play therapy stage occurrence. Grubbs (2005) describes the SCC tool as based on four premises namely developmental norms research by Ruth Bowyer, cognitive-developmental studies by L. Jones, research on learning disabilities in children by Jeanette Reed and Jung and Dora Kalff theories.

Three facets of sand-tray analysis embodied in the SCC are:

- Thematic analysis of content and process in the creation of the tray
- Client's narrative on the sand tray
- Progressive or regressive changes between trays.

(Turner, 2005, p. 332).

Visual data, narratives, notes and reflections for each tray will be interpreted according to the Jungian analytical play therapy framework as explained in section 2.3.2 of chapter 2. The stages of play therapy experienced by the client will be identified through the analysis process.

1.10   Quality criteria

Research quality for this study will follow Guba's model of trustworthiness as presented by Kriefting (1991). This model ensures rigour without compromising the relevance of the study (Krefting, 1991). In view of document analysis within the case study design, Mogalakwe (2006) cites document analysis quality control criteria by Scott (1990) as authenticity, credibility representativeness and meaning.

Credibility is the truth value which checks whether confidence in the truth of findings has been established (Krefting, 1991). According to Mogalakwe (2006), credibility refers to whether the documents are free from error and distortion. Credibility in this study is advanced in that the data generation process was witnessed and supervised by a psychologist who oversaw the facilitation of the client. Documents in the case file reflect corroboration of the data through process and reflection notes which were prior to and independent of this study. The visual data, narratives, notes and reflections for each tray are typical for case files for clients in sand-tray therapeutic intervention.

Authenticity refers to whether the evidence is genuine and of reliable and dependable origin (Mogalakwe, 2006). Grix (2001) warns that a researcher must be fully aware of origins, purpose and original audience for texts as they are written with a purpose, are contextualised by certain assumptions and are presented in a certain manner (Mogalakwe, 2006) in document analysis. The documents used in this study were originally for the intent of facilitating a therapy process and were produced for an audience comprised of facilitator, supervisor and client. They are considered genuine, reliable and dependable in origin by

being traceable to the supervising psychologist and project leader from where the case was drawn. The nature of the documents are sincere in that they are a record of the client's uninterepreted work corroborated by the facilitator's experience and understanding of the client's process.

Representativeness refers to whether the evidence is typical of its kind (Mogalakwe, 2006). In this study, the case file contents are typical of a case file from a therapeutic intervention. The file content include process notes, facilitator reflection notes, photographs of clients' sand-tray work, and the narratives for each tray can be said to be representative as they are typical of case file documents.

Meaning refers to whether the evidence is clear and comprehensible (Mogalakwe, 2006). The case file contents for this study come across clearly and are comprehensible. By using various documents from the file, the contents of the process are triangulated to derive clear meaning from the data.

1.11   Ethical considerations

In conducting this case study, ethical considerations that are closely linked to the quality criteria discussed above are considered. Sixsmith and Murray (2001) mention privacy and consent among ethical considerations when using document analysis in case study research. For my study, informed consent was obtained by the project leader when participants signed up for the Shongolollo Expressive Sandwork project. The consent included permission to let the material from the intervention be used for research purposes. In terms of privacy, anonymity of the client will be mantained through use of a pseudonym when referring to her, as well as removing participant identifying particulars in presenting the study. Respect for the client will be upheld throughout the study by presenting the documents as accurately as possible and treating the client's work respectfully. Client confidentiality will be observed by using only relevant data for the aim of this study as permissible within an informed consent agreement.

A concern of multiple roles arises in that the researcher facilitated the sessions from which the data for this study is sourced. Considering best practice, it is noteworthy that the roles mentioned above did not overlap in time frame. While participation consent for the project included possible use of data for research, a facilitator role occurred first independent of the

researcher role. The researcher role followed at least 18 months after completion of the intervention. As such, member checking will be employed to alleviate bias and increase trustworthiness of the research. It is unlikely that the roles will change back to the researcher becoming a facilitator for the same client. Shortcomings in the data already collected may arise and will be reported as such.

1.12   Conclusion

This chapter contextualised the study, presented a summary of existing literature that informs the study and introduced the methods of enquiry to be engaged. The way in which the case was selected and details of the data were also presented as a guideline for how the study will be presented. The following chapters will unpack the work presented in this chapter.

Chapter 2   - Literature review

2.1   Introduction

The first chapter introduced the purpose of this study, namely identifying play therapy stages in a brief sand-tray process. In this chapter, relevant literature is reviewed providing a summative account of existing information and highlighting possible research opportunities which inform this study. The first section will focus on play and play therapy. The next section starts with defining sand-tray intervention, then looks at progression of a typical play therapy process for a client, and concludes with the typical profiles of completed sand-trays. Play therapy stages will then be discussed, followed by a discussion on various play therapy approaches with a detailed focus on the Jungian Analytical Play Therapy approach. An elaboration into the history, rationale and logistics of sand-tray intervention will conclude with a section on why sand-tray intervention works. The final section looks at the application of sand-tray in the South African context, specifically a township context, which informed this study.

2.2   Play and play therapy

2.2.1   Play in therapy

Play has been established as being innate in children and a valid expression medium within a therapeutic context (Even & Armstrong, 2011). According to Landreth (2001), play is "an activity that is intrinsically motivating, bringing pleasure and gratification simply for the joy of doing it" (Landreth, 2001, p. 4). Use of play in therapy is concurred upon because children often find it difficult to verbally express their feelings, concerns and ideas making it a language more fluent than words (Schaefer & Kaduson, 2006; Porter, Hernandez-Reif, & Jessee, 2009).

The value of play in therapy is described by Orton (1997) as being a safe and fun way in which children explore various behaviours and test their effectiveness to eventually gain mastery over difficult adjustments. Landreth (2001) adds that the spontaneous and non-threatening nature of play accommodates emotional healing by letting the child express and deal with strong emotions within a safe space. To take advantage of this therapeutic value, McMahon (1992) highlights that a critical condition in play is that mistakes do not bear severe

penalties, such as punishment, and one can take risks because the activity of play itself is more important than the outcome of the play.

Because play is agreed to be essentially how children make sense of their world, common ground has emerged to capitalise on the healing and developmental elements of play to support children towards optimal functioning (Cattanach, 2003; Landreth, Ray, & Bratton, 2009; McMahon, 1992). This common goal can be considered the drive behind using play in therapy.

Orton (1997) explored the history of play in European and American society. The explanation details the Middle Ages context when play was considered a waste of time and child development entailed transition from brief dependency to playing adult games, namely vocations such as cooking, hunting and daily work (Orton, 1997). Gray (2011) adds that opportunities for free play declined with the rise of agriculture and industrial revolutions in America since the early 1900s and over the past half a century. Outdoors free play has declined even further specifically in developed countries as children were channelled to work in fields and industries and more recently the decline is due to absence of space to play (Gray, 2011). Orton (1997) echoes this observation highlighting that recent technological advances have a critical impact on how children play, noting that there is less creativity and imagination in play now as the use of battery-powered toys, television and computers grows.

Early use of play in therapy has been credited to Anna Freud and Melanie Klein who applied analytical work to child clients using play in the 1900s (Schaefer & Kaduson, 2006; Orton, 1997). Since the 1900s, use of play in therapy has evolved to be more differentiated along the emphasis on theoretical orientation. Developmental psychologists such as Jean Piaget, Erik Erikson and Sigmund Freud, among others advanced the importance of play and its therapeutic use by recognising it as purposeful and vital in child development (Marks-Tarlow, 2012; McMahon, 1992). From this advancement, variations around play and its use in therapy emerged and include Gestalt, Adlerian, Jungian Analytical play therapy, Psychoanalytic, Filial therapy, Cognitive-Behavioural play therapy, Ecosystemic play therapy and Child-centred play therapy among others (O'Connor & Braverman, 2009).

In spite of the decline in creative play among children, play therapy has continued to grow and diversify. Gray (2011) argues that there is a causal link between the change in children's free play and childhood psychopathology on the basis that free play equips children with skills

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of peer relations, problem solving, and impulse inhibition, as well as emotion regulation. The decrease in free play therefore has an impact on the acquisition of emotional and social skills which allow healthy development psychologically, and may thus be associated with a rise in the incidence of psychopathology in children. This may be one of many reasons why the use of play in therapy tends to be effective. Therapeutic use of play now faces a challenge in finding a balance that is mindful of drawing out imagination and creativity in the child, as well as incorporating technological advances so as to be relevant and engaging (Orton, 1997).

2.2.2   Play therapy definition

A growing appreciation of play's value to reach children has led to growth in play therapy practice (O'Connor & Braverman, 2009; Orton, 1997). Homeyer and Sweeney, (1998) cite Landreth's (1991) play therapy definition as "a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures, who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thought, experiences, and behaviours) through the child's natural medium of communication, play" (Homeyer & Sweeney, 1998, p. 4). This definition notes relationship, play materials and the child's self-expression as the key points of play therapy. The following sections use these key points to characterise how play therapy progresses within a typical client play therapy process.

2.2.2.1 Progression within a typical play therapy process

A typical play therapy process is preceded by looking at the referral and deciding if play therapy would be beneficial and if suitable, what technique would be best. In their study of sand-tray use by school counsellors, Richards, Pillay and Fritz (2012) mention that some children may not be suited or ready for specific play therapy interventions. Once suitability and readiness is established, the dynamic interpersonal relationship as mentioned in the Landreth (1991) definition begins.

2.2.2.2 Play therapy stages

From study reviews encountered, play therapy stages are widely researched but within restrictions of theoretical orientations such as Gestalt, Adlerian, Jungian, and Cognitive-Behavioural approaches among others, (Orton, 1997; O'Connor & Braverman, 2009).

According to Schaefer (2011), play therapy stages are considered as *Rapport building*, *Working through* and *Termination*. The stages can be argued to be generic, which works in favour of this study as the stages can facilitate adaptations and accommodate unique contextual factors.

Rapport building relates strongly to the interpersonal relationship mentioned in the Landreth (1991) definition. Schaefer (2011) explains that the *Rapport building* stage entails the therapist and the child starting their working relationship. The relationship in therapy facilitates healing and dynamic growth for the client (Landreth & Bratton, 1999). Robinson (2011) mentions that a relationship is in the centre of the play therapy process and that the quality of the client-therapist relationship is a significant predictor of the outcome of play therapy work. As *Rapport building* marks the start of therapy, it sets the tone for the rest of the process and the therapist's role is to establish this relationship optimally. The therapist needs to be supportive and allow the child to be comfortable and safe in the play therapy process (Schaefer, 2011).

Effective *Rapport building* is evidenced by mutual activity where the child learns about the play environment and the therapy process as the therapist gathers information about the child and their experiences (Schaefer, 2011). The therapist's main role in this stage is to accept and seek to understand the child unconditionally so that the child knows they can express themselves freely within the relationship (Orton, 1997).

The second stage, namely *Working through* is noted to be the longest stage and this is where therapeutic change occurs (Schaefer, 2011). Play therapy approaches such as Gestalt, Child Centred and Adlerian, break the *Working through* stage into sub-stages such as releasing feelings, re-creation of key events, and re-experiencing key events (O'Connor & Braverman, 2009; Orton, 1997). This breakdown is useful for getting into the various facets of what takes place in woking through. According to Landreth (2001), this stage can be viewed from the different forms of self-expression that are used to work through a presenting challenge namely acting out/aggression release, creative expression and emotional release.

Orton (1997) points out that while creating and maintaining a relationship is vital, it is an insufficient facilitator for change to occur. Depending on the theoretical orientation of the therapist, their role in this stage is to choose or let the child choose a relevant intervention and apply it for *Working through* the referral concern (Schaefer, 2011). When an appropriate intervention is used, hopefully the child is secure enough to explore life critical events that

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trigger certain feelings in play scenes so that alternative outcomes to reality are experimented with (Orton, 1997). As the child plays out the life experiences, play themes emerge and provide insight into the child's inner world. Themes can relate to unmet desires/needs, difficulties a child is trying to master or struggling to understand or unresolved conflict (Schaefer, 2011). A therapist's role here is to strive not to rescue the child, but to rather stay with the child as they work through their pain (McMahon, 1992).

In the *Working through* stage, the therapists' role extends to being aware of themselves. Therapists' self-awareness can be considered to broadly entail aspects of theory (knowledge of child development and working with children), emotions/personal disposition (feelings arising from own unresolved past, transference) and professionalism (skills of reflective listening, need for supervision and record keeping) (McMahon, 1992). This self-awareness along with the referral concern and theoretical stance, guides the therapist to select an appropriate intervention and be able to carry the child's pain (O'Connor & Braverman, 2009). Once a child has worked through the referral concern, they move towards the *Termination* stage.

The last stage, *Termination*, occurs when the therapist and the child have resolved the presenting problem through the therapeutic process (Schaefer, 2011). The role of the therapist in this stage is to help the child feel secure enough to lower defences and experiment with different thoughts and behaviours in the absence of these defences. This suggests that the child experiments with solutions and eventually keeps only the viable ones. Schaefer (2011) explains that by this time, the presenting problem has been resolved and the child takes ownership of the changes paving the way for continual improvement. The therapist needs to facilitate this ownership in the child. Vaz (2000) notes that from her study, therapists consider a therapy journey completed when a client gives indications of a comparatively more effective approach to life.

From the above discussion around stages of play therapy and the roles of the therapist, it can be argued that the play therapy process is not linear but rather cyclical. While the role of the therapist is important in the play therapy process of the client, there are other contextual factors that influence the process. An example of a contextual factor is the influential role of parents and family on therapy progression. McMahon (1992) argues that a failure to coordinate efforts with parents and family may result in the child's premature withdrawal from therapy. The therapist's role is highlighted in this discussion because the therapist's reflection

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notes are part of what will be examined in this study of the play therapy stages in a sand-tray process with the child.

2.3 Approaches to play therapy

According to Porter et al. (2009), various forms of play therapies exist not only along theoretical lines, but also in adaptation for use with special populations such as physically challenged clients and/or to suit specific contexts. O'Connor and Braverman (2009), compare play therapy theories and techniques by applying them to identical case presentations from the theories' oldest form through subsequent derivatives to the newer variations. The result is a fair comparison of play therapy theoretical models and their application, namely Psychoanalytic Play Therapy, Jungian Analytical Play Therapy, Child Centred Play Therapy, Filial therapy, Cognitive-Behavioural Play Therapy, Adlerian, Gestalt, Ecosystemic, Prescriptive and Theraplay (O'Connor & Braverman, 2009).

This text covers the majority of the common approaches each of which has further variations along the mentioned lines of adaptations and is therefore not exhaustive. Porter et al. (2009) point out that the choice of an optimal approach to use in intervention, can be based on what the anticipated outcome of therapy is, as well as the contextual factors of the case. For the purposes of this study, the Jungian Analytical Play Therapy (JAPT) approach is applied. The choice of this approach, based on important contextual factors, is justified in the following section.

2.3.1 Contextual factors informing use of Jungian Analytical Play Therapy (JAPT)

This study[1] is based on a case from an intervention conducted at a township school with a grade four girl who was going through the life adjustment of a new sibling in the family. Her context at the time was that she came from a low-income household where both parents work in the city, leaving home early and returning late in the evening. According to her mother, the family lived in a makeshift shelter/shack close to the school which the girl and her older sister attended. The two sisters normally looked after themselves in the afternoons and typically went to bed late at night after checking in with the parents on homework and other chores. At the time of intervention, the girl's mother was on maternity leave from work nursing the

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[1] A description of the background and an in-depth context description of the case are presented in Chapters 1 and 3 respectively

girls' new baby brother. Fortunately, she was available to attend an initial interview to provide developmental and home context background information on the girls. The available time for intervention was limited and a maximum of six sessions could be fitted into the time that the school allocated for hosting the service for its learners.

Peeke, Moletsane, Tshivhula and Keel (1998) observe that for most people in informal settlements such as this family, public services and resources are infrequent, and they are usually not aware of the ones that are available. In view of the contextual factors discussed above, the goal of the intervention was to facilitate the client's adjustment to the new family structure with an additional younger sibling.

JAPT was chosen as the approach that could best make contextual adaptations to facilitate this client effectively. This choice was informed by the close match of JAPT's three treatment stages of orientation, *Working through* and reparation/*Termination* (O'Connor & Braverman, 2009) with Schaefer's (2011) play therapy stages that are being explored in the sand-tray work presented in this study. The stages are arguably generic which makes them suitable for adapting to unique contexts such as the case in this study.

2.3.2 Jungian Analytical Play Therapy (JAPT)
2.3.2.1 Definition of JAPT

JAPT is considered a fusion of creative and integrative therapies in that it has principles from child-centered non-directive practice namely

 (a) "children know where they need to go emotionally to heal themselves and

(b) "building a trusting, non-evaluative therapeutic relationship is essential." (Green, 2008, p. 106).

In a study using Jungian Analytical Play Therapy (JAPT), Green (2008) explains that JAPT identifies and works through reactive symptoms with a child at the child's current developmental level through a play-based and creative method. Although JAPT takes from the non-directive approaches, allowance is made for the therapist to engage in directive activities (Green, 2008).

2.3.2.2 Underlying theory of JAPT

JAPT is based on an understanding of personality and the human psyche from a Jungian psychology perspective. Green (2008) defines the psyche according to the Jung perspective, as "the child's center of thought that regulates conscious experiences, such as behaviors and feelings." (Green, 2008, p. 108) (p. 108). The Jungian perspective views human behaviour as consisting of directed and undirected thinking (Turner, 2005). The directed thinking is noted as being made up of speech and striving to establish order; it is therefore rational, sequential and linear (Turner, 2005). Undirected thinking is an outcome of an underlying mental process in contrast to directed thinking, which uses images as its language rather than speech (Turner, 2005). From this viewpoint, Jung conceptualised the conscious and the unconscious mind, which in turn have components of their own.

Turner (2005) explains that the unconscious mind is divided into the collective and personal unconscious; collective unconscious comprises instincts and archetypes on the level of all mankind transcending culture and time, such as myths and folklore content. Personal unconscious comprises the shadow and archetypes (anima-animus) which are explained as things that emerge from the unconscious into the conscious but are deemed unacceptable by the individual and repressed back into the unconscious (Turner, 2005).

The conscious is made up of the ego, which facilitates adaptation to cultural norms and also controls instincts, while the persona is the interactive platform with the world taking on varied forms in line with various roles played in a person's life (Turner, 2005). Summatively, based on environment feedback, the work of the persona is acceptable and 'who' an individual is classifies as the work of the ego (Turner, 2005).

Turner (2005) notes that Jung referred to a construct of the psyche called the Self which is made up of both the conscious and the unconscious representing the unity of a whole personality. Green (2008) explains the Self as the principal shaping symbol which expresses the ego – personality alignment.

Archetypes are mentioned in both conscious and unconscious minds. Green (2008) elaborates that "archetypes are feelings associated with culturally specific images in human behavior that may appear in dreams, fantasies, and mythology, such as Earth Mother, Trickster, and Wise Old Man." (Green, 2008, p. 106).

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Interaction of the components of personality discussed above, is what informs goals of JAPT since therapy is directed at addressing dynamics of the psyche such as individuation, differentiation, compensation, adaptation, symbol formation and processing, as well as transcendent functions (Turner, 2005).

2.3.2.3 JAPT therapeutic goals

The therapeutic goal in JAPT is to activate the process of individuation in the client (Kottman, 2011; Schaefer, 2011; O'Connor & Braverman, 2009). Individuation is "the process of moving towards one's own totality, potential, and consciousness of oneself; the process of becoming psychologically whole." (Boik & Goodwin, 2000, p. 260).

Green et al. (2013) describe individuation as the client attaining their individual potential by growing toward their wholeness. According to a citation of Schwartz (2003), Jung posed that children's psyches have an instinctive thriving for personality intergration and wholeness which he termed a transcedent function (Green, 2008). This transcendent function relates to the JAPT adapted principle, noted by Green (2008), of children knowing where they need to go emotionally to heal themselves, and is operationalised through symbols.

2.3.2.4 Healing in JAPT

A JAPT client's healing is faciltated through expresssion of personal metaphors, subconscious images and symbols drawn from the unconscious as informed by a psychoanalytic basis (Green et al., 2013). By generating symbols in the course of therapy, the client brings what is in their unconscious to the conscious, while the therapeutic goal is to improve communication between the two levels thus helping intergrate the external and internal worlds (O'Connor & Braverman, 2009; Kottman, 2011).

According to O'Connor and Braverman (2009), it is important that symbols be understood in the context in which they are contained. Green (2008) concurs, pointing out that Jungian play therapists comprehend symbols "only in the context of the macro system in which they are contained and allow children to come to understand symbols from their own phenomenological viewpoint" (Green, 2008, p. 106).

When symbols emerge within a therapy setting they are seen as self-healing for the client. Healing in JAPT is reached through expression of the personal self-healing symbol within the

security of the therapeutic relationship as opposed to the therapeutic technique used (O'Connor & Braverman, 2009; Green et al., 2013).

Green (2008) explains that a self-healing symbol is innate and supports healing by identifying and attaining stable communication between the Self and the ego. The appearance of the self-healing symbol presents opportunity for therapist to establish the meaning of the symbol based on the child's inner language through exploration (Green, 2008). The symbol is a compass to child's current position highlighting the neglected part of the unconscious that underlies the current position; a therapist's role is to unreservedly accept that position and support the client's journey (Green, 2008).

2.3.2.5 Therapist role in JAPT

The role of the therapist in JAPT is to witness the self-healing symbols released by the child throughout therapy (O'Connor & Braverman, 2009). According to Allan and Bertoia's (1992) cited work, the role of the therapist in Jungian play therapy is observer-participant using directive means to stimulate spontaneity and creativity in the child through drawings and play (O'Connor & Braverman, 2009).

In supporting a client's journey, Jungian therapists have an analytic attitude, but do not analyse the clients' work. This means a therapist has a non-expert role in the therapeutic context and works within the sense-making that the client shares by exploring and understanding symbols from the client's phenomenological view (Green et al., 2013). An analytic attitude is both involved and detached, meaning that the therapist provides vocalisation of the child's internal despair and carries some of the child's psychic pain by remaining at the child's level of feeling and waiting for the child's psyche to lead (O'Connor & Braverman, 2009; Green, 2008).

Jungian orientated therapists believe in the power of the self-healing symbol and facilitate the child's activation of the same by encouraging creativity and accepting the inexplicable mystery and psychic energy associated with the unconscious symbol (Green, 2008; Green et al., 2013). As such, a therapist's role is to offer a nonjudgmental therapeutic relationship (Green, 2008). A relationship of this nature views clients as sensitive beings that simply need someone to be with them for a short time while they go through challenges rather than dysfunctional beings that need curing (O'Connor & Braverman, 2009).

McMahon (1992) extends the role of the therapist to self-awareness which entails theory (knowledge of child development and working with children), emotions/personal disposition (feelings arising from own unresolved past, transference) and professionalism (skills of reflective listening, need for supervision and record keeping). Allan (1988) is cited adding awareness of activated personal feelings, pointing out that the therapist must considerately communicate these feelings to the child's ego (Green, 2008). According to Green (2008), effective child psychotherapy is dependent on the therapist's unconscious and their communication of aroused feelings. This means that therapists need to be aware of their own feelings during the child's play and articulate them appropriately to the child's ego (Green, 2008). It is therefore critical for therapists themselves to receive adequate clinical supervision to facilitate optimal functioning in practice (O'Connor & Braverman, 2009).

The therapist's role in JAPT also entails using a multi-systemic perspective that engages other parties within the child's context, such as the school and parents (Green, 2008; O'Connor & Braverman, 2009). McMahon (1992) adds that a lack of relevant context partners, such as parents, has an influence on therapy progression, noting that a failure to coordinate efforts may result in the child's premature withdrawal from therapy.

Overall, the therapist's observer-participant role taps into the child's creativity using non- or semi-directive methods of symbolic intervention such as impromptu drawings, sand therapy and drama among others (Green, 2008). In this study, sand-tray intervention was used with the client.

2.4   Sand-tray intervention

Sand-tray is a play-based intervention (Campbell, 2004) which has been researched and shown as an effective technique (Blom, 2006; Flahive & Ray, 2007; Spooner & Lyddon, 2007). Mitchell and Friedman (1994) hold that sand-tray is a generic term referring to the use of miniatures in a shallow box partially filled with sand. Hutton (2004) proposes the umbrella term sand, water and miniatures 'SWAM' to refer to all the variations of the technique. Two of the SWAM technique variations, sandplay and sand-tray are widely used.

Sandplay "refers to the Jungian/Kalffian approach in which a tray, sand, and miniatures are used. As a non-directive, depth approach, sandplay accesses and activates the internal healing energies of the individual psyche." (Friedman & Mitchell, 2008, p. 8). According to

Turner (2005), the psychotherapeutic tool that uses sand water and miniatures is derived from Margaret Lowenfield's "World Technique" which she used as a non-verbal communication tool for therapy with children in early 20th century. Evolution of this technique includes work by the Swiss practitioner Dora Kalff, who developed sandplay which she used in Jungian therapy (Turner, 2005).

In explaining sand-tray history, Mayes, Blackwell Mayes and Williams (2007) mention that Tibetan Buddhists, Hopis and Navahos, to name a few, have used sand-trays for spiritual work since undated times. Sand-tray use as a therapeutic technique is associated with Margaret Lowenfield, Carl Jung, Dora Kalff, Charlotte Bühler and Erik Erikson among others in the 1900s (Spooner & Lyddon, 2007; Mitchell & Friedman, 1994).

Homeyer and Sweeney (1998) define sand-tray as "an expressive and projective mode of psychotherapy involving the unfolding and processing of intra- and inter-personal issues through the use of specific sand-tray materials as a nonverbal medium of communication, led by the client(s) and facilitated by the therapist." (Homeyer & Sweeney, 1998, p. 6). Friedman and Mitchell (2008) add that sand-tray is typically used with groups, couples and families as a research or assessment tool. Garrett (2014) describes sand-tray as an integrative and eclectic approach that is compatible with a variety of theoretical perspectives on a spectrum from spontaneity to directive work.

2.4.1   Rationale, logistics and typical profiles of sand-tray
2.4.1.1 Rationale of sand-tray therapy

Homeyer and Sweeney (1998) present 13 points to describe the rationale detailing the benefits of sand-tray. In the following section, the 13 points are used as a base and related literature is reviewed to augment the underlying tenets.

Homeyer and Sweeney (1998) point out that therapy using sand-trays provides clients with a vital distancing opportunity when confronting and *Working through* painful emotions. An emotional distance provided by sand-tray miniatures allows the client to be objective and creates a sense of safety (Toscani, 1998). The safety in therapeutic distance fosters emerging of repressed issues and the client reliving experiences along with the associated negative emotions (Homeyer & Sweeney, 1998). According to Toscani (1998), therapeutic

distance created by sand-trays can speed up the movement of emotional processes in a client who may have been in the same therapeutic space for a while.

The non-threatening and engaging nature of sand-tray therapy is noted as instrumental in getting past client resistance (Homeyer & Sweeney, 1998). In working with clients who are inclined to engage defence mechanisms such as verbalisation, intellectualisation and rationalisation, the non-verbal aspect in sand-tray bypasses such defences to engage the client by alternative means (Homeyer & Sweeney, 1998; Blom, 2006).

Sand-tray therapy offers an expression platform for emotional issues that can not be verbalised (Homeyer & Sweeney, 1998). In an instance such as couples therapy where emotional issues may be difficult to verbalise, Dean (2001) explains that a sand-tray becomes a means through which relationship dynamics are externalised and can be objectively explored. Stark, Frels and Garza (2011) explain that the sand-tray miniatures are symbols through which unconscious conflicts and emotionally charged matters are played out through them.

According to Homeyer and Sweeney (1998), sand-tray therapy constructs a space where clients can experience control which may be elusive for them in the real world. Control can be abstract in the sense of being able to control the outcome of events in a sand-tray scene or physical/concrete control in manipulation of sand-tray materials. Blom (2006) points out that children are able to take control of actions in the sand-tray and in the process externalise traumas and gain control over inner impulses. Using sand and miniatures allows concrete flexibility in expression due to the pliable nature of sand; emotions and experiences can be represented in complex scenes using wet or dry sand, moulding and shaping features, as well as changing, rebuilding or destroying the scene (Garrett, 2014).

Sand-trays have a kinesthetic quality which gives clients a sensory experience through touching and working with the sand. The touch experience in and of itself is therapeutic (Homeyer & Sweeney, 1998). Blom (2006) concurs, stating that the therapeutic value of sand play is that it provides touch sensory stimulation.

In a family therapy setting, sand-trays are inclusive in that everyone gets a chance to express themselves (Homeyer & Sweeney, 1998). In using sand and miniatures for family therapy,

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Carey (1991) explains that the non-verbal nature and lack of a need of special skills as a requirement accommodate families well because no one feels inept to participate.

Homeyer and Sweeney (1998) note that when a client has low verbal skills, sand-tray therapy accomodates effective communication for them. For the child who has poor verbal skills, sand play notably encourages, but does not necessitate, verbal discussion which can build the child's confidence in self-expression (Blom, 2006).

Occurance of transference can be attended to effectively using sand-tray (Homeyer & Sweeney, 1998). A case presentation by Castellana and Donfrancesco (2005) notes externalisation and symbols in the sand-tray as effective in handling transference and counter transference.

Lastly, the nature of sand-tray therapy creates a natural set of limits and boundaries thus promoting client safety which is necessary for growth (Homeyer & Sweeney, 1998). Blom (2006) agrees, adding that the size of the tray helps the client to act within their own boundaries.

The next section explains the operationalistion of sand-tray therapy by looking at the physical set-up of a sand-tray therapy room, as well as the introduction and instructions for sand-tray where relevant.

2.4.1.2 Logistics of sand-tray therapy

Spooner and Lyddon (2007) describe sand-tray therapy as a multidimensional technique whereby a client is asked to create scenes in a sand-filled tray that is blue on the interior (simulating the sky and water) using an assortment of miniature objects. Green and Connolly (2009) add that the therapist provides a free and protected space for the client to create scenes in the sand by listening, observing and unconditionally accepting the content and emotions of the scenes.

The miniatures are representations of the world around and the client builds their specific world in the tray (Spooner & Lyddon, 2007). A client is asked to create a scene or picture in the sand and there is no prescribed way to carry out the instruction. The client therefore is in control of the personal experience and outcome of the sand-tray process (Spooner & Lyddon, 2007).

A sand-tray miniature collection is typically arranged on a shelf in groupings comprised of but not limited to:

- Animals - wild, domestic, prehistoric, reptiles, insects, sea and land animals
- People - different ages, races, cultures, occupations, characters from TV and movies, an army
- Vehicles - cars, trucks, boats, planes, helicopters, motorcycles, rescue vehicles
- Objects from nature - flowers, trees, shells, rocks, stones, crystals, fool's gold, bones, eggs
- Symbolic objects – religious/spiritual artefacts, symbols of love, life, death, etc., fantasy creatures
- Buildings - houses, churches, schools, tents, specialised buildings – e.g. hospitals, spaza shop (South African context).
- Fences, signs, flags, wells, barricades, household objects, hobby items, bridges, and other natural and artificial creations
- Practical items and miscellaneous – wine and beer bottles, jewellery, guns, knives and wrapped gifts.

(Betman, 2004, p. 20; Homeyer & Sweeney, 1998, p. 53; Spooner & Lyddon, 2007; Blom, 2006, p. 137; O'Connor & Braverman, 2009, p. 97)

Richards et al. (2012) explain that in sandplay, the client is offered a choice between working in a tray with dry sand or with wet sand that is lightly smoothed over. The tray is 57 cm wide x 72 cm long and 7 cm deep, waterproof and painted blue at the bottom to represent the sea/water bodies and the sides to represent the sky; it can be made of wood or plastic (Richards et al., 2012; Betman, 2004; Homeyer & Sweeney, 1998). Depending on the type of sand used and how it dries out, an alternative of using one tray and availing a jug of water for the client to wet the sand if they need to, may be considered.

The sand used in the sand-tray is typically play sand which can be bought or collected from the beach or riverbank; alternatives of rice or mealie meal may be used where clients may be of challenged mental capacity and can eat the sand in the tray (Homeyer & Sweeney, 1998). A limit to using the alternatives may be that water will not have the same effect as it will have with sand and that settings such as a hospital where sterility and hygiene of that sand may be a concern (Homeyer & Sweeney, 1998). Also, food alternatives to sand with

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clients from impoverished areas may be inappropriate. The sand should fill a third of the tray, larger or smaller trays may be used but are not recommended because smaller trays may be too confining and bigger trays are too expansive and overwhelming for the client to fill (Homeyer & Sweeney, 1998).

Homeyer and Sweeney (1998) emphasise that the sand itself is therapeutic, it is key in the process and the sensory experience of touching for the client. Although variations in theoretical orientations occur, sand-tray therapy materials achieve a lot for the client. The technique and materials alone are however not enough; healing for the client is not in the technique, but rather the relational process of the therapist carrying the client (O'Connor & Braverman, 2009; Homeyer & Sweeney, 1998).

In resource-constrained contexts, the miniatures used can be handmade as was the case in the Shongolollo Expressive Sandwork project. Miniatures included human figures made out of banana tree leaves, animals carved out of wood and angels figurines made out of recycled cool drink cans.

2.4.1.3 Typical profiles of completed sand-trays

When clients present completed sand-trays, the therapist may first categorise the complete scene as a starting point for analysing the client's progress. Homeyer and Sweeney (1998) offer the listed profiles below as a starting point for analysis. This is not an exhaustive approach, but is helpful in *Working through* the often overwhelming presentations of clients' sand-trays. The profiles are explained as follows:

1. An empty world – if a third of the tray has no figures or less than 35 figures are used. This may be indicative of a perception of one's world as an empty, unhappy place. It may also indicate that one is experiencing feelings of rejection, wants to escape or have compromised mental resources due to depression.

2. An un-peopled world – when there are no people, namely men, women, children, profession figures (soldiers are considered "non-people" because they are mostly used in aggressive play) in the scene. This may reflect a desire to escape and/or feelings of hostility towards people.

3. A closed or fenced world – depicted by use of fences and dividers in the scene and most figures are within enclosures. This is interpreted as an expression of needs

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to be self-protective and to compartmentalise, isolation from others, keeping out dangers or a fear of internal impulses hence a need for external controls.

4. A rigid world – sometimes referred to as a World of Rows/Schematic arrangement. The layout of the figures seems unrealistic in rigid format usually rows or distinct geometric patterns (an exception is a mandala/circle/form of centring and wholeness which is regarded as positive). This could indicate an extreme need for order in response to a chaotic world, possible need for perfection or self-control, emotional rigidity or repression.

5. A disorganised world – alternatively known as a chaotic or incoherent world, has figures chaotically placed in an impulsive way. The scene's overall look is chaotic. In observation of the construction of the scene, the client may initially be methodical but loses the ego-control to complete and lapses to chaos. This may highlight inner confusion, chaos of one's world or inability to maintain self-control.

6. An aggressive world – may be in the form of a battle scene, fights between figures, accidents/crashes or wild animal attacks (attacking each other or humans or vehicles). In some instances, the scene looks socially acceptable such as war or accidents, other times unacceptable e.g. people/angels/babies being attacked by animals. Such scenes are indicators of aggression which may be in the form of one acting out in some way(s) in their world. It could also be an internalisation of anger and an expression of this anger in the safety of the sand-tray.

(Homeyer & Sweeney, 1998, p. 68).

As mentioned above, this is not exhaustive, but it is a good starting point. The profiles will be applied in Chapter 4 in the thematic data-analysis process.

2.4.2   Adaptation of sand-tray

2.4.2.1 Factors to consider in adapting the sand-tray technique

The sand-tray intervention in this study was conducted over six sessions which is considerably a short period in therapeutic intervention. Literature on conducting psychotherapy in township communities supports a brief duration adaptation. Peltzer (2000) reasons that short-term psychotherapy, typically fewer than 20 sessions in South Africa, is more effective due to resource constraints such as time and trained professionals to deliver service (Du Plessis & Conley, 2007; Eloff, Maree, & Ebersöhn, 2006; Macleod, 2004).

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Watson (2010) however warns that a need to provide psychological services in the shortest time for as many clients as possible, leads to a lack of conceptual grounding of interventions delivered. It may however be argued that in most cases when working in townships, the information on clients is incomplete which in turn makes for incomplete intervention that barely makes an impact rather than improper conceptual grounding (Peeke et al., 1998).

In a study on adaptation of theraplay for use in a Korean context, authors Yoon-Kyung and Sheena (2008) recommend that therapists tap into what is existing in the current systems that can be linked to what they want to introduce. For adapting sand-tray therapy for the township context in this study, expressive sandwork discussed in the previous section was used as a departure point.

Another departure point came from adapting sand-tray in such a way that it taps into indegenous play in which children participate. Of note is a traditional seSotho game called Masekitlana which is played across townships and rural areas by children in groups or alone. Kekae-Moletsane (2008) conducted a study using Masekitlana in psychotherapy with a child who was going through post-trauamatic stress. Reporting a positive outcome after five sessions, the author describes the game as follows:

> It is a monologue play, played by one child at a time, alone or while other children are listening attentively. During play, children usually relate stories about things that worry or excite them, things they imagine, their wishes, things they detest, things about people they detest, and things around them. Masekitlana does not have specific rules or a structure. It is not a competitive game. It accommodates all children, including those who are shy and withdrawn. The players can express their feelings and emotions by talking to themselves, even if they are shy and do not want to be listened to. The players or storytellers who always speak in the third person when telling their stories. The players distance themselves from the whole picture. Masekitlana is therefore a projection and expression medium. The listeners show concentration and display listening skills. When the storyteller stops telling a story, comments, remarks, suggestions, and questions are usually posed or made by the listeners (Kekae-Moletsane, p. 368).

This game relates particularly well to sand-tray therapy, and elements of play described above were witnessed in working with the child whose case is presented in this study.

2.4.2.2 Adaptation for specific contexts - expressive sandwork

Similar to play therapy, there are adaptations for use with special populations such as abuse victims (Spooner & Lyddon, 2007). Expressive sand work is an adaptation of sandplay that has been found as particularly valuable for use in vulnerable communities in countries such as South Africa, China and Colombia (Pattis Zoja, 2011). This technique is a form of expressive therapy which is described as drawing from psychoanalytic theory, ego theory, object relations theory and brain research, and is widespread in the USA (Pattis Zoja, 2011).

Expressive sandwork facilitators are typically volunteers who are briefly trained and assigned to facilitate clients under the supervision of a fully trained therapist (Pattis Zoja, 2011). The aim here is to be able to give a maximum of therapeutic intervention with a minimum of training (Pattis Zoja, 2011) by expanding the capacity of one professional to attend to clients. This adaptation is appropriate in the South African context where a drive for community-based mental healthcare is underway (Thom, 2004). The low availability of professionals as a resource to deliver services informs the move towards community engagement in providing care as opposed to institutionalisation (Thom, 2004). With the expressive sandwork technique, the capacity of one professional is maximised in providing service to more clients through trained volunteer facilitators.

As a group-based intervention, expressive sandwork is conducted over brief durations with individual care for each client in the group through a facilitator assigned to each child (Pattis Zoja, 2011). In the South African context, there are often long waiting lists at service points and limited time to engage with clients.

According to Pattis Zoja (2011), expressive sandwork is ideal for situations where individual psychotherapy is not possible or easily accessible. With the effects of South Africa's apartheid history still being felt in the mental health system, Thom (2004) notes that the country faces a challenge to equalise resources in mental health services countrywide. Meanwhile, expressive sandwork offers an alternative that arguably answers a call for "development of sustainable models of services and interventions" (Thom, 2004, p. 35).

2.4.2.3 Expressive sandwork and sand-tray application

Pattis Zoja's (2011) book is a notable study of expressive sandwork; it discusses reaching vulnerable communities in Latin America, China and South Africa using expressive sandwork. The author explains that expressive sandwork is a group intervention based on Jungian sandplay as practised by Dora Kalff (Pattis Zoja, 2011).

In the Latin America expressive sandwork project, six children under institutional care were engaged with in 2009. Project leaders ascertained that the children lacked father figures in their upbringing which was associated with possible criminal behaviour either in the future or currently. Over the course of at least five months of expressive sandwork intervention, the children's teachers reported a positive change in behaviour (Pattis Zoja, 2011).

An expressive sandwork project in China, which is explored in the book, reached children in nursery schools and elementary schools. Most of the children reportedly exhibited fear of separation from their parents among other concerns. Parents of a child in a cited case reported positive outcome from the eight-week expressive sandwork intervention conducted for a group of four children (Pattis Zoja, 2011).

An expressive sandwork project was conducted in 2007 at a school located in a Johannesburg shanty town in a South Africa. The children referred for intervention were described as showing conspicuous behaviour. Based on some of the sandwork narratives, authorities were alerted about abuse and imminent danger to clients. In all the cases reported, the fears expressed by the children were authentic and the timely intervention from authorities (except in one instance where help came too late) protected the children (Pattis Zoja, 2011)

In another South African study, Lubbe-De Beer and Thom (2013) researched psychosocial care using expressive sandwork with vulnerable individuals. Five support sessions were extended to imprisoned youth in a correctional facility where limited or no psychosocial help was available (Lubbe-De Beer & Thom, 2013). The study outcome notes the process as effective in that the positive psychological construct of hope was fostered in the clients. The authors conclude that clients moved towards integration and healing through expressive sandwork (Lubbe-De Beer & Thom, 2013).

Ferreira, Eloff and Kukard (2014) report on a study where sand-tray was used in therapy as a bridging medium between the client and the therapist, who were from different cultures. The result of 18 sessions for a vulnerable and traumatised girl is reported as successful in spite of the language differences between the client and the therapist. Based on a post-intervention assessment, results showed positive change in the communication challenges that were the referral concern (Ferreira et al., 2014).

A study of therapists' experience of delivering sand-tray intervention to children with emotional and behavioural problems was conducted in a South African context by Richards et al. (2012). The study concluded that there is a need for thorough training, support and supervision for therapists in delivering sand-tray therapy. All the therapists noted the importance of their relationship with their clients and yet also raised concern of fitness and/or readiness of some clients for sand-tray work.

There was consensus in the Richards et al. (2012) study that sand-tray was relevant in terms of the diversity of presenting problems. Emphasis was placed on cultural sensitivity and having a miniature collection that is mindful of diversity. Another important conclusion was that the question around the expense of setting up sand-tray material in deprived communities was unfounded (Richards et al., 2012).

2.4.2.4 Critique of expressive sandwork

Undocumented criticism has been raised within psychotherapy circles around the expressive sandwork approach. The way in which volunteers are used as facilitators in expressive, is one of the points of criticisms raised. Early work cited by Landreth (1982) explored the use of teachers as clinical assistants under supervision delivering play therapy in their own schools. A challenge resonant with the expressive sandwork approach that reportedly arose in this study was role confusion due to the presence of multiple relationships (Landreth, 1982).

When volunteer facilitators from the community are teachers at the schools that the clients attend, role confusion is likely to occur and may have a negative impact on the therapeutic process. It is also highly likely that multiple relationships will exist between facilitator volunteers and clients within the same community, which may lead to role confusion and have a negative impact.

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An option to counter this challenge may be to let volunteers facilitate clients in projects that are based in communities other than their own. The concern around the use of volunteers may also stem from the ethical standpoint of not causing harm to clients. Facilitation of clients is considered as a heavy psychological burden due to the content and depth at which clients can offload emotions on a facilitator. This may lead to compassion fatigue (Ray, Wong, White, & Heaslip, 2013) where the facilitator may become overwhelmed by the client's emotional process, and the briefly trained volunteer may end up doing more harm than good to the client.

In a recent South African study, a model using Christian lay counsellors as volunteers was reported as having a positive outcome. The volunteers successfully facilitated support for traumatised children using, in part, organised play at a camp (Coetsee & Grobbelaar, 2014). The outcomes emphasised the value of a six-month experiential and cyclical lay counsellor training programme, which equipped trainees not only to facilitate clients, but also to pass on the skills to other volunteers (Coetsee & Grobbelaar, 2014). Expressive sandwork could do well to consider the value of longer term cyclical training of volunteers as opposed to brief once-off training.

Another point of criticism on expressive sandwork relates to the short duration of intervention. Short-term duration of expressive sandwork as with this study (six sessions) arguably follows in psychotherapy's current pursuit of brief therapy. This pursuit is noted as driven by a growing awareness of therapy failures and client demands for effective therapies (Feltman & Horton, 2012).

Piper, Azim, McCallum and Joyce (1990) include the limited capacity of skilled professionals' vis-à-vis elevated service demand and restrictions by third party pay-out sources, as catalysts for cost-effective and brief techniques. This argument is particularly relevant for South African contexts where resources such as time, trained professionals and facilities hamper delivery of interventions (Peeke et al., 1998).

According to Feltman and Horton (2012), brief intervention is considered to be 12 sessions. Piper et al (1990) comment that by keeping and adapting founding concepts of an intervention of choice innovatively, therapists can continue to meet the challenge of offering brief intervention. Expressive sandwork keeps the founding principles of sand-tray work from a

Jungian perspective and innovatively adapts the delivery to effectively provide intervention in adverse circumstances.

2.5   The role of educational psychology in the township context

According to the Health Professions Council of South Africa (HPCSA), an educational psychologist applies psychological interventions so as to optimise human functioning in their learning and development. In South Africa, the current role of psychology as a discipline and practice is challenged on its relevance (Macleod, 2004), specifically around social value and accessibility of psychology to the audience that need it. South Africa's history of an apartheid system meant psychological service was based on exclusion with access for a privileged population. As such, this history lends the relevance conversation a basis to highlight a crisis in confidence crisis of psychological knowledge and practice applicability to South Africa's social problems such as poverty among others (de la Rey & Ipser, 2004). This translates to psychological interventions being challenged to be relevant and applicable to South African specific contexts rather than the western basis of most interventions. A viewpoint such as this holds some motivation for adapting a sand-tray intervention for the contextual application of as was done in the project on which this study is based.

The debate on relevance of psychology can be explored along two dimensions namely access and social value. This study considers these two dimensions as interrelated and they are a basis for how and why the sand-tray intervention was adapted for use in the township context. The question arises as to what necessitates psychological interventions (social value) in a place where the community can make use of support structures such as indigenous expertise, extended family, pastoral counsellors among others? (Brack, Hill, & Brack, 2012; Mkhize & Kometsi, 2008; Flisher, et al., 2012). The answer lies in access, the named support structures that are present gain value and are a necessity for the community because of their accessibility, which in turn makes them the community's gatekeepers (Flisher, et al., 2012; Mkhize & Kometsi, 2008).

Educational Psychology would possibly gain acceptance and utility in communities by aligning itself with gatekeeper structures. Eventually, psychology would become valuable to the community. This study extended the sand-tray intervention through a primary school in the community and managed to access typically inaccessible learners and the learners accessed a service that may have been otherwise out of their reach.

2.5.1 Access to and perception of Educational Psychology in townships

Policies in the post-apartheid era and in the National Mental Health Plan sought to rectify accessibility by decentralising psychosocial care as mental health services enshrined in primary health care (Jack-Ide, Uys, & Middleton, 2012; Mkhize & Kometsi, 2008; Stein, 2014). Peltzer (2000) suggests that to improve accessibility, the role of the psychologist needs to evolve into variations such as "outreach liaison, consultant, ombudsman and facilitator of indigenous support systems." (Peltzer, 2000, p. 175). This means that community members from any of the gatekeeper affiliates qualify to engage with and deliver sand-tray intervention with clients. Such an evolution translates to two-way access between professionals and the community.

In this study, the sand-tray intervention used was based on the expressive sandwork premise discussed earlier. The intervention facilitators were Educational Psychology students and interns under the supervision of a qualified therapist as opposed to community volunteers (Pattis Zoja, 2011).

Most townships with psychology service needs, typically lack physical and administrative infrastructure to support efforts and initiatives (Brack, Híll, & Brack, 2012). The HPCSA's outline of educational psychologist practice scope includes advising on the development of policies. Professionals must therefore engage authorities to advocate for the community so that services can reach those who need them as well as be relevant to the communities served.

Perception of psychological interventions, such as counselling in the township context, was observed by Peeke et.al. (1998) as being regarded with mistrust. They attribute this to history combined with the fact that most communities are accustomed to receiving material assistance and support, so the value perception of non-material interventions is often different (Peeke et al., 1998). From the perspective of a volunteer from the United Kingdom working in a South African township, the impact of colonialism and apartheid history is apparent. He mentions experiencing a perception of white male intervention practitioners (social workers, psychologists, health personnel etc.) as idealised and feared in equal extent, symbolic of 'pure' culture, being all knowing, beyond challenge and powerful (Hadley, 2015).

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Within a South African township context, such as with this study, one of the influences on perception of psychological interventions relates to poverty. Poverty influences perception of psychology and its interventions in that it affects facets such as help-seeking behaviour (Du Plessis & Conley, 2007; Peeke et al., 1998). The community where the Shongololo Expressive sandwork was conducted was considered a resource constrained community. Indicators of poverty such as no running water and informal shelters were observed and although not formally documented, they informed the sand-tray intervention considerably.

According to Du Plessis and Conley (2007), poverty is not restricted to a lack of material resources; it is multi-dimensional and includes other forms of lack such as inadequate living environments and limited access to healthcare and schooling. It has far-reaching impact on other concerns that are relevant to psychology such as children and their development leading to human rights violations, susceptibility to psychological problems, to name a few (Eloff, Maree, & Ebersöhn, 2006; Barbarin & Richter, 2001). Peeke et al. (1998) explain that a poverty community context propagates that taking time off work to attend therapy so as to work through problems is not a priority. This in turn accounts for minimal parent involvement for child clients and unattended intervention appointments (Peeke et al., 1998). As such, perception of a service like Educational Psychology is entangled with the myth that "sound psychological health, interpersonal freedom and self-development are luxuries" (Peeke et al., 1998, p. 20).

Eloff et al. (2006) add that psychological intervention should therefore strive to be meaningful and sustainable in contexts such as townships by empowering the community rather than perpetuating neediness. This is suggested as achievable by offering intervention that starts with "what the community has to offer, thus building on their assets and strengthening and rewarding what they are already doing well." (Eloff et al., 2006, p. 121). Such an approach is likely to have a positive impact on perceptions of and engagement with Educational Psychology in a context such as a township.

According to a study of psychotherapy in South Africa by Peltzer (2000), respondents identified a need for psychotherapy around issues of child abuse, family grief and bereavement, suicide urges, marital concerns – divorce, separation and marital problems. Eloff et al. (2006), who investigated roles, functions and contributions of Educational Psychologists in a South African context, emphasise a clear need for Educational Psychology

interventions, particularly in early childhood. This at least suggests acknowledgement of the need for psychological interventions even in the presence of other support structures.

Although acknowledgement of the usefulness of Educational Psychology exists, Peeke et al. (1998) add that in township contexts, advocacy demonstrating how psychotherapy can assist the community is vital. Although community members may readily speak to a Pastor or consult a traditional healer about problems, they may find the idea of talking to an "outsider" to find solutions to problems threatening or foreign (Peeke et al., 1998). According to Pillay, Ahmed and Bawa (2013), stigma associated with mental health and behavioural concerns in poorer communities is a significant constraining factor in seeking psychological intervention. Advocacy to clarify Educational Psychology intentions and roles is therefore critical. Arguably this view may be community-focused, whereas educational psychology's focus should be learning- and development-related i.e. school rather than community.

Eloff et al. (2006) point out that the scarcity of Educational Psychology professionals in South Africa warrants initiative and involvement in broader issues on the part of the existing professionals. They highlight work such as starting and running support groups for parents and caregivers in line with early childhood intervention by educational psychologists (Eloff, Maree, & Ebersöhn, 2006). The evolution of the role of psychologists proposed by Peltzer (2000) can be reiterated here in agreement with the above authors. Educational Psychology would do well with conducting advocacy with the community which in turn influences how the community, inclusive of parents, understand and engage with psychological interventions.

2.5.2 Social value of Educational Psychology in a township context

A form of leverage that gatekeepers have over Educational Psychology is proficiency in the community's culture since they are often part of that culture. O'Connor and Braverman (2009) use the term culture in psychology as a reference to all forms of diversity occurring in clients. Pillay et al. (2013) define culture as "a complex, dynamic relationship between the unique group-based practices and ideas and the material realities of lives across contexts such as gender, race, and class." (p. 55). Psychology bodies such as the American Psychology Association (APA) are noted as encouraging practitioners to affirm value and celebrate diversity rather than work towards assimilation with clients (O'Connor & Braverman, 2009).

Peltzer (2000) observes that in South Africa, differences in language, cultural standards, presentation and explanation of problems, expectations in and of interventions, how problems are solved, and world view must always be acknowledged. According to Peltzer (2000), there is a pressing need to train psychologists who are proficient in at least one indigenous African language, because understanding of culture and language are critical to psychology work. In addition, Hickson and Kriegler (1996) point out that there should be a process of licensing psychotherapists for cultural competence to work with all populations. Young (2013) agrees and addss that since the demographics of psychology professionals in South Africa does not reflect the country's diversity, it is vital to equip psychologists to engage clients who are in different cultural contexts from their own. Eagle, Haynes and Long (2007) describe multicultural competence as an ability to engage with the unfamiliar which can be gained through community service to diverse populations.

In discussing culture, Flisher et al. (2012) mentions that traditional healers are consulted for mental health concerns across life stages so that children are highly likely to receive intervention through traditional healing systems in most South African communities. They cite an important reason as congruence of traditional healers' intervention with the culture of the client. Peltzer (2000) also reports that faith healers are a widely consulted intervention source for the community. With this in mind, Flisher et al. (2012) warns that a lack of understanding of culture and ignoring it will culminate in rapport shortfalls and compromised interventions.

To be able to serve a township community optimally, Educational Psychology needs to integrate traditional and faith-based consultations into its work. Donald and Hlongwane (1989) cited in Peltzer (2000) bring up the fact that school-based counsellors can refer learners for traditional consultation when cultural problems are identified. Some examples of diagnoses that would fall in the category of DSM-IV culture-bound disorders which may be encountered by educational psychologists and referred for further consultation, include "*ukuthwasa* (calling to be a healer); *amafufunyane* (possession by evil spirits); *ukuphambana* (madness); *isinyama esikolweni* (bewitchment at school); and *ukuphaphazela* (episode of fearfulness)." (Flisher et al., 2012, p. 157).

Educational Psychology practitioners are moving on from being sole experts bringing solutions to the community, to being collaborative facilitators supporting community members in identifying and engaging with existing assets as agents of change (Eloff et al., 2006). In

this way, community interventions are trans-disciplinary (which may be inclusive of traditional and faith consultations by clients) and more holistic (Eloff et al., 2006).

2.6   Conclusion

Psychology practice in the South African context is characterised by unique factors some of which have been explored this chapter such as culture, diversity, time limits and history. Because of this, there is a need to adapt interventions for effectiveness and relevance.

Chapter 3 - Research design and methodology

3.1 Introduction

The previous chapters introduced and provided insight into the play therapy stages within a sand-tray process. This chapter details the research process followed for this study. The first section will focus on paradigms followed and will lead to a discussion of the methodology engaged for this study. Data collection, documentation and analysis methods will be discussed next and the quality criteria applied will also be explained. The chapter will conclude with ethical considerations undertaken in conducting (Guba & Lincoln, 1994) and writing up this study, as well as a personal reflection on my role as the researcher.

3.2 Paradigmatic perspectives

A paradigm is a frame of reference researchers apply in approaching research work (Babbie, 2005). Guba and Lincoln (1994) define the frame of reference as a world view that firstly defines the reality/nature of the world, secondly the viewer's place in that world and thirdly the spectrum of possible relationships to the world and its contents. The three dimensions explained above are known as ontology, epistemology and methodology when used in the context of inquiry on a subject in research, (Terre Blanche, Durrheim, & Painter, 2006). Healy and Perry (2000) explain that ontology is the reality that researchers investigate, epistemology is the relationship between that reality and the researcher, and methodology the procedure used by the researcher to investigate that reality. In this study, the paradigm applied is interpretivism.

3.2.1 Meta-theoretical paradigm: Interpretivism

According to Maree (2007), interpretivism in qualitative research is based on three assumptions namely; human life can only be understood from within; social life is a distinctively human product; and the human mind is the purposive origin of meaning (Maree, 2007, p. 59). From these assumptions, the ontology, epistemology and methodology can be detected as internal and subjective, empathetic and observer subjective, and interactional, interpretation and qualitative respectively (Terre Blanche et al., 2006).

Interpretivism ontology considers reality as an internal and a subjective experience. This translates in essence, to the notion that there are multiple realities and that knowledge is

located within an individual as opposed to outside and independent of the individual (Maree, 2007; Terre Blanche et al., 2006).

In terms of relating to reality as a researcher, epistemology in interpretivism is characterised by empathy and observer subjectivity, the multiple realities existing in individuals can be best understood from the meaning assigned by individuals (Maree, 2007). According to Creswell (2014), individuals access knowledge by sensing their world and giving meaning to these senses through socially constructed interactions and discussions. As such, the methodology to investigate realities is interactional, interpretative and qualitative in nature (Creswell J. W., 2014).

For this study, the data under analysis entails at least two different perspectives namely visual data and narratives through the client and the facilitator's process notes and experience reflections. Interpretivism is therefore appropriate here because it entails contextual interpretation and is interactional (Terre Blanche et al., 2006) such that an appreciation of unique perspectives of reality is facilitated.

3.2.2   Methodological paradigm – Qualitative enquiry

Qualitative research pursues an understanding of the meanings that people attach to daily social life by producing descriptive data of people's experiences and perceptions (de Vos, 2002). Nieuwenhuis (2007) describes qualitative research as being "concerned with understanding the processes and the social and cultural contexts which underlie various behavioural patterns" (Nieuwenhuis, 2007, p. 51). Both perspectives emphasise that understanding is an underlying aim of qualitative research as opposed to explaining which quantitative research (de Vos, 2002).

Terre Blanche et al. (2006) describe qualitative research as naturalistic, holistic and inductive in nature. From their explanation, naturalistic means that studies are typically non-manipulative where variables are not controlled, usually of real-world situations where there is openness to whatever emerges from the study. De Vos (2002) contrasts naturalistic observation with controlled measurement as practised in quantitative research. In this study, the play therapy stages being studied were not manipulated; they unfolded over the course of a real-life therapy process with a client. The outcome of this study is thus considered with openness to whatever emerges.

The holistic aspect of a qualitative study is the consideration that whatever is being studied is understood as a complex system with meaningful interdependencies (Terre Blanche et al., 2006). According to Scholz and Tietje (2002), holistic refers to a thoroughly qualitative approach that relies on mainly narrative descriptions. In the instance of this study, play therapy stages are appraised within the context of a brief sand-tray process in a therapy case. The therapy case acknowledges a system with influential interdependencies as evidenced by components such as interviews with the client's parent, *Rapport building* exercises, facilitator notes and reflections, as well as consideration of unique contextual factors.

Terre Blanche et al. (2006) note the inductive aspect of qualitative research as reflected in the way the researcher becomes immersed in details of data to discover categories, dimensions and interrelationships in the study. In this study, the case file data is analysed by becoming immersed into the details with the aim of uncovering categories, dimensions and interrelationships within the data. The inductive characteristic here relates to the aim of understanding rather than explaining phenomena pursued by qualitative research (de Vos, 2002).

The samples engaged in qualitative research are typically small and often purposively selected (Babbie, 2005; de Vos, 2002). As such, criticism of low generalisability of research outcome compared to quantitative enquiry, is often levelled against a qualitative enquiry. In qualitative research studies, the importance lies in the depth and quality of derived knowledge as opposed to the scope of the information found in the quantitative approach (Nieuwenhuis, 2007).

The case study used in this research is closely analysed so as to gain in-depth understanding of the client's therapeutic process in light of the play therapy process. By selecting this one case out of a possible 12 from the project to study in-depth, the sample is considered as small. The motivation for this selection is purposive in that this is a case that was accessible and relevant to answering the study questions rather than being aimed at generalisability of the study outcome.

Glazer and Stein (2010) explain the suitability of qualitative research in play therapy work as being based on the similarity to how practitioners engage with clients. They note qualitative enquiry as "a natural extension of the therapeutic process" which embodies basics of positive regard, genuineness and empathy (Glazer & Stein, 2010, p. 55). Qualitative enquiry is

therefore considered as appropriate for this study to detect play therapy stages within a brief sand-tray process of a client.

3.3 Research methodology

3.3.1 Research design and approach

A case study is an in-depth enquiry or exploration of a system bound by place and/or time over a period of time (Creswell J. W., 2009). According to Kumar (2011), a case study is based on the premise of uniqueness among cases of a certain type and can therefore give insight into certain phenomena. De Vos (2002) emphasises that the case study strategy of enquiry exists in both qualitative and quantitative methodology. The distinction between its occurrence in both methodologies is that in qualitative studies, exploration and description of a case is attained through collection of data from multiple sources which are context rich (de Vos, 2002).

The case study that is analysed here for occurrence of play therapy stages is considered unique in that it was a client's generic process for a specific referral concern that cannot be replicated by any other client. Available data that is analysed to answer the research questions was derived from at least two sources namely the client and the therapist.

Scholz and Tietje (2002) differentiate case studies along seven dimensions, namely design, motivation, epistemological status, purpose, data, format and synthesis:

- design refers to whether the study is embedded or holistic;
- motivation can be instrumental or intrinsic;
- epistemology refers to the study being exploratory, explanatory or descriptive;
- purpose alludes to the aim of the study being teaching, research or application/action;
- data within the study is either qualitative or quantitative;
- the format of the data can be highly structured, short vignettes, unstructured or ground breaking;
- synthesis of the data can be informal, empathic, intuitive, formative or method driven. (Scholz & Tietje, 2002).

Willig (2008) further distinguishes between naturalistic and pragmatic studies in case study design. This study falls under the naturalistic category. This implies that the file content

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records were compiled in a natural setting. The client sessions were conducted in a real-world context and the case is considered with no previous hypothesis in mind, with an allowance for emerging patterns, propositions and formulations regarding the stages of play therapy in the sandwork (Willig, 2008).

This study uses a qualitative approach that relies mainly on narrative descriptions which makes it holistic. The narrative descriptions are qualitative data that is unstructured in such a way that there is no ultimate solution posed for the question, but there is a preferred theory. Context information is highly vital here in order to structure the case and motivate a solution. The purpose of the study is research with a descriptive output of data that is synthesized in a method-driven way of thematic analysis. The motivation behind the study is aimed at furthering scientific knowledge which makes this an instrumental case study (Kumar, 2011).

According to McLeod (2010), case studies that use therapy and or counselling cases play an important role in building an evidence base for therapy practice and policy. Some of the criticism levelled against case studies in this role include that they are biased and serve to publicise pre-existing stances of those who conduct them. Terre Blanche et al. (2006) point out that case studies use data sources such as videos and audio recordings which can be re-analysed by other researchers who may be of different orientation to advance their own perspective.

Low generalisability is also raised as a limitation of case study research emphasising that case studies do not give insight into causality; they merely describe phenomena (McLeod, 2010). According to Kumar (2011), case studies seek to extensively explore and understand as opposed to confirming and quantifying a phenomenon. As such, the outcome provides an in-depth understanding of interacting dynamics and course within a unit rather than generalising (Kumar, 2011).

Rather than generalise about the stages of play therapy during short-term sandplay, this study seeks to understand and gain insight through in-depth analysis (Babbie, 2005) and gain more knowledge in the process. Fouché (2002) poses this as a strong response to the generalisability criticism. Babbie (2005) also point out that cases selected for case study research are often deviant to the regular patterns and therefore improve understanding of the the norms. The case analysed in this research is deviant of standard sand-tray therapy in that the duration of intervention was brief and conducted using a mobile unit at a site outside

of the therapy room. Typically sand-tray intervention is a minimum of 12 sessions and administered in an equipped therapy room yet the intervention under review only lasted 6 sessions.

McLeod (2010) also points out that case studies are noted as ethically problematic in that participant anonymity cannot be guaranteed. Ultimately researchers have a responsibility to protect their participants from loss or harm, strive to preserve clients' psychological wellness as well as dignity (Willig, 2008). In this study, the researcher is also the therapist who facilitated the client in the intervention. As such, at least two sets of guiding ethics, research ethics and therapeutic alliance ethics, are applied and will be discussed in a later section. This goes reasonably far in addressing ethical concerns and meets the call for extra vigilance raised by McLeod (2010) in relation to case studies that use therapy and or counselling cases. (Snow, Wolff, Hudspeth, & Etheridge, 2009)

Although case studies give rich information it is hard to summarise the content for accumulation of evidence. On this basis, case studies are said to be useful for practitioners, but do not give evidence that can influence policy making (McLeod, 2010). Willig (2008) objectively contributes by noting that the aim of naturalistic data collection, distinctive of qualitative case studies, is losing as little meaning as possible through summarisation. This is linked to a previous emphasis related to aiming for in-depth understanding rather than generalisation as raised by Babbie (2005) and Kumar (2011) in the previous paragraph. Accumulation of evidence can then be drawn not from summarisation but rather from the unique case informing insight into the regular occurrence (Babbie, 2005). By growing the appreciation of specific matters in a bounded system, a case study widens the researcher's and reader's views of the world and facilitates more understanding (Snow et al., 2009).

3.4 Selection of unit of analysis

Dawes Farquhar, (2012) explains a unit of analysis as a core focus of what the case is. The author suggests that a unit of analysis must be explicable to a colleague by answering questions of bounds of the case and the focus of the study? In this study, the unit of analysis is the brief sand-tray process of a client which is analysed to show the play therapy stages.

Stake (1994) explains that in a case study, selection of a unit of analysis applies, as opposed to a sample. He argues that a case study extends from being a methodology to being the

choice of an object to be studied which is the phenomena of interest (Stake, 1994). Hamel (1994) is cited as differentiating a case as a concrete show of the object of study, which is stated as the phenomenon of interest (Willig, 2008). The case is therefore selected as a means to understand the object of study, alluding to the previously stated instrumental case study design. In this study, the case of the nine-year-old's brief sand-tray process is chosen to help better understand the phenomenon of interest regarding the stages of play therapy.

On the other hand, Kumar (2011) associates case studies in general with purposive sampling, a non-probability sampling technique. He states that the premise of a case study design is that the case being studied is unique and can provide insight into a phenomenon of interest, so it is selected purposively.

Sampling is defined as "selection of research participants from an entire population, and involves decisions about which people, settings, events, behaviours, and/or social processes to observe." (Durrheim, 2006, p. 49). Welman, Kruger and Mitchell (2005) explain two main distinctions of sampling as probability and non-probability sampling with further subtypes in each category. Non-probability sampling refers to a sampling method where not everyone in the target population has a fair chance of being chosen (Terre Blanche et.al, 2006) as a participant.

Purposive sampling is when a sample is selected on the basis of the purpose of the study as well as what is known about the population and its fundamentals (Babbie, 2005). Purposive sampling is based on a judgement of "who can provide the best information to achieve the objectives of your study" (Kumar, 2011, p. 207). The technique carries a risk of representativeness of study outcome whereby if generalisations about a population are to be drawn, participants of a study must typically depict the population as accurately as possible (Durrheim, 2006). Purposive sampling can however be justified on the grounds of feasibility (Babbie, 2005). Although the ideal would be more cases rather than one, the feasibility of tallying the cases for the level of depth of understanding sought would not be feasible.

The position of this study within sampling is that the selected case was considered on the basis on accessibility and relevance to the phenomenon of play therapy stages evident in a brief sand-tray process that is of interest. The alternative to using a purposive sampling would have been to go through all existing cases of this nature and choose one or a few. Such a process would have been time consuming and not feasible in conducting this study.Future

studies can consider drawing wider samples for comparison where feasible.

It is furthermore worthwhile to mention that the reasercher was also the facilitator for the case analysed in this study. The ethical concerns around this dual role are discussed later in section 3.9 of this chapter. The details on the unit of analysis are explained in the following sections.

3.4.1 Case illustration

Nine-year-old [2]Zara was in grade four at the time she participated in the sand-tray intervention with the Shongololo Expressive Sandwork pilot project. She is the second of three siblings with a sister who is two years older than her and who attends the same school as her. Zara's younger brother was a month old at the time of the intervention. Both Zara and her sister participated in the project. The siblings lived with both parents in a shelter/mkhukhu (makeshift structure) close to the school at the time. Both maternal and paternal grandparents were still alive and although they did not live close by, they were mentioned as a support resource for the family. Zara's parents worked in the nearby city, the mother in a food outlet kitchen and it was unclear what job Zara's father did.

At the time of the intervention, Zara's mother was on three months' maternity leave from work and was home most of the time. Normally, Zara's parents left home very early in the morning and returned late in the evening from work, resulting in the two girls being alone at home most afternoons. The mother mentioned that the girls usually got to bed at about 10pm at night after homework and chores were done. In the parent interview, Zara's mother shared that Zara reached all her developmental milestones within expected timeframes.

Zara was seen in six sandplay therapy sessions, during which she did a tray and gave a narrative after creating the tray. During the course of the intervention, Zara engaged in other play activities namely drawing, projective play and moulding with play dough as part of rapport building exercises.

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[2] Zara is not her real name

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3.4.2 The sand-tray intervention setting and process

3.4.2.1 Setting and equipment

The sandplay sessions took place on a trailer equipped with trays and miniatures at an allocated space in the school grounds after school hours. There were twelve wooden sand-trays painted blue on the inside containing medium textured riversand and mounted on the trailer. Water was supplied to wet the sand if a participant opted to use wet sand. Each participant created their stories on an allocated tray alone under the facilitation of an allocated therapist.

Photograph 3.1 The workspace *Left:* layout of sand-tray stations on the mobile trailer and *Right top and bottom:* layout of object selection from which client picked items

The sand-tray figures collection was laid out on low tables by the side of the trailer and comprised disused ice-cream tubs containing the categorised figures used by participants (see figure below). Empty tubs into which participants put their selected figures for use in the sand-tray creation process were provided separately. Most of the figures were hand made (can be replicated by the project participants) out of recycled materials such as beverage cans, and bottle caps, others were wood carved animals and human figures made from banana leaves.

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3.4.2.2   Process followed in the intervention

The primary investigator of the research project, Prof. Carien Lubbe De Beer gave the following instructions to the student and intern volunteers (Lubbe De Beer, 2013):

- Postgraduate students (volunteers in a Masters programme level 2, as well as intern psychologists) from the Department of Educational Psychology are assigned as counsellors to each child, engaging with each child on a short-term basis.
- The children create a story or merely play with the sand.
- After completing a picture in the sand, we ask the child what their picture or story is about, but they don't even have to answer that.
- There are no right or wrong answers, only what they feel is best.
- We also photograph each sandplay.

Each session started with the children selecting figures to play with in the sand then working in the sand using their selection. The EPT would observe the process unobtrusively. When the children completed their scenes in the sand, the EPT would ask the child to tell a story or share what was happening in the scene. After the narrative, the EPT took photographs of the scene and either released or kept the child busy with other things while they waited for others in the group to finish. The sand-tray scene was never taken apart while the child was still present.

Sessions started with rapport exercises (e.g. drawings, clay moulding or building puzzles) when time allowed. The instruction given to the clients was to build a story in the sand. Sessions typically wrapped up with a discussion confirming the next appointment and sessions were tracked using a sticker chart to indicate completed sessions. The total length of each session ranged between 45 minutes and one hour.

3.5   Data collection

According to Willig (2008), the data collection method should match the method of data analysis to be used in the research since the two depend on each other. Terre Blanche et al. (2006) comment that in order to be able to draw valid conclusions from a study, the data collected must be valid, capturing the meaning of the phenomena of interest. Babbie (2005)

notes that qualitative data are richer in meaning and detail compared to quantitative data overall.

In qualitative research, data collection entails inductive unfolding of categories/themes where categories are guidelines accompanied by openness to the emergence of more as the study proceeds (Terre Blanche et al., 2006). Data collection is therefore unconventional and characterised by flexibility in terms of structure and order (Kumar, 2011). Qualitative data collection is described as typically drawing information from multiple sources (de Vos, 2002). For this study, multiple sources of information are present within the same source, a case file, as opposed to sourcing them from different sources. The multiple sources include the client's sand-tray narratives and photographs of completed sand-trays, therapist's notes from an interview with the client's parent(s), and therapist's session notes, as well as reflection notes in the file.

Kumar (2011) lists unstructured interviews, participant observation, and secondary sources as the methods of data collection related to qualitative research. Mogalakwe (2006) adds the documentary research method which is valuable where primary (eye witness accounts) and secondary (eye witness accounts written up by others who were not on site) documents are analysed in research.

In this study, Kumar's (2011) data collection methods are not as clear cut for application. The researcher was initially the therapist to the client whose case file is used in this study. Consequently, there is a dual involvement in the data collection as well as the analysis. It is however important to note that the initial compilation of the case file was only for therapeutic purposes, while the researcher role came at least 18 months later. Ethical considerations around this are detailed later in the chapter. In a study of practitioners as researchers, the value of such a dual role was appraised, noting that the practitioner can significantly contribute to literature and an evidence base through case studies (Snow et al., 2009).

With the above in mind, a consideration of the aim of the study and data analysis methods to best answer the research question, a secondary source is applied. The secondary source is a client case file whose contents are analysed to answer the research question. Secondary source data is data that had already been collected and the required information is extracted for the needs of the particular study (Kumar, 2011). Examples of secondary sources include

publications, earlier research, personal records, documentary evidence and mass media (Yin, 2009; Kumar, 2011).

Some common problems that may arise from using a secondary source include personal bias, validity and reliability, availability of data and format. Personal bias relates to low objectivity stemming from less rigour employed by original authors (Kumar, 2011). In this study, personal bias is relatively minimal due to the presence of at least two perspectives, the client and the therapist, presented in the case file.

A validity and reliability problem occurs in the variation of presentation from source to source (Kumar, 2011). It may also be that because the data was not collected to specifically answer the question posed by a certain study, information that would be ideal to have may not have been collected (Boslaugh, 2007), which will affect validity. In terms of validity, it may also be that definitions and categories from the secondary source may be done differently from what is needed for the study (Boslaugh, 2007) and therefore the current study may be affected.

This study is based on the personal therapeutic process of an individual, and as such the content of the documents produced from this process is corroborated by at least two persons (client and therapist) and can be considered as very reliable and valid. The qualitative interpretivist approach allows the study to hold the overall account contained in the case file contents as true and complete. In light of ideal information, the present information will suffice as it is regarded as complete as it is. Where definitions and categories are concerned, the case file contents are considered as the baseline and the play therapy stages models are suited as far as possible to what is present in the file.

The data used in this study is available and accessible. There are no further sessions scheduled between client and therapist that may produce data relevant to this study at this time. As such, the roles of the therapist now researcher are clearly delineated (refer to section 3.9). In terms of format, the contents of the file are in text and visual form which works well with the analysis method used in this study.

Boslaugh (2007) notes three major advantages of using a secondary source as being economic, breadth of data available, and data collection being guided by expertise and professionalism. Where a secondary source is used, the researcher does not have to commit resources to data collection which is economical. The extensiveness of the data accessed

would be beyond the reach of an individual researcher considering their resources. In most instances, the level of expertise and professionalism that will have been engaged in the initial collection may be unavailable or uneconomical for an individual researcher (Boslaugh, 2007). These advantages apply in that resources to achieve the calibre of the data set used in this study would have been beyond the capacity of the researcher.

3.5.1 Data documentation: Case file contents

The case process started with a parent interview to get developmental and home context background information on the client. The six sand-tray sessions with the client ensued the interview. Contents of the case file include notes from an interview between the client's parent and the therapist, client sand-tray narratives and photographs, therapist's case notes and the reflection process, as well as documents on background of the intervention project.

3.5.1.1 Parent interview notes

A record of an interview with the client's mother at the beginning of the intervention is in the file. The interview was co-facilitated with another therapist as the parent signed up two children for the intervention. The interview was aimed at getting developmental and home context information on the client from the mother.

3.5.1.2 Sand-tray sessions: Client sand-tray narratives and photographs

The client was facilitated over six sessions (including the introduction and *Termination* sessions). In each session she created a sand-tray and gave a narrative on her finished tray. Photographs of each sand-tray are shown below and the corresponding transcribed narrative are in the file.

Session 1: 13 March 2013   **Session 2** 10 April 2013   **Session 3** 15 April 2013

| **Session 4** 24 April 2013 | **Session 5** 08 May 2013 | **Session 6** 15 May 2013 |

Photograph 3.2 Completed sand-trays for sessions 1-6

3.5.1.3   Other: Therapist's case notes and reflection process

The therapist's case notes were written up after each of the six sessions and filed along with a reflection on the process. The notes and reflection write-ups are dated and correspond to the client's intervention sessions.

3.5.1.4   Documents on background of intervention project

The case is drawn from an intervention project led by a registered psychologist and the therapists were Educational Psychology interns and students. Documents detailing the project and intervention process are in the file, including the signed parental consent form and session tracking sheet are also contained in the file. The documents are filed in line with standard ethical conduct in therapy practice and will not be analysed for the purposes of answering the research question.

3.6   Data analysis and interpretation

Data analysis in case studies do not have a strict procedural routine which makes it critical to carefully document procedures used (Yin, 2009). According to Kumar (2011), the data analysis method applied depends on how the researcher intends to communicate the research findings. To answer the research question of play therapy stages identified in the brief sand-tray process of a client, findings will be a write-up of identified main themes emerging from data and content analysis applied as outlined by Kumar (2011).

According to Yin (2009), there are at least four qualitative case-study analysis strategies. A pattern-matching process entails comparison of expected and actual patterns where patterns

can be related events or actions or a pattern of outcomes (Yin, 2009). For qualitative data with a specific interest, in this case pattern of play therapy stages, the researcher judges according to the presence or absence of a predicted pattern (Yin, 2009). The pattern-matching strategy most applicable to this study as the expected pattern of play therapy stages in the brief sand-tray process, will be compared to the actual pattern that emerged.

Considering the reporting and analysis strategies described above, an *a priori* thematic analysis method will be followed with this study. Thematic analysis is "a method for identifying, analysing and reporting patterns (themes) within data. It minimally organises and describes your data set in (rich) detail." (Braun & Clarke, 2006). Thematic analysis has four guiding questions around the data, namely what counts as a theme; the type of description one wants to achieve from the analysis; the role of theory in the analysis, ethics (specifically anonymity of data set); and the level at which to identify themes (Willig, 2008; Braun & Clarke, 2006). A priori thematic analysis follows that themes are based on the researcher's theoretical position and prior understanding of the research interest (Ryan & Bernard, 2003). The themes come from aspects of the interest phenomenon itself (Ryan & Bernard, 2003).

In the current study, a priori thematic analysis is engaged and is based on the theory of play therapy occurring in specific stages. The identified stages make up theme categories such as the specific theme of play therapy stages which is reported on in detail on a semantic level. A semantic level entails extracting only the surface meaning of data and nothing beyond what was said or done by the respondent. In this case, only the way in which the child played is the level of data focused on. This is considered sufficient to answer the question of the play therapy stages evident in the play that the child displayed. Ethics of data analysis, particularly concerns protecting the identity of persons involved, is taken into account. Data was therefore presented in such a way that no names and accounts were recognisable or traceable to identify the individual in this study.

The data item for this study is a therapeutic intervention case file. The contents include photographs of completed trays, narratives, and notes. Visual data and sand-tray narratives are first analysed and summarised using the Sand-tray Categorical Checklist (SCC) for sand-tray analysis (Grubbs, 2005). The SCC tool is described by Grubbs (2005) as based on four premises, namely developmental norms research by Ruth Bowyer; cognitive-developmental studies by L. Jones; research on learning disabilities in children by Jeanette Reed and Jung; and Dora Kalff sandplay theories.

The SCC embodies three facets of sand-tray analysis namely:

- thematic analysis of content and process in the creation of the tray
- client's narrative on the sand tray
- progressive or regressive changes between trays.

(Turner, 2005, p. 332).

A summary from the SCC, the therapist's notes and the therapist's reflection notes are then analysed and categorised according to the thematic categories of play therapy stages using identifying characteristics as outlined in Table 3.1 below:

Table 3.1 Play therapy stages and details

Stage	Description
Rapport building	This stage entails the therapist and the child starting their working relationship. Depending on the therapeutic direction, this stage is characteristically supportive in nature and largely facilitates the child familiarising themselves with the play space in a way that they will feel comfortable and safe. While the child learns about the play environment and the therapy process, the therapist gathers information about the child and their experiences.
Working through	This stage is the longest of the three and it is where therapeutic change occurs. Here, the therapist chooses and applies the relevant change agents inherent in play. In this stage, play themes emerge and give insight into the child's inner world. They can arise from unmet desires/needs, difficulties a child is trying to master or struggling to understand, or unresolved conflict. The therapist's theoretical orientation will inform therapeutic use of the themes in the sessions.
Termination	This is the final stage and comes after the therapist and the child have resolved the presenting problem through the therapeutic process. The intent of this stage is to allow the client to own the changes that came out of therapy and pave the way for continual improvement.

(Schaefer, 2011)

Braun and Clarke (2006) add that writing is an integral part of the analysis process; it should be ongoing throughout the analysis and not only at the end. The authors explain that thematic analysis is recursive as opposed to being linear meaning that one goes back and forth between stages as needed (Braun & Clarke, 2006).

In this study, the data analysis steps followed are identification of themes; assigning colour codes to themes; classifying responses under themes; and integrating themes and responses into the text of the report (Kumar, 2011). The additional step of familiarisation and immersion in the data in a recursive manner is also incorporated (Terre Blanche, Durrheim, & Painter, 2006).

The use of predetermined categories as explained above means that this is a deductive thematic analysis (Ryan & Bernard, 2003). Terre Blanche et al. (2006) describe this as a top-down approach where one fits instances/occurrences in the data to the categories set out. This method suits the study in that there are specific stages that are being sought in the data that align with the research questions. The categories are therefore considered as adequate and any emerging themes will be reported accordingly.

3.7   Quality criteria

Krefting (1991) advances that qualitative and qualitative research methods differ from each other distinctly. Appropriate and context specific rigour should be applied in qualitative research which differs from qualitative standards for quality assurance considerably. Rigour in qualitative studies is guided by a model of trustworthiness created by Guba and Lincoln (1985), which entails credibility, transferability, dependability and confirmability (Morse, Barrett, Mayan, Olson, & Spiers, 2002; Krefting, 1991). In addition to these, researcher responsiveness and methodological coherence are proposed as adding to rigour in qualitative research (Morse et al., 2002).

3.7.1   Credibility/truth value

Credibility is the truth value which determines whether the researcher has confidence in the truth of findings (Krefting, 1991) in light of research design and context. According to De Vos (2002) credibility aims to show that a study was carried in such a way that way that ensures accurate identification and description of a subject. Mogalakwe (2006) explains credibility as concerned with whether data are free from error and distortion specifically in relation to data source documents. Credibility in this study is in light of the data item of a case file whose contents were generated through therapeutic process.

in view of Mogalakwe's (2006) explanation, the data can be considered credible in as far as the client's process can be appraised as their unique experience of reality and is therefore error free and free of distortion. The study does not seek to intepret or explain the contents of the file but rather to match the process the client underwent through the stages of play therapy.

Krefting (1991) emphasises that credibility acknowledges multiple realities, while the researcher's role is to represent the realities as sufficiently as possible. Terre Blanche et al. (2006) note that a qualitative researcher constantly looks for and engages discrepancies that question credibility. This produces a final account that takes discrepancies into account rather than minimises them as with quantitative studies.

3.7.2   Transferability/applicability

Transferability is the qualitative research equivalent of generalisability and was proposed by Guba and Lincoln (1985) as cited in Krefting (1991). Transferability refers to a fit between findings from one study and a different but similar in context in which the study was conducted (Krefting, 1991). De Vos (2002) elaborates that the burden of showing transferability lies with the researcher who wants to do the transfer rather than with the original researcher. Transferability, on the part of the original researcher, is attained by describing the research contexts richly and in detail in such a way that the study findings can be replicated in a similar context by other researchers (Terre Blanche et al., 2006; de Vos, 2002). In this study, a rich and detailed description of the context is documented by the researcher in the research diary as well as in the data analysis and findings chapters.

3.7.3   Dependability/ consistency

Dependability relates to repeatability of a study; if the study were to be conducted with the same participants by a different researcher or in a comparable context with different participants and the same researcher, would the same findings emerge? (Krefting, 1991). It is the extent to which the reader can be persuaded about the outcome of the study as reported by the researcher (Terre Blanche et al., 2006). The appreciation of uniqueness in individuals that is upheld in qualitative study, means that variability in trying to replicate a study is expected. Krefting (1991) cites the proposition by Guba (1981) which proposes that

advancing dependability means having trackable variability that can be ascribed to specific sources.

In this study, dependability is advanced in that the play therapy stages against which this brief sand-tray case is matched, are consistent. The variability that may present would be that each therapeutic process for any other brief sand-tray case will be unique to the individual since emotional experiences cannot be compared. It is therefore possible to repeat this study with different cases from the same context and have different outcomes, but it is expected that a different researcher engaging this same case for the same study will produce similar outcomes with variability that can be assigned to the researchers themselves.

3.7.4   Confirmability/neutrality

The guiding question for this aspect is whether another researcher can confirm the findings of the study (de Vos, 2002). According to Krefting's (1991) citation of Sandelowski (1986), neutrality is "the freedom from bias in the research procedures and results" (p. 216). Confirmability is accomplished when truth value and applicability are in place (Krefting, 1991).

3.8   Ethical considerations

As with standard ethics in research, informed consent, no deception, recognition of participant's right to withdraw, participant's access to research results, right to privacy and confidentiality, as well as protection from harm, should be observed (Willig, 2008; de Vos, 2002; Babbie, 2005). In addition, Mcleod (2010) notes that where case studies are drawn from psychotherapy, ethics in practice should also be upheld along with procedural research ethics.

3.8.1   Informed consent and voluntary participation

Accurate and complete information about research has to be shared with potential participants in a research study in such a way that they fully understand and make an informed and voluntary decision about participation (de Vos, 2002). Where minors are involved, consent must be obtained from their guardian or parent (Terre Blanche, Durrheim, & Painter, Research in practice: Applied methods for the social sciences, 2006).

For this study, informed consent was obtained by the project leader when participants signed up for the intervention project. The consent obtained was for both therapeutic intervention and permission to let the material from the intervention be used for research purposes. To facilitate the language difference, a competent translator facilitated an information session along with the project leader. It was concluded by gaining consent from the parents and guardians of the clients who participated in the project.

Transparency in the form of gaining informed consent for both intervention and use of data for research, implies that the client and their consenting parent were not deceived in the research process. The client participated in the intervention voluntarily by attending the sessions of their own will.

3.8.2 Right to privacy, confidentiality, anonymity

De Vos (2002) outlines that privacy relates to personal privacy and confidentiality speaks of the way information is managed in a confidential way. Anonymity relates to a situation where no one, including the researcher, can identify any participant after the data is collected (de Vos, 2002). The right to privacy and confidentiality in this instance is observed by keeping the case file in a safe place in sucha way that the contents of the file are not accessible to members of the public. The identifying particulars of the client are only found inside the file and not on the outside of the file and or location where the file is kept. Client confidentiality is upheld by using only relevant data for the aim of this study as permissible within the informed consent agreement. Anonymity in the instance of this study is not absolute because of the twofold nature (therapeutic intervention and research) of the data source. In conducting and reporting the findings from this study however, anonymity of the client will be mantained by using a pseudonym by referring to either Zara or the client.

3.8.3 Respect and caring

Respect for the client is to be pursued by presenting the case file contents relevant to this study as accurately as possible and treating the client's work respectfully. The caring extended in the research process is embedded in the therapeutic intervention through which the case file contents came into existence.

3.8.4 Beneficence and non-maleficence

Beneficence obliges a researcher to maximise benefits to participants in their study. Non-Maleficence means that the researcher strives to make sure that the participants do not suffer direct or indirect harm as a result of the study (Terre Blanche et al., 2006). In engaging the secondary data from a concluded case, beneficence and non-maleficence will be upheld by observing the ethical outlines of confidentiality, privacy an anonymity.

3.9 Reflecting on my role as researcher

A concern of multiple roles arises for this sudy in that the researcher was also the facilitating therapist for the client in the intervention from which the data for this study is sourced. In light of best practice, it is noteworthy that the roles mentioned above did not overlap in time frame. While the client's parental consent for the intervention project included the use of data for research, a facilitator role occurred first independent of the researcher role. The researcher role followed at least 18 months after completion of the intervention. As such, member checking with the supervising psychologist will be employed to alleviate bias and to increase trustworthiness of the research. It is unlikely for the roles to change again to becoming a facilitator for the same client. Shortcomings in the data already collected may arise and will be reported as such.

3.10 Conclusion

This chapter presented the methodology and design followed in conducting this study. The thematic analysis of the data was also outlined with brief details on how the themes and patterns are informed by theory. In the last part of the chapter, the ethical considerations observed in this study are discussed.

Chapter 4 – Research results and discussion of findings

4.1 Introduction

In Chapter 3, the methodology and research processes were discussed. The background to the intervention, the context of the project, and the set-up of the intervention, as well as a case illustration which is detailed in Chapter 3, contextualise the documents analysed here. This chapter will present the outcome from the thematic analysis of the case file documents. First, a brief discussion of the play therapy stages as themes is given. Using a pattern-matching strategy discussed in the previous chapter, each theme will be discussed with supporting excerpts found in each of the four documents analysed namely [3]sand-tray photographs, sand-tray narratives, therapist process notes and therapist reflections.

Narratives and photographs of completed sand-trays were first analysed and summarised using the Sandplay Categorical Checklist ([4]SCC). The thematic analysis is then done using the summary results in discussing themes that emerged in each session. The discussion of each theme will link the findings to literature with the aim of positioning the findings of the play therapy stages identified in the brief sand-tray process. In some instances, [5]other relevant material such as working notes, rapport work, session comments and thoughts are incorporated in the analysis. This material will however be noted but not analysed at length as it is acknowledged as contributing to the therapist's purposes of record keeping but is not the focus of the study content. Appendix A contains the sand-tray photographs and SCC summaries for sessions 1 to 6.

4.2 Stages in play therapy

According to Nordling and Guerney (1999), "there is generally a pattern of consistency, uniformity, and predictability in the way in which children express themselves at different times throughout the play therapy process." (Nordling & Guerney, 1999, p. 17). Schaefer (2011) describes this pattern according to stages namely rapport building, working through and termination. From this description, reference to stages suggests a linear occurrence of

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3 Documents are denoted as sand-tray photographs (SP) – see also **Photograph 3.2**, sand-tray narratives (SN), therapist reflections (TR) and process notes (PN). For each session, each document is followed by a number to establish which session they come from e.g. PN1 will be process notes from session 1.
4 Sandplay Categorical Checklist is denoted as SCC and will follow the numbering as above in reference to session number e.g. SCC1
5 Other material is denoted as OM and will follow the numbering as above in reference to session number e.g. OM1

events. Nordling and Guerney (1999), however, describe stages as blending with each other in one given session and are therefore more realistically considered as transitions rather than stages (Nordling & Guerney, 1999). In the documents analysed, stages appear to be ongoing and cyclical rather than being once-off stages (O'Connor & Schaefer, 1994). The case file documents analysed here all contain characteristics of each of the stages across the sessions and they are therefore not only once-off occurences. Cyclical rapport building is linked to Landreth's (1982) definition of play therapy which points out the stage of relationship building is ongoing throughout the play therapy process, as opposed to once-off.

4.3   Results: thematic analysis of documents

Schaefer's (2011) play therapy stages of rapport building, working through and termination are the theme categories to be identified in the source documents through analysis. The characteristics of each stage are considered as sub-themes and reported on according to sand-tray [6]sessions. Section 3.6 in the previous chapter describes this approach and motivates it's suitability for this study. Table 4.1 below shows the themes and sub-themes to be identified in the data and the criteria for each theme.

Table 4.1 Themes and criteria[7]

Theme	Sub-themes
Rapport building	a) Statements and actions indicating a working relationship between the therapist and client which may be of a supportive nature. b) Activities that let the client become familiar with the play space so that the client feels comfortable and safe. c) As the client learns about the play process and environment, the therapist gathers information about the client and their experiences.
Working through a) Client b) Therapist	i. Indicators of therapeutic change occurring. ii. Emerging play themes which provide insight into a child's experiences. iii. Therapist's choice and application of change agent – in this instance sand-tray and other play therapy activities engaged in with the client that were also used in therapeutic capacity. iv. Therapist's theoretical orientation informs therapeutic use of themes in sessions.
Termination	a) Occurs after resolution of presenting problem through the therapeutic process b) Allows the client to own the changes that came out of therapy

(Schaefer, 2011)

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[6] The sessions from one to six are referred to as S1, S2, S3, S4, S5 and S6.

[7] Colours used are for ease of reference to themes. Sub-themes use variations of theme group colours indicated with the highlights in the table.

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4.4   Theme 1: Rapport Building

Theme 1 relates to the start of the therapeutic relationship which is considered the first stage of play therapy progression. The stage is described as supportive in nature and depends on the therapeutic direction intended (Schaefer, 2011). In this theme, the inclusion and exclusion criteria are shown in table 4.2 below.

Table 4.2 Criteria for Rapport Building theme

Sub- theme	Inclusion criteria	Exclusion criteria
a) Statements and actions indicating a working **relationship** between the therapist and client which may be of a supportive nature.	The statement or action must relate and/or involve either or both the client and the therapist directly, it may be supportive in nature.	Statements or actions that occurred but did not directly engage the client and therapist.
b) Activities that let the client **familiarise** with the play space so that they feel comfortable and safe.	Activities that materialise into client familiarisation with the sand-tray therapy space such that they become comfortable.	Activities that do not materialise into familiarisation.
c) As the client learns about the play process and environment, the therapist **gathers information** about the client and their experiences.	• Instances where the client learnt about the play process and environment. • Instances where the therapist gathered information about the client and their experiences.	Instances where neither the client learnt about the play process and environment nor did the therapist gather information about the client's experiences.

(Schaefer, 2011)

The sub-themes are discussed in detail as they occurred in the six sessions documented in the case file.

4.4.1 Sub-theme 1 a) A working **relationship** between therapist and client which may be of a supportive nature

In order to detect the working relationship in the course of the intervention, the case file contents were analysed for instances reflecting interaction between the [8]therapist and the client. The analysis noted descriptions of conversation, activities aimed at rapport building

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[8] The researcher was also the client's therapist

and any interaction that implies a relationship between the therapist and client in the contents of the case file.

4.4.1.1   Session one (S1)

In S1 the PN1 reports an intake session in a group session with the client's siblings, parent and the sibling's therapist. In the TR1, the therapist offers that the group setting may have been "detrimental to our rapport. she [the client] hardly said anything" even when a question was directed at her (S1 TR1).

The therapist goes on to describe the client as speaking in a low tone in such a way that she was barely audible (S1 PN1). This is attributed to possible language barriers as the client is Zulu speaking and the therapist English speaking (S1 PN1). In the TR1 the therapist reports that she found introducing and explaining the intervention difficult and expresses uncertainty around whether the client understood her. The therapist finds this concerning and refers to it at least thrice, indicating that she viewed the rapport to directly relate to the client's experience of the intervention as a whole (S1 TR1). The therapist later offers that based on how the client responded to the English instructions, language was possibly not as much of a barrier. The TR1 concludes with possible explanations for the uncertain rapport and a plan to expand the rapport exercises to include clay and drawings (S1 TR1).

4.4.1.2   Session two (S2)

In S2 PN2 the therapist notes that the client "seemed to understand instructions better", attributing this to the rapport work of drawings and working on puzzles prior to the sand-tray activity. The client was reportedly responsive when the therapist explored the sand-tray narrative unlike in S1 (S2 PN2).

In the TR2 of S2, the therapist recaps the reflection with a resolve to "to try and stay with the client more." as a way of improving rapport. The therapist also notes that the client was comparatively less reliant on her for approval in doing the sand-tray and had a definite role for her in the session (S2 TR2). TR2 also mentions that the client was more comfortable and rapport had improved as compared to the previous session. A strategy to further improve the rapport was posed as giving the client an opportunity to choose the rapport activity in the next session (S2 TR2)

4.4.1.3   Session three (S3)

The PN3 mentions that there was less time for rapport work because the therapist had spent some time looking for the client in the school before the session could start. The therapist comments that in spite of short rapport work, the client "seemed more open to describing figures' [in the scene] functions when asked." (S3 PN3) unlike during previous sessions. The client reportedly made comparatively better effort with her English and the two relied less on the interpreter, helping each other to understand what they meant (S3 PN3).

In the TR3, the therapist reports a conflict between assisting a colleague in dealing with an uncooperative client, the client's sister or continuing with the session with her own client. Based on observations in S1 and S2 of her client looking to the sister for direction, the therapist implies that the resistance could have an impact on the working relationship with her client (S3 TR3).

4.4.1.4   Session four (S4)

For a rapport activity, the therapist and client played a board game and instructions, as well as rules, were grasped well (S4 PN4). In the PN4, the client is described as "cheerful and open to play". The TR4 notes that the client "understands turn-taking" and seemed to enjoy the game so much that she continued playing on her own before she started her sand-tray (S4 TR4). The client was reportedly more responsive to exploration of her sand-tray narrative when the therapist asked her questions.

4.4.1.5   Session five (S5)

The OM5 mentions that the client was late to get to the session and none of the other documents mention any rapport building activities. In the TR5, the therapist mentions that she was anticipating this tray as it could give an idea of what to get for the client as a parting gift in the next session (S5 TR). Nothing else was mentioned in the documents around this anticipation. In her tray construction, the client mentioned that she could not find some of the items she wanted to use. The therapist expressed concern around this as the client refused to improvise and use substitutes but rather included missing items in her narrative (S5 PN5, TR5). The TR5 concludes that in spite of the missing physical items, the client improvised by verbal mention of items.

4.4.1.6   Session six (S6)

In the session, the SN6 and OM6 reflect the client as responsive to the therapist's exploration of her narrative. There is no mention the language difficulties raised in earlier sessions. This is noted as the farewell session in which the therapist gave the client a parting gift and terminated the session. Other than the OM6 show of rapport related activities, there is no detail around the activities in the documents from S6.

4.4.2 Sub-theme 1 b) Client **<u>familiarises</u>** with play space in order to feel comfortable and safe

A characteristic of this stage entails the client becoming familiar with the play space to such an extent that they feel comfortable and safe. Throughout this case it seems like the client took time to become comfortable and feel safe in the play space.

4.4.2.1   Session 1 (S1)

In the PN1 the therapist notes that the client "seems to watch her sister's work and choice of objects quite intently as if to model after her…she appears to do her own thing and yet looks up to check what her sister is doing.". This could be linked to the uncertainty that the therapist felt and reported where she felt that the client possibly did not understand the instructions which were conveyed in English (S1 PN1, TR1).

The TR1 notes that that the client was hesitant in picking her figures to use in the tray, seemingly watching and listening to how her sister was working most of the time. TR1 suggests that the client's use of space and decisive conclusion of her constructed scene seemed personal as opposed to replicating her sister's work. The SN1 was concise, referring to only four of the 21 items used in the scene. This session was concluded with the understanding that the client's process could be personal if she was allowed the space to familiarise herself and in the next session, a station far away from her sister was to be used (S1 TR1).

4.4.2.2   Session 2 (S2)

In this session, the intention was to pick a workspace far from her sister, but her sister was absent for the session. The PN2 highlights that although the client "did not seem to copy or

engage with her sister's plot, she was constantly distracted by what the children around her were saying." This implies that in her sister's absence, the client relied on peers for familiarisation and gaining comfort in the play space.

In the PN2, the therapist observed the client as more comfortable working in the sand and the items she used in her tray had diversified in comparison to the last session. The TR2 comments that the client eased into playing better than previously and she seemed to know how to go about the process, choosing her toys easily and being less approval seeking and she "simply played" (S2 TR2).

4.4.2.3   Session 3 (S3)

According to the PN3 in this session, the therapist recorded that the tray work had become easier for the client and the layout of the sand-tray seemed well thought out. The client reportedly "did not seek her sister's approval…did not pay [her sister] as much attention as before" (S3 PN3). The SN3 had progressed from merely identifying the items in the sand-tray scene to being a story with a theme and a title.

4.4.2.4   Session 4 (S4)

The PN4 explains that the client was keen to start with the sand-tray session rather than trying to locate her sister who was at the school, but absent for the session. She was reportedly waiting at the meeting spot when the therapist arrived as opposed to previous times when the therapist had to go and look for her (S4 TR4). The therapist describes that the client worked quickly through the sand-tray activity, but was back to a narrow description in the narratives and less responsive to exploration (S4 TR4, PN4). Although she is noted as playing easily in the sand and in the rapport activity, the client used fewer items in her scene. The layout of the scene in the sand-tray was noted as simpler (S4 TR4). Overall, this session suggests a comfort and safety in the play space.

4.4.2.5   Session 5 (S5)

In this session, both the TR4 and PN4 highlight that the client took a long time to select items for use in her sand-tray; she bargained and bartered with her sister. The client also said that she could not find an item she needed and at the same time refused to improvise and substitute the item with something else (S4 TR4). From the descriptions of the PN4 and TR4,

the client was familiar with and seemed comfortable with the play therapy process where she felt safe enough to not substitute items but still included the missing items in the narrative. In spite of the slow start and missing items, her narrative was the longest and most detailed compared to SN1-SN4.

4.4.2.6 Session 6 (S6)

The OM6 explains that the client was very slow and deliberate in picking her figures for the tray. She selected only red precious stones for trays and also bartered with her sister for items as she went along. Her final tray as seen in SP6 shows recurring figures from S1-S5 and the SN6 was short but open to exploration from the therapist.

4.4.3 Sub-theme 1 c) Client learns about process and therapist **gathers** **information** about the client and their experiences

This sub-theme looks at instances where the client learns about the play process and environment while the therapist gathers information about the client and their experiences. In gathering information, the therapist conducted an interview with the parent, explored narratives with the client and got to know more about the client in rapport building conversations as well as observations. The instances matching this theme are discussed in the sections below.

4.4.3.1 Session 1 (S1)

In the PN1, an intake session was done with the parent where the client and her sibling were present. An interpreter facilitated an intake session where the intervention was explained, questions and concerns answered and an information gathering interview was conducted (S1 PN1). The client was reportedly unresponsive to attempts to explore the narrative given about the completed scene (S1 PN1). The therapist resolved to voice-record the next session so that she could review and replay the recording to answer questions that came up later (S1 TR1).

4.4.3.2 Session 2 (S2)

In the PN2 the therapist notes the client as more responsive to exploration of her narrative which helped the therapist gather information. This session was conducted after school

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holidays and the therapist recorded that the client "didn't seem chatty about her holiday…She had a cut and was limping, she didn't explain much about it, just that she was cut." (S2 TR2). From this excerpt, the therapist was hoping to gain information about the client's holidays but the client was not forthcoming. The therapist noted that SN2 was similar to SN1 with the client expanding a little and "could relate what the figurines were doing" (S2 PN2). She also mentions that the client was open to exploring SN2 and that the figures were portrayed as interactive and having feelings unlike in S1 (S2 PN2, TR2). In this session the client learnt about the process as evidenced by the therapist's description of the client's play being easier and the client being less dependent on her for approval than before (S2 TR2).

4.4.3.3   Session 3 (S3)

In this session, the client reportedly made an effort to communicate in English and responded well when she was encouraged (S3 PN3). The therapist's information gathering in this session was mostly observation. The client's sister was observed as being difficult and unresponsive toward her facilitator and the therapist later reflects on the effect of this on her interactions with her client (S3 PN3, TR3).

The therapist observed that "the tray seemed well thought out…theme seems to be of protection and defence" (S3 PN3). This implies that the client was progressively learning about the process and the therapist was gathering information at the same time. In the TR3 the therapist explains she had to go around the school trying to locate the client as she was not at the meeting place. In this process the therapist established which class her client was in, something she did not know and had not thought to find out from the client prior to this incident (S3 TR3).

4.4.3.4   Session 4 (S4)

According to the PN4, the therapist observed themes and trends of protection from harm and safety along with a trend of figures in sets of four. Explanations around these observations will be discussed in the sand-tray themes analysis section. In the TR4, the therapist noted that the client's sister was absent for the session and this "did not seem to faze or concern [the client]" (S4 TR4). The therapist noted that the sand-tray scene was "simpler" in appearance and the client likened herself to at least two characters in the tray which gave insight into how she views herself (S4 TR4, PN4). The client is also noted as finding a solution

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for making a pool for the fish, which she reportedly seemed fixated on solving in the past trays (S4 TR4).

4.4.3.5   Session 5 (S5)

Session 5 information gathering was mostly characterised by the observations which included the interaction between the client and her sister, they bartered and shared figures (S5 PN5). The therapist noted that she was looking to gather information around what sort of parting gift would be meaningful for the client (S5 TR5). There is no further mention of the information gathered in this view. Based on the completed sand-tray, the therapist gathered that the client had located her resources and needed to engage and use them (S5 TR5).

4.4.3.6   Session 6 (S6)

In the OM6 the client was observed as being particular in picking her sand-tray items for this session. The client and her sister are noted to have been bartering items. There is no description of the interaction between the client and therapist in the documents available for this session. The information gathered is from the SN6 and includes exploration which the client was responsive to.

4.4.4 Discussion of Rapport Building theme

Schaefer (2011) describes the play therapy process according to stages, the first of which is rapport building. This stage entails the start of the therapist and child's working relationship and accomodates client familiarisation with the play process and environment, while presenting a chance for the therapist to gather information about the client and their experiences (Schaefer, 2011). This stage is described as typically supportive in nature allowing the child time to become safe and comfortable in the sessions depending on the theoretical orientation of the therapist (Schaefer, 2011).

In this intervention, the Jung Analytical Play Therapy (JAPT) is considered as the theoretical orientation followed by the therapist. In JAPT the therapist must create a safe and protected space (Kalff, 1998) and provide the client with "an emotionally safe, therapeutic relationship with a non-judgemental adult." (O'Connor & Braverman, 2009, p. 91). The Jungian therapist believes that the psyche can heal itself when the free and protected space is provided within a transference relationship with a supportive therapist (O'Connor & Schaefer, 1994).

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According to the thematic analysis for the theme of Rapport building and its sub-themes, the JAPT theoretical orientation allowed the client to feel safe and comfortable and was supportive in nature.

The working relationship sub-theme is seen in all the session documents of this case file. This relationship continually improved as the sessions progressed and the therapist constantly sought to engage the client in rapport building sessions. The instances matching this theme were relatively fewer in the last two sessions suggesting that the working relationship evolved from the first to the sixth session. As the client progressed through the stages, her relationship with the therapist strengthened and gained importance for the client (Nordling & Guerney, 1999; Landreth, 2002). The reduced instances towards the end of the intervention could mean that the relationship was strong enough not to receive constant mention as at the start. It could also be that the client and therapist relationship was headed for termination and the instances matching the criteria of rapport building theme were fewer. The therapist's notation of the low tone and inaudible responses from the client could also be considered from a cultural perspective.

In some African cultures, it is rude for a child to look an elder in the eyes when they speak to them or to raise their voices when speaking to an adult. This could be an explanation for the client's disposition in what the therapist reported. The therapists reflection notes (TR1) indicate that a good working relationship was considered critical if the outcome of the intervention was to be positive. In this case the relationship can be considered as a good one considering the impact of the efforts made throughout the sessions to establish and maintain it.

In S5 where the documents do not mention any rapport activity, the client gave the longest narrative among all the sessions. This could imply an established relationship in which the client had developed trust in the therapist and could go into scene details more than before even without a rapport activity. The fact that the client felt comfortable enough to turn down the therapist's suggestion of improvisation and use her own form of improvising also suggests a good working relationship. In the play therapy definition by Landreth (1982), rapport building is cyclical and therefore ongoing throughout the play therapy process. In this study, the rapport building theme was present throughout all the sessions.

The next sub-theme then follows through from the working relationship and focuses on the client familiarising with the play space in order to feel comfortable and safe. In this theme, the matching occurences suggest that the client relied on external sources such as watching and listening to how the others in the group, including her sister, went through their sessions. The therapist attributes this to the possible language barrier between the client and the therapist as English was the medium of instruction accompanied by translation into isiZulu. In the notes, the therapist comments that as the sessions progressed, the client made an effort to converse in English and responded well when she was encouraged.

Verbal expression in play therapy is noted as additional rather than a necessity as the figures used in play are the child's words and are considered as offering better insight into the child's world than words (Landreth, 2001). This translates into JAPT's consideration of symbols, represented by figures, as the client's means of communicating their world in play therapy (O'Connor & Braverman, 2009).

The therapist's role is to honour images, understand the images within context, observe production and transformation of symbols and in this way facilitate the goal of healing known as individuation (O'Connor & Braverman, 2009). In the documents analysed, the therapist did not explore symbols and images extensively with the client. As such, the emergence and notation of symbols is only discussed as far as the client mentions and explains them and how they appear in the sand-tray images rather than in-depth.

In analysing the case file contents in this sub-theme, it can then be argued that the client attained familiarisation internally as shown by the selection of items used in the trays and how she continued to do the sand-trays over the sessions. The verbal expression as seen in her effort to converse in English with the therapist may be considered as the client trying to find common ground with the therapist to gain insight into the client's world. The perceived improvement in communication between the client and the therapist can also be related to the cultural factor mentioned earlier of how to address elders.

With progressive familiarity of the process, the client became aware of how to relate to the therapist comfortably. Familiarity is also shown in how she showed a preference for certain activities in rapport building, as well as in that she was comfortable enough to ask that her friend join them for one of the rapport building exercises. Documents analysed give an overall sense of the client being considerably more familiar with the play space and less reliant on

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peers and her sister with time. The limited instances that match this theme with the progression of sessions also suggest that the client was more comfortable in the play space. She also showed lower reliance on her sister and peers suggesting a sense of feeling safer in the play space as well.

On the gathering information sub-theme, the client learns about the play process and environment while the therapist gathers information about the client and their experiences. The child's learning about the play process and environment begins through the parent before the client meets the therapist (Killough McGuire & McGuire, 2001). Landreth (2001) adds that parents themselves are experiencing their own feelings regarding the child's current state/problem and are looking to have the therapist "fix" the problem.

From this perspective, it is useful to conduct a brief intake session with the child so that they know what to expect and how the process will work and the parent to clarify therapy goals and expectations (Killough McGuire & McGuire, 2001; Landreth, 2001). The S1 documents note that a joint intake session was conducted with the child and parent to explain the process and details of how the intervention would work and what to expect.

Although the analysis indicates that the client seemed to watch others as if to find out what to do, a progressive familiarity with the process was observed in the sessions. It is possible that the client watched her sister intently in the first session mainly due to the fact that they were in a joint intake session with their parent at the start. It is also possible that the client was looking to see if she was carrying out the instruction correctly.

In terms of learning about the play environment, the child typically tests limits and boundaries and it is important for the therapist to establish boundaries from the initial session (Blom, 2006; Landreth, Ray, & Bratton, 2009; Orton, 1997). Boundaries are explained as giving structure to the therapeutic relationship and an applicable boundary engaged with this client was time (Blom, 2006). A time boundary is explained as being a specified duration of a session that is adhered to (Blom, 2006).

In this intervention, the time boundary related to the number of sessions (six) the client would attend as opposed to the length of each session. The client was aware of and generally honoured all the session appointments which were tracked using a star chart with stickers. It is possible that the presence of other children in the attending group, and arrangement of the

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sand-tray workstations set boundaries around the play therapy environment. The client knew that the toys were shared and that is possibly why she did not test limits by asking to take toys home.

As explained in the introduction, with the exception of a few, the toys used were homemade from recycled materials. It is possible that the client could see or imagine a way to replicate the toys on her own and thus not have a need to ask to borrow the ones used in the intervention. The physical space was shared which could have helped the client understand the limits of her movement. A boundary in terms of respect for present persons could also have been influenced by the physical setting of the intervention where the clients attended the session as a group but got individual attention. In the event where the client wanted a friend to join her, she asked the permission of the therapist first (S2).

The therapist gathered information about the client and her experiences mostly through the sand-tray narratives in the session, observations, rapport chats and the intake interview. According to the documents analysed, the client was not always open during exploration from the therapist for the narratives but cooperated well. The observations seem to have provided some useful information about the client's experiences but these cannot be relied upon as they were unconfirmed by the client. The rapport chats and intake interview can be considered as having gathered the least information as the client was reportedly withdrawn in the Intake interview and did not engage notably on rapport chats.

Given the limited openness to exploration, the therapist could not extensively apply amplification which is the JAPT term for exploring in such a way that the therapist accesses the meanings a client attaches to the symbols they present in the scenes (Turner, 2005; Kalff, 2003). From the progressive way in which the therapist notes openness to exploring narratives and comfortable expression in English by the client, rapport building was successful. The occurrence of the theme across sessions may mean that the success of the rapport building created an environment where the client could express herself well in the sand.

Overall, this theme reflects a progressive relationship between the client and the therapist over the six sessions. Orton (1997) goes on to prompt the next stage by stating that an accepting and genuinely warm client-therapist relationship facilitates therapeutic progress and growth but is however not a sufficient condition for change in the client

4.5   Theme 2: Working through

The working through stage is noted as the longest of the three stage of this model (Schaefer, 2011). For the thematic analysis the stage was broken down into four sub-themes which are further distinguished on the basis of applying to the client or to the therapist. Table 4.2 below reflects the details of inclusion and exclusion criteria for this theme.

Table 4.2 Criteria for Working Through theme

Working through: a) Client b) Therapist		
Sub- theme	**Inclusion criteria**	**Exclusion criteria**
i. Indicators of **therapeutic change** occurring.	Signs of any emotional change in any direction in the client within the therapy process.	Changes in the client that may not be directly linked to the therapy process.
ii. Emerging **play themes** which give insight into the child's experiences.	• Topics or issues that recur in the client's expressive sand-tray or in engagement during the course of the intervention. • A metaphor is explored out of which the theme can be identified. • Use of categories for the sand-tray scene according to profiles of Un-peopled world, Empty world, Rigid world, Aggressive world, Closed/Fenced world, Disorganised world to identify themes (Homeyer & Sweeney, 1998).	Topics or issues raised less than twice in the client's expressive sand-tray or in engagement during the course of the intervention.
i. Therapist's choice and application of **change agent**.	The mode of intervention applied by the therapist in engaging the client.	Other engagements with the wider circle of people present in the intervention.
ii. Therapist's **theoretical orientation** informs therapeutic use of themes in sessions.	The therapist's actions and methods in the intervention which are informed by theoretical orientation. JAPT therapist strategies are considered as: creating a free and protected space, joining in play activities, and silent holding of interpretation (O'Connor & Schaefer, 1994).	The therapist's personal feelings and opinions which come up in the intervention process.

The sub-themes are discussed in detail as they occurred in the six sessions documented in the case file.

4.4.5 Sub-theme 2 a) i) Indicators of **therapeutic change**

Geldard and Geldard (2008) state internal change in the client as a target goal of using media such as sand, water and miniatures in counselling children. The therapist is encouraged to uphold respect for the client's inherent ability to change positively as and when they feel ready and safe to do so (Killough McGuire & McGuire, 2001). In JAPT the goal of therapy is individuation (O'Connor & Braverman, 2009) and this is what will be considered as therapeutic change in this study. Individuation is a process through which an instinctive striving for personality integration in children's psyches merges the outer and inner worlds using symbols (O'Connor & Braverman, 2009).

4.4.5.1   Session 1 (S1)

This was the first session of the intervention and can be considered as providing insight into the status quo of the client's inner world. Therapeutic change here will be attributed to her use of space in the tray and her narrative content.

The SP1 summary in SCC1 indicates that the client

> used a wide range of figures…appropriately and realistically. The setting was oriented as content of community/city/village and the scene was made intact with few changes. The scene was mostly coordinated with minimum chaos as a whole. Areas of focus were the flower in the centre and the fish at the bottom right corner of the tray. Relationships were depicted as individuals relating to self or environment and interactions were cooperative and constructive. The main psychological expressions were self-nurturance and working/playing with impression of peace and calm from the scene as a whole. (SCC1 SP1, SN1).

The sand was a combination of wet and dry, with the wet sand at the area where the fish were placed and moulded slightly higher than the rest of the scene. According to the therapist, the client "filled her whole space available" (S1 TR1).

The SN1 here was brief and conveyed in a mix of English and Zulu (S1 SN1).

From this session, the client's internal state could not be conclusively affirmed. It is possible that the client was still uncertain how to fully portray her inner world. This could be supported

by the reiteration in the TR1 and PN1 documents when the client seemed to watch what her sister was doing to guide her in producing the scene and giving a narrative. The therapist's comments such as

- "When working in the sand she appears to do her own thing…is however decisive about a complete scene and is clear that she does not want to add or subtract anything" (S1 PN1)
- "Working in the sand became personal for the client when I stopped trying to instruct her…" (S1 TR1).

however, suggest that the final scene in the SP1 is a personal depiction as opposed to a replication of her sister's work.

4.4.5.2   Session 2 (S2)

In this session the SCC summary for the SP2 provides details that are similar to the scene layout in S1. The distinct features of this tray

> are the woman and snake facing each other that were placed in the centre of the tray, a similar pair is placed in the bottom left corner and the interactions in both instances were negative. Another area of focus was the pair of fish at the bottom left corner, in S1 there was one fish in this one there were two. At the fish area, the wet sand was moulded and shaped, this time showing the bottom blue of the tray in which the fish were placed (SCC2 SP2).

In the PN2, the therapist notes that although the client did not seem to be copying her sister as before, she was attentive to the peers around her and listened to their narratives. The therapist observed that the client's narrative title was similar to that of a peer, who was nearby and audible to the client (S2 PN2).

The client reportedly diversified the figure selection but also had some that were the same as the last time (S2 TR2). The SN2 contained more interaction between figures and the client could project feelings on the figures as opposed to before where her narrative was naming figures and what they were doing (S2 SN2). In the PN2 and TR2, the client is noted as repeatedly replenishing the water for the fish even though it kept seeping into the sand and she seemed fixated on keeping the fish in a pool.

4.4.5.3   Session 3 (S3)

The PN3 reports the client's tray work as seemingly more well thought out and came more easily to her than before; she was in "her own world" and did not seek her sister's approval as in the previous session (S3 PN3). The client's recurring use of figures from S1 and S2 is noted as continuity. There is fuller use of the tray space with a progression of having the two fish in individual pools (S3 SP3, PN3). In this session, the pools however did not show the blue bottom of the tray as with S2. The moulded pools were neither elevated like in S1 nor as deep as in S2 (S3 SP3). The client remained keen on making pools that could hold water and kept adding water even though it kept seeping away as with S2 (S3 PN3).

The client was reportedly more responsive in exploring the SN3. In S3, communication between the therapist and client progressed to facilitating each other without an interpreter, which suggests overcoming the language barrier noted in earlier sessions (S3 PN3). In S3, no human figures were used in the scene but the client assigned characters to the figures unlike before, for example, the bear was her mother and the client was a chicken.

The SCC3 gives the main psychological expression as aggression and as opposing forces and the scene is marked as more fantasy than reality. This can be ascribed to the fact that there were no human figures used in this tray. The centre of the tray has evolved to defence activation in the form of strong and parent figures fighting to protect the weaker ones (SP3 and SN3).

4.4.5.4   Session 4 (S4)

The client was waiting for the therapist unlike previous sessions where the therapist had to look for her in the school. This is noted as eagerness to get to the sand-tray work (S4 PN4). Fewer but similar figures were used in the tray and the tray space was fully used but sparsely filled (S4 PN4). In this session the client found a solution for a pool of water in the scene by using a tub/container to hold the water (which she filled to the brim) (S4 PN4). The client was "quite pleased with a plan that worked for the fish at last." (S4 PN4). Since the client used the tub/container as a pool for the fish, the rest of the sand was dry.

In this session, the PN4, the client likened herself to one of the fish in the tub of water and also assigned her family members to different characters in the scene. The client did not have

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a title for the completed tray unlike with S1-S3 where titles were similar to those overheard from her peers (S4 PN4).

In the TR4, the therapist points out that the absence of the client's sister did not seem to affect the client who previously seemed to rely on her sister's approval to participate in the sessions. There seems to be a shift in the client's tray work towards a simpler tray layout which the client quickly completed and accompanied with a concise SN4 (S4 TR4, PN4). According to the TR4, the client placed herself as two figures in the tray; one as an unseen figure in the tray stating that "I am inside the house" (S4 SN4) and the second as one of the fish in the water. This was the first instance of placing herself in the scene.

The SCC4 indicates that the focus of the tray is the house and the pool for the fish. The psychological expressions here were working/playing. Interaction has progressed from negative to self-protective/assertive. In terms of impressions from the scene, there has been a change from disruptive in the previous one to colourful, happy, peaceful and calm (SCC4).

4.4.5.5   Session 5 (S5)

In this session, the SN5 is noticeably more dramatised compared to all other SNs in the previous sessions (SCC5). The SCC5 indicates that the areas of focus are the house, the pool with snakes and the lion in an enclosure; the items of focus have increased in number. There is a possible change in symbolism of figures here but no indication of exploration in this regard by the therapist. In addition to the working/playing psychological expressions from S4, aggression, opposing forces and alienation/loneliness are depicted. Interaction remains self-protective as in the last tray (SCC5).

Compared to the last time, the client took longer to select her figures and the process involved bargaining and trading items unlike the previous disposition of being independent (S5 PN5). In this session the client could not find a car and some soldiers in the selection and refused to use representative figures (S5 PN5, TR5). She did however include the missing items in her narrative.

4.4.5.6 Session 6 (S6)

The SCC6 describes the scene as dramatised with recurrence of items (except for the pig and piglet) from the past five trays. The centre of the tray is the heart which is considered a mandala created by the client SP6.

Similar to S5, the client was slow and particular about the figures she picked and also bargained and traded with her sister for items (OM6). The SCC6 notes that the setting of the scene is home/family, symbolic and spiritual content with a psychological expression of happiness, celebration and integration. In the SN6 the client responds well to exploration of the narrative by the therapist and she also identifies family members in the scene. In addition to the self-protective/assertive interactions, the SCC6 adds that the interactions were constructive/ cooperative.

4.4.6 Sub-theme 2 a) ii) Emerging **play themes** which give insight into child's experiences

According to Schaefer (2011), play themes are the topics that recur across sessions facilitated for play therapy. The author explains that themes may come from what the client is experiencing and will be projected in the child's play (Schaefer, 2011). Killough, McGuire and McGuire (2001) add that it's important for the therapist to align with a theoretical framework as this determines how to view themes in the child's play.

In identifying themes, Homeyer and Sweeney (1998) advise that therapists abstain from interpreting symbols, in spite of their insight, and rather work with the meaning attached to figures by the client (Homeyer & Sweeney, 1998). In line with the recommendation of Homeyer and Sweeney (1998), the figures in the scene/tray will not be interpreted. The authors point out that the completed scene/world can be understood as a process where themes consist of six profiles as explained in Chapter 2.

The profiles are Empty world, Un-peopled world, Closed/Fenced world, Rigid world, Disorganised world and Aggressive world (Homeyer & Sweeney, 1998, p. 68). As mentioned in Chapter 2, the profiles are not exhaustive but rather offer a good starting point for analysis of completed sand-trays. Some input is also drawn from the summaries of the SCCs for each sand-tray.

4.4.6.1 Session 1 (S1)

The first tray does not have the recurrences noted by Schaefer (2011) as characteristic of a theme. It is, however, important to note the detail of the completed scene as this is useful in tracking recurrences. According to Turner (2005), the first tray is significant as it usually contains an indicator of concerns to be attended to and is a guideline for the direction as well as resources for the client's healing.

In this session, the client tells a story about the scene and she mentions "the place" which can be considered as the metaphor (S1 PN1). This metaphor is what the rest of the scene revolves around: the guards are guarding "the place" and the ducks under the umbrella, the sitting frog, the person lying down/sleeping (*silalele*) are all in "the place" (S1 SN1).

The therapist remarks that exploration of SN1 did not yield anything further (S1 PN1). The metaphor can be considered as being complete and the themes that follow will be related to "the place" (S1 SN1).

The SP1 can be described as an Empty world based on the number of figures used in the tray (21 figures) where the given cut-off is 35 figures (Homeyer & Sweeney, 1998). Further to the few figures, the client only engaged four of the 21 in her SN1 (S1 TR1). The authors explain that an Empty world can be indicative of, among other things, the client feeling rejected or desiring escape (Homeyer & Sweeney, 1998). At the time of intervention, the client's mother shared and brought to the parent interview (S1 OM1) the client's new-born sibling, slightly less than one month old. This could contextualise, the client feeling rejected as she is the next youngest after the new-born sibling.

Figures used are precious stones, starfish, tortoise, a woman, umbrellas, fowl, soldiers, a flower, a tree/seaweed, a frog, a butterfly and a fish. The item in the centre of "the place" is the flower, but there is no reference to it in the SN1 and it is barely visible on the SP1. The flower is of a semi-transparent glass-like material and blends with the colour of the sand and although barely visible, it is there.

4.4.6.2 Session 2 (S2)

In this session, "the place" is now named "the zoo" and the owner is the lady with an umbrella (S2 SN2, PN2). The therapist however notes that this title is similar to another child's narrative

who narrated his story audibly so that both the client and the therapist could hear him (S2 PN2, TR2).

When the metaphor of "the place" / "the zoo" is considered as the basis of emerging themes, the renaming and ownership noted may suggest the client taking ownership of her situation or world and naming the presenting problem or issue. In the context of the set-up of the sand-tray workstations, the client may be referring to the physical proximity of peers as intrusive to her internal process to such an extent that it can be aptly described as a zoo. The association between SP1 and SP2 is the recurrence of the lady with the umbrella. In SP1 she's the only human figure lying under the umbrella and in SP2 she is the owner of the zoo. At this point the client may be identifying with the lady, consequently taking ownership of her world, "the place" becomes "the zoo", her zoo.

The only interaction described in SN2 is confrontation where the "kitchen girl (lady with hand broom in [wearing] red clothes) is going to clean and the snake wants to eat her. She feels bad" (S2 SN2). Homeyer and Sweeney (1998) explain this as part of an Aggressive world where animal attacks on people is noted as a socially unacceptable depiction of the client's aggression. This possibly manifests as acting out or internalisation of anger in the real world, expressing it in the safety of a sand-tray scene (Homeyer & Sweeney, 1998). Of note in the reference to a kitchen girl is that the client's mother shared in the intake interview that she works in the kitchens (S1 OM1). Here, the kitchen girl who's being attacked by the snake is the centre of the tray.

SN2 presents a scenario where danger is present but there is no active protection; it is only implied by the presence of the soldiers who do not do anything to protect those in danger (S2 SP2, SN2). In comparison, in SN1 the guards are engaged and noted as guarding "the place" even though no danger is highlighted. "The zoo" can be considered a more dangerous place due to the presence of animals and possibility of chaos that could occur in comparison to SP1. It could be that the soldiers are there to protect "the zoo" as a whole rather than individual occupants which would then render them as engaged. It could also indicate that the client is aware of the presence of protective resources but has not yet figured out how to engage them.

Of note in the scene is the reference to emotions, the kitchen girl "feels bad" in view of the impending attack from the snake (S2 SN2) where S1 had no reference to emotions at all.

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This could be indicative of the client's developing awareness of and projecting her own emotions.

The SCC2 describes the scene as having a psychological expression of working/playing and an impression of conflict (S2 SCC2). In PN2 and TR2, the client is perceived as being fixated on refilling the pool so that the fish can stay in the water, but the water keeps seeping into the surrounding sand. This could be an expression of a need to thrive (the fish need water to thrive), as well as a need for protection (fish are relatively more protected in water rather than out of water – vulnerability).

Recurring figures used by the client include a female figure, fish, umbrella, precious stones, trees, soldiers and a butterfly. New items in SP2 are snakes, a crab, a giraffe, ducks, elephants, barriers and a rock feature.

4.4.6.3   Session 3 (S3)

In S3, the metaphor maintains the name of "a Zoo" (S3 SN3). A confrontation theme is also present in this tray where "the bird is going to eat these ducks because he is hungry" and cat and dog "want to fight because the dog wants to eat the cat's child." (S3 SN3). The SCC3 gives the main psychological expression as aggression, opposing forces and challenge/competition giving the overall impression of a disruptive atmosphere (S3 SN3, SP3). These are characteristics of the Aggressive world as discussed in *4.7.2* above and the possible reflection is similar to what is noted for S2 in *4.7.2.2*.

There were no human figures used in the scene. Animals were used in reference to people, for example the bear was her mother and the client was a chicken which stood next to the mother unlike in the past two trays where she used human figures. In this tray, where guards were the "watchers" in the corners before, the client used angels. This scene could be an expression of the client's perception of the mother-child relationship where the chicken is small and fragile and the mother bear is protective and nurturing. The figures are placed close to one another which could imply a perceived closeness in the relationship. The use of animals only could be the client distancing herself from the reality which she may not be able to embrace at the moment and using symbols to communicate this perception. The scene is predominantly positive and could represent a turning point or shift in the client's process.

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On SP3 the client placed horses in a row alongside a row of pebbles on the right edge of the tray. The therapist comments that groupings are depicted in SP3 with the three horses (their presence is described as peculiar in TR3), three cats (three kittens together and the mother of the cats facing off with the dog a bit further), three angels, two elephants, three fowls (one is an aggressor to the ducks), two ducks, two fish (separate pools) and the four-sided enclosure in which the lion is placed. The animals that are only one of a kind are the giraffe, the dog (aggressor to the cat and her kittens), the bear (likened to mom) and the lion. The three horses are explained as having a race. In view of the SP3 and SN3 contents, the competing horses could be an indication of the three siblings being in competition, possibly for their mother's affection. The three kittens being protected by their mother against the dog could also represent the siblings' parent who is fighting to protect them from harm.

A closed/fenced world (Homeyer & Sweeney, 1998) could also apply to the lion shown in the enclosure (S3 SP3). The likely expressed need from this perspective would be keeping danger out and a fear of own impulses along with a need for external control (Homeyer & Sweeney, 1998).

The recurring figures from previous trays include the giraffe, fish, precious stones, ducks, trees, elephant and the barriers. Notable additions include the South African flag, angels, racing horses, a bear, cats, dogs and the lion. The centre of the tray contained a lion inside an enclosure which was surrounded by the cat (who was fighting the dog) and kittens. This has evolved from the barely visible flower in SP1 to the kitchen girl facing an attack from the snake in SP2 and in SP3 the lion in an enclosure who is not mentioned or referred to in SN3 but physically visible. The proximity of the lion to the kittens being protected by the mother cat against the dog may imply unrecognised danger for the kittens that the mother is unaware of.

4.4.6.4 Session 4 (S4)

Similar to SN1, this session, SN4 was also brief. The metaphor of a zoo had evolved from being the title of the tray, "The zoo", into being "My house", a specific structure in the scene (S4 SN4). Similar to S1, this tray has no title. Where the soldiers in S1 were guarding "the place", the soldiers are present but not engaged in S2, the angels are present but not engaged in S3; here, "the animals want to protect me…I am inside the house" (S4 SN4).

From these similarities, a possible theme of protection can be seen and the therapist notes, "The theme in this tray is protection from harm and safety" (S4 PN4).

In the TR4 the therapist reports, "There seems to be a shift in [the client's] tray work; this tray is simpler" (S4 TR4). Similar to S1 SP1 this tray can be described as an Empty world. Based on the contents of the previous two trays, the possible need reflected in this Empty world may be a need to escape from the metaphorical zoo. This possibility is supported by the way the client identifies herself in the tray in two forms i.e. being unseen – "I am inside the house" (S4 SN4) and at the same time a fish in the water. She wants to be visible – as the fish but also invisible – inside the house. The phrase "I am inside the house" (S4 SN4) is also significant in Jungian terms where the client is understood as her Self being the house. This is an open reference by the client to the Self, an important part of working towards individuation (O'Connor & Braverman, 2009).

In SP4 the house may resemble an enclosure in SP3 which had an open top with a lion inside it. Here, the enclosure now has a roof over it which is progressive. This could suggest that the client is the lion and has been "contained" or is out of sight; it could be that the client's aggression from S3 is now contained or unseen.

In previous trays S1-S3, the fish were in 'enclosures' in the sand and now they are housed inside a tub of water (S4 SP4). This seems to have solved the issue of water seeping away into the sand because there was no pool. The tub is a solution to the constant draining of water, a basic need for the fish to thrive as seen in S1-S3. The therapist notes the client "wants to fill all the way to the top" with water (S4 TR4). According to the TR4, the therapist considers this as the client finding a solution to her problem. The tub of water may represent sustainable protection, a sense of thriving where the fish are together again and not vulnerable as in SP1-SP3.

The client's presentation of enclosures in SP4 may reflect a Closed/Fenced world (Homeyer & Sweeney, 1998). The needs described in this profile that may be relevant to S4 would be needs to be self-protective, close the Self from others and a fear of one's impulses with a need for external controls (Homeyer & Sweeney, 1998).

A contrast between S3 and S4 is that the animals in S3 were presented as being in conflict with one another. Here, the animals have a common purpose "the animals want to protect me…I am inside the house" (S4 SN4).

The SCC4 gives the main psychological expressions as self-protection and integration and the scene is described as a coordinated whole. The impression given by the scene is described as colourful, happy, peaceful and calm. Relationships in this tray are noted as both one on one, as well as communal where interactions were self-protective/assertive.

Similar figures from past trays include the one giraffe (named as her older sister who was absent for her session on the day), precious stones, four stars (in the corners), three fish, barriers and the cats (three domestic cats, two wild cats). The presence of the sister in this scene suggests that the client wants to include her sister in her process even though she is absent. It could also be that the nature of the giraffe being tall and 'seeing over' other animals is her sister watching over the client. This watching over can be linked to the previous presence of angels and soldiers in scenes from S1-S3 now replaced by stars and her sister. From the TR notes in previous sessions, the sister seemed to be a sounding board from which the client took cues on how to act and work in the sessions, the giraffe representation could reflect that her absence in this session was felt. A notable addition is the stars whose function is given as *"ayahlobisa"* - they beautify/decorate (S4 SN4). The client's referred "My House" is in the centre of the tray and this relates strongly to the Self becoming centred, a major indication towards individuation.

4.4.6.5   Session 5 (S5)

In this session, SP5 and SN5 are comparatively more comprehensive than in S1-S4. The overall scene can most aptly be described as a combination of Closed/Fenced world and Rigid world. There are at least three forms of fenced structures namely the house, the lion in the enclosure and the fish in the pool. This scene could be an expression of a need for structure that brings order and cohesion to the client's world. In the closed/fenced world profile, the needs likely expressed here are self-protection, a need to compartmentalise, closing dangers out and a fear of own impulses which calls for a need for external controls (Homeyer & Sweeney, 1998).

The eight frogs in a row on the left side of the tray are described as wanting to jump into something. A green frog (second from the end in the top left corner near the angel and feather) is pointed out as her newborn brother (S5 OM5). The giraffe figure (referred to as the ostrich in SN5 and denoted as her older sister in OM4) is physically close to the green frog. In this scene the client seems to be indicating the current state of relationships among the siblings.

The giraffe (who is referred to as an ostrich here) who previously protected "my house" where the client was inside in S4, now seems to be closer to and watching over the younger brother in this scene. It is possible that the client refers to the giraffe as an ostrich to imply perceived inconsistency in how the sister presents herself. This inconsistency could be in the sister's physical attendance of sessions - she was absent in S3 and was present in S1, S2 and now S4. It could also be perceived inconsistency in affections – from watching over "my house" to now being closer to the little brother.

SP5 does not have a title but shows a recurrence of the house, the pool – now containing snakes rather than fish, and the enclosure with an open top like S3 and the lion inside. Unlike the past two trays, there are human figures in SP5. The SCC3 describes the relations as distinct separation of figures (all 3 humans are doing different activities – cleaning, preparing firewood and sitting), presence of opposing groups (robbers vs the mother cleaning the house) and individuals relating to the self/environment (one is cutting firewood, one is cleaning the house and one is sitting thinking about his late mother) (S5 SN5). Similar to SN2's "she feels bad", emotions are once again referred to in relation to a specific "boy…worried" (S5 SN5).

There is a reversion to absence of protection from danger as in SN2, where danger is present in the form of "batsotsi [thieves]…they want to steal what's inside the house" and the woman cleaning the house is unprotected (S5 SN5). The PN5 mentions that the client could not find some of the figures she wanted to use in constructing the sand-tray. SN5 then mentions, in view of the impending robbery, that "soldiers could fight them [and the therapist notes re: the client] (she couldn't find soldier figures to suit her tray)" (S5 SN5). In SN2 the soldiers were present but inactive and the reverse here is that the soldiers are absent but engaged, they would have protected the woman had they been there.

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The TR5 and PN5 highlight the therapist's concern with absent defences, lurking dangers, vulnerability, present angels that do not protect, as well as a sense of helplessness reflected by the figures.

The SCC5 refers to the main psychological expression of the tray as aggression, opposing forces, alienation/loneliness as well as working/playing. The impending attack of the robbers and the snake hunting for food in SN5 imply aggression which Homeyer and Sweeney (1998) ascribe to traits of an Aggressive world. The possible need from an Aggressive world in this instance would be either the client acting out in her real world or internalising her anger but expressing it in the sand-tray scene (Homeyer & Sweeney, 1998).

In reference to the contact made with the Self in S4, the client may now be perceived as building and testing inner resources (Turner, 2005; Kalff, 2003) in this scene where the attacks are managed by referring to the absent but present soldiers, who would be helpful in protecting the woman in danger. The depiction of the hunting snake is now restricted to the confines of the pool whereas in SP2, it was directly and openly attacking the kitchen girl, may also be an expression of a defence resource.

Interestingly, the visibility of the lion coincides with the return of aggression in the scene. The restrictive sign, which is designed to prohibit cars from entering the lion's enclosure, could be a reflection of the client's Self being disallowed access to what the lion represents symbolically. This could relate to a form of discipline instilled on the client by an external regulator.

Almost all the figures in the scene were used in previous trays; new items used are feathers, floor tiles and a mat for the house and a rock. Groupings appear again as eight frogs, four angels, three snakes, two women and three robbers. The ostrich (giraffe), feather and orphan are unique and on their own. This scene could have an underlying expression of a need to belong. In spite of being humans, specific groupings are highlighted – robbers, women and the orphan. The presence of a prohibitive sign may also reinforce the restrictions around access to or belonging to a certain group. The house which is being cleaned by the woman is in the centre of the tray similar to S3. As with S3, the house and the pool are highlights in the narrative.

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4.4.6.6   Session 6 (S6)

In this session the scene can be described as an Un-peopled world (Homeyer & Sweeney, 1998) which could indicate the client needing to escape and/or hostility towards people. The SN6 describes a negotiation between the frogs and the chickens where the frogs want to be let into the heart but the chickens don't want them inside the heart-shaped area because they will make a mess. The frogs in turn promise not to make a mess and the chickens agree on condition that the frogs will be kicked out of the heart if they make a mess inside (S6 SN6). In spite of the hostility, the characters engage positively and the boundaries are clear. The heart can be considered as the client's mandala which is regarded as positive (Homeyer & Sweeney, 1998; O'Connor & Schaefer, 1994).

The heart is the centre of the tray and items in this tray reappear from previous trays, there are no new items used. The heart appears as the mandala for the client's process.

4.4.7 Sub-theme 2 b) i) Therapist's choice and application of **change agent**

The overall choice of change agent is the use of sand-tray from a JAPT theoretical perspective. The standard instruction to the client is to "build a story in the sand" (S1 PN1) after which the client was asked to give an accompanying narrative for the completed scene.

The choice of change agent must be suited to the type of client as well as the goal of the intervention (Orton, 1997; Blom, 2006). The use of sand-tray for this intervention was determined by the nature of the intervention which was expressive sandwork and participants were volunteers who were keen to experience the intervention.

Rather than examining for the instance of change agents, session by session, the discussion of this sub-theme will focus on sand-tray as an agent and other agents applied by the therapist. This is in a bid to avoid repetitive reporting as the sand-tray was used in all the sessions and the variation of rapport activities formed the alternatives to the main change agent.

4.4.7.1   Sand-tray change agent – Sessions 1 to 6

The verbal elements of S1 include the introduction "construct a scene in the sand using figurines of her choice" and client sand-tray narrative done in isiZulu, English and through a

translator respectively (S1 PN1). The client opted to wet the sand around where the fish were (S1 TR1). SN1 is described as brief and TR1 highlights that "her plot only included four of 21 figures" that were on the tray (S1 TR1). The therapist notes that "I was expecting more. Is there a definitive format to a story line for the scene constructed within a process? It would be nice to have a large plot to make sense of the scene" and "exploring does not bring much more, maybe that's the whole story" (S1 TR1).

The above quote indicates that the therapist attempted to explore the brief narrative given by the client and the outcome comment notes that "She did not tell a story per se. She pointed and explained what each figure was doing in the scene" (S1 PN1). On the PN1, the therapist plans a further five sand-trays to be done with the client and a star chart would be used to keep track of completed sessions.

The client titled her completed SP2 "The zoo" (S2 PN2). According to TR2, the client "picked her toys easily". There was a recurrence of and diversification in the figures used as compared to S1 (S2 PN2). The client used water to wet the sand in the areas where she placed the fish so the sand was a combination of dry and wet sand (S2 TR2). In the PN2, the therapist comments that the plot of the SN2 "was a description of the figures" (S2 PN2). In the exploration of the plot, the PN2 reports that the client was more responsive to exploration and the figures were more interactive as compared to SN1. The figures used in the SP2 are noted as recurrent as well as diversified in comparison with SP1 (S2 PN2). A further four trays are planned in the PN2 which are being tracked with a star chart.

Similar to SP2, SP3 was referred to as "the zoo" and figures used in SP3 are noted as being presented mostly in pairs and trios (S3 SN3 PN3). In relaying the plot, the client is noted as still using the same style of describing the items as with SN1, but expanding more into the functions and actions of the figures (S3 SN3, PN3). The client and the therapist did not work with an interpreter in sharing and exploring the narrative (S3 PN3). The client was noted as using isiZulu and when she spoke in English she accepted encouragement well and made a good effort (S3 PN3). In the PN3 evaluation section, the client is noted as having used water to wet the sand around the fish pools similar to S1 and S2, the sand was therefore partly wet in the tray. Three more trays are planned and will be tracked on the star chart (S3 PN3).

In S4, the SP4 and SN4 refer to "my house" which was possibly the title of the client's completed scene. Notes from S4 highlight that the client could identify with one of the figures

in SP4, "a fish in the water" and also "assigned family members to figures" (S4 PN4). The SN4 is described as "naming a few figures and their function. She [the client] did not have a title for her story" (S4 PN4). The client reportedly used fewer yet recurrent figures than in S3 in her scene which she arranged in line formations (S4 PN4, TR4). In this tray, the client used dry sand and placed the fish in a tub of water (S4 PN4, TR4). The PN4 notes that there are two more trays planned and to be tracked on a star chart

The client's SN5 was long and detailed for SP5 as compared to SN1 to SN4 (S5 SN5, SP5). Her process of picking items is described as "slow, sharing some [items] with her sister and chatting as they looked among the items" (S5 PN5). She is noted as bartering and negotiating with her sister and she mentioned that there were figures she could not find but wanted to use in the scene and "she refused to improvise" (S5 PN5, TR5).

The OM5 notes that because the client was late for the session, most of the items had already been picked by the other clients in the group and that is why the client could not find a car, some feathers and some soldiers (S5 OM5). In the TR5 there is reference to a pool in which snakes were placed, implying that dry sand was used in the rest of the tray (S5 TR5). From the description of the figures used in making the scene and SP5, there is a recurrence of items from previous sessions (S5 TR5). One more tray is planned for the next session and a star chart is used to track the progression of the trays.

S6 was the final session and the SN6 refers to the house similar to SN5. From the appearance of SP6, dry sand was used in the tray. The figures used in SP6 were in groups, recurrent from previous trays and arranged in specific formations. The central figure in SP6 is referred to as "the love" in the client's SN6.

4.4.7.2   Other change agents engaged – Sessions 1 to 6

According to the OM1, the client engaged in an icebreaker exercise along with her mother and sibling in a joint intake session prior to the individual sand-tray. The client picked a figurine from a selection offered and was asked to name and answer a few questions about her figure. She named her figure Thabo, a boy who if he could be granted three wishes would wish for a car, a big house and gold. Drawings and clay work were considered as techniques to be used in rapport activities in the following session (S1 PN1).

In the S2 documents, the OM2 reflects the rapport activity as building puzzles and making some drawings. The rapport activity of drawing was done in two parts, before and after the sand-tray session. When the client had completed her sand-tray session, she had to wait for her sister and she asked that her friend, who was not a participant in the project, join her in doing the drawings as they waited together. The second part of the rapport activity therefore included the client's friend (S2 OM2). The client was instructed to draw a person, a tree in the winter season and a tree in the summer season, as well as a house (S2 OM2). The TR2 closes with a note to give the client a variety of rapport work activities to choose from in the next session.

The PN3 explains that the client was not at the meeting point when the therapist arrived and finding her in the school took time resulting in not as much time for rapport work as planned. The therapist comments that the client briefly "did a bit of clay work first" (S3 TR3).

In S4 the rapport work entailed the client and therapist playing a board game – Snakes and Ladders together. The therapist comments that the client "enjoyed the board game and understood instructions and rules well" (S4 PN4). The TR4 mentions that the client continued playing on her own as the therapist got ready for the session and also played on her own after the session. Rapport activities planned for S5 are clay work and a balloon game (S4 PN4).

The OM5 explain that the client was late on this day and there was possibly no time for a rapport activity as planned. Clay work was the planned rapport activity for S6 (S5 PN5).

This was the final session and the available documents do not reflect any rapport activity. The OM6 shows the client engaged in other activities using balloons and also mentions a parting gift given to the client by the therapist.

4.4.8 Sub-theme 2 b) ii) Therapist's __theoretical orientation__ informs therapeutic use of themes in sessions

The theoretical orientation of the therapist is considered as important because it determines how the play themes are used in the client's therapeutic process (Schaefer, 2011). According to O'Connor and Braverman (2009), the JAPT therapeutic goal of activating the client's individuation process means that the therapist mantains an analytic attitude. This entails the

therapist honouring images produced in play and being attentive to thematic content (O'Connor & Braverman, 2009; O'Connor & Schaefer, 1994).

Thematic content is explained as experiential content of play which the client works through "physically, emotionally, mentally and spiritually" (O'Connor & Schaefer, 1994, p. 272) and occurs at different times during the course of play. As the theoretical orientation underlies everything the therapist did in the intervention, this theme will discuss the instances according to three main areas described below as opposed to session by session.

In the JAPT theoretical orientation, the therapist's role is summarised in three facets, namely:

- Creation of the free and protected space – (also referred to as temenos) efforts to provide equipment, freedom, safety and the conscious yet non-judgemental presence. The therapist is empathic, is moved by the play without becoming overwhelmed or too detached. Turner (2005) explains that the therapist must be *still*, not just quiet but "acutely present and, at the same time, remain completely out of the way." (p. 379).
- Joining in play activities – in some instances it helps to become involved in the play activities with the client as this acknowledges what the client depicts in play and provides a means of cooperative sharing as well as play.
- The silent holding of the intepretation – the therapist tracks the course of play, silently interpreting emerging symbols.

(O'Connor & Schaefer, 1994, pp. 268-269)

4.4.8.1   Creation of the free and protected space (temenos) – Sessions 1 to 6

This role of the therapist is closely related to theme 1 of Rapport Building. In S1 to S4, the therapist prioritised rapport building in each session before going into the sand-tray activity as a means of creating a safe and protected space to work with the client. S5 and S6 documents do not mention any rapport work done with the client. Using a star chart (S1 to S6) to track sessions may be considered as an effort towards a free and protected space created by the therapist for the client. The star chart would have been helpful for the client to anticipate and pace herself through sessions knowing the commitment expected from the therapist.

The PN1 offers the creation of the free and protected space assisted by the presence and use of an interpreter to support the client-therapist relationship in view of language barriers (S1 PN1, TR1). In TR1, the therapist's action of writing down the questions on her mind "helped get them out of the way and pave space to stay with [the client] in her process" relates to being still and present with the client. The therapist also muses that when she stopped trying to instruct the client and let her work, "The process of working in the sand became personal for the client" (S1 TR1).

The TR2 highlights that based on the S1 observation of the client watching her sister as if for guidance, the therapist positioned the client to work on a tray where she was far from her sister in aid of having a personal temenos. Similar to S1, the therapist comments that the client only described figures in the tray rather than dramatise the scene in SN2 (S2 TR2). The therapist accepts SN2 with fewer questions, noting that the client was more responsive to exploration of the plot than in S1 (S2 TR2). This suggests futher acceptance of what the client had to offer and goes towards building the temenos.

In TR2 the therapist states that "I was curious whether the process of the psyche would be affected by the break in time between trays" (S2 TR2). She admits to rooting for the client to pick certain items as an indicator of some continuity. This can be considered as the therapist being empathic without being too detached from the client. In TR2, the therapist was cognisant of the need to be present and questioned whether she was "with the client enough?" (S2 TR2). She resolves to "engage with the client while keeping my distance" in the sessions to follow (S2 TR2). At the end of the session, when the therapist and client were completing drawings, the client requested that her friend join in (S2 TR2). In granting this request, the therapist can be considered to have come across as a non-judgemental and accepting in an effort to create a temenos.

In S3, the therapist perceives her relationship with the client to be in danger of negative influence from the client's sister who was being resistant in this session. In the TR3 the therapist implies that her preoccupation with the influence of the sister's behaviour may have compromised how she stayed with her client in this session. The TR2 ends with "In hindsight…I was making the process about me more than [the client] (note to self: it's about the client…)" (S3 TR3) showing the therapist as being concerned about the temenos. The session is concluded with an acknowledgement and personal reprimand in the therapist's statement "I am more involved in the client's process than I realised before…must stop and

ask often "whose benefit is this for?" (S3 TR3). This reflects the therapist striving for presence with the client.

The PN3 comments that the client's "tray work seems to be coming easier to her now; she collects figurines decisively and seems to work within her own "world. The continuity shows in the use of same figures and theme…she's using the space in a "fuller" manner and seemingly balanced way" (S3 PN3). This quote implies that the temenos is becoming established and the client expresses herself well in the sand-tray.

In S4, the client's sand-trays are described as having shifted to be simpler and more quickly constructed using easily selected figures. This reinforces S3's temenos progress suggesting that the client considers the sand-tray as a free and protected space to express herself through the scene constructed (S4 TR4, PN4). The therapist alludes to a conducive temenos by highlighting that although the client's narrative style remains the same, the SN4 was brief yet open to exploration (S4 PN4).

In S4, the therapist is empathic without being too detached or overwhelmed as evident in the acknowledgment of how contrary feelings of sadness and being ecstatic were evoked in her during this session (S4 TR4). The TR4 concludes by noting an area of improvement noted by the therapist in relation to staying with the client as "try not to analyse/interpret as the client is working, I kept rationalising and making sense…" (S4 TR4). The statement alludes to a responsibility of maintaining presence with the client and rather silently holding the interpretation rather than being preoccupied with interpretation.

PN5 describes the therapist's observation that the client "took a while to get started and seemed to pick items really slowly" (S5 PN5). In comparison with previous sessions, the absence of a rapport activity may have affected the client's experience of the temenos. The narrative accompanying the scene however is notably longer than any of the previous sessions suggesting that the client may have perceived a free and protected space to work in (S5 SN5).

Considering the client's refusal to improvise in S5 where the figures she needed for her scene were unavailable, the therapist remained accepting of the client's process. This incident relates to the non-judgemental acceptance in creating and maintaining temenos which the therapist seemed consistent in building.

In S6 the SP6 shows a mandala in the form of a heart shape constructed by the client. A mandala is considered as an achievement of individuation in therapy which suggests that the temenos was conducive.

As mentioned at the start of this discussion, temenos relates strongly to the rapport building theme. With the progression of rapport over the sessions, the temenos also seems to progress positively. It can therefore be said that as with rapport building, the temenos is across all the sessions and cyclical rather than linear.

4.4.8.2   Joining in play activities – Sessions 1 to 6

In the intake interview and sand-tray session, the therapist only facilitated the play and was not invited to join in (S1 PN1, TR1).

The documents from S2 do not reflect any invitation extended to the therapist to play with the client. The therapist comments, in view of joining play, that during the sand-tray creation she was useful to the client "for picking up her pieces [tray figures] that the wind occassionally blew away" (S2 TR2). In S2, the client requests that a friend join her in the drawing rapport activity (S2 PN2, TR2). This instance is atypical of regard of joining play. O'Connor and Schaefer (1994) explain joining play as being where the client asks the therapist to join in the play.

The effort to speak each other's language as noted in the PN3 may be indicative of an invitation to the therapist to join the client's world and an effort from the therapist to create the free and protected space for the client.

S4 started with the therapist and client in a joint rapport activity of a board game. The therapist comments that "[the client] loved the snakes and ladders" and "she went on playing on her own as I got my things ready for the tray work." (S4 TR4). This can be considered as joining in play activities with the client although it was not by invitation from the client.

The documents from S5 and S6 do not mention any form of joining in play.

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4.4.8.3   The silent holding of the intepretation – Sessions 1 to 6

Silent holding of the metaphorical "zoo" discussed in 4.7.2.2 is evident in the way the therapist reflects and asks silent questions of "what is the connection here?"(S2 TR2) while the client works. The discussion on themes explains that this session's tray was an Aggressive world and the therapist attributes this to better rapport where the overall session is considered as being "personal for the client" (S2 TR2). According to O'Connor and Braverman (2009) a JAPT therapist allows the client to acknowledge their shadowy aspect such as anger and aggression. In this session the therapist holds the aggression silently, accepts the client and stays with the client.

The silent holding of interpretaion can be seen in the way the therapist writes about the fish for which the client keeps replenishing water, she preceives that the client is really focused on getting the fish to be in a pool and she can see the solution but does not tell the client what to do (S2 TR2, PN2).

A combination of silent holding of the interpretation and creating the temenos is shown in the TR1 where the therapist silently questions but accepts the client's narrative as it was given – "if the story in its fullness makes sense to the client…maybe that's the whole story" (S1 TR1).

The SN1 is described as not being "a story per se" (S1 PN1) and the thematic content of the Empty world discussed in 4.7.2.1 is contained in silent holding in the phrase "the use of only four of 21 figures in the story…may be that she has no conscious awareness of what the other figures do in the scene constructed" (S1 TR1).

The therapist, who continues to hold the interpretation with finding a solution for the fish to constantly have water, states "I am annoyed by the failure to make a plan for the fish's water to be in a tub and it's lingering on my mind for most of the session…" (S3 TR3).

In the PN4 and TR4, the client's use of an empty tub to hold water and serve as a pool for the fish is celebrated by the therapist stating that "This time she…gets a water tub for the fish, I'm ecstatic! She wants to fill the whole tub to the top" (S4 PN4). The therapist has been silently holding interpretation of the client's desire to have the fish in water and perceives this a solution and expresses that the client "is at a place of solutions and making plans to deal with the problem, her answer for the problem is in this tray" (S4 TR4).

The therapist silently questions but accepts the client's actions in constructing the sand-tray scene but accepts the explanations and meanings attached by the client to some of the the client's actions. The TR4 has an explanation regarding the therapist's perception of the client's use of star wands "initially I thought she was going into fantasy but…the wands… [are] the stars that shine and give light" (S4 TR4). This implies a silent holding of the interpretation of symbols which the client explains within context to the therapist. The therapist also holds interpretation in that she perceives and notes the client's resources that are reflected in the SN4 and SP4.

The theme of an Empty world discussed in 4.7.2.4 is facilitated in the theoretical orientation in how the therapist holds the interpretation. A solution is perceived as having emerged in this session. This is directly relevant to the Empty world being associated with a desire to escape and can be understood as the client escaping to tap into her solution and her resources. This explanation is plausible on the basis that trays from S2 and S3 have been highly active and confrontational and this tray could be a breathing space for the client.

According to the therapist, an area of improvement is noted as letting "the client makes meaning of the tray as opposed to my own presumptions" (S5 TR5). This insight relates to the silent holding of the interpretation whereby the therapist was making interpretations based on observations and the client's previous work.

In this session, the SP6 reflects a mandala which is shaped as a heart and occupies most of the sand-tray space. The SN6 explains that "this is a love" (S6 SN6). The sacredness of the "love" (S6 SN6) is expressed in the plot where the chickens protect it from the frogs who are not allowed inside otherwise they "make a mess" (S6 SN6) inside. The therapist explores the SN6 briefly expressing the silent holding of interpretation for the client.

4.4.9 Discussion of Working Through theme

This stage takes place by first laying out the current status, internally nurturing old and new potentials then applying and observing the impact of taking up the mix of the old and new in day-to-day life; play paves the way for a show of new alternatives and new directions (O'Connor & Schaefer, 1994). This emerges on the basis of the Rapport-building stage discussed earlier.

The division of the Working Through theme on the client and therapist basis, emphasises a dependence on the working relationship established in the Rapport building stage. As with Rapport building, this stage's sub-themes are also transitional in nature as they are seen to be present across all the sessions (Nordling & Guerney, 1999). Clients typically go through stages in varying durations and in the end sub-themes are inseparable.

In the Working Through stage, the client-related sub-themes reflect the client's work of showing therapeutic change through therapy themes that emerged during the play process. Therapeutic change in this theme was considered in view of the JAPT goal of individuation in the client working through therapy (O'Connor & Braverman, 2009). Individuation is explained as "the growing ability to form meaningful, appropriate relationships with other people" which entails one's "appreciation of …uniqueness and wholeness in a world that may or may not see things the same way." (Turner, 2005, p. 30). The client's work showed individuation through the themes and metaphors present in the scenes over the progression of the trays.

In SP1 and SN1 the client's work suggested a relational disconnection from others. The SP and SN showed figures that did not engage with each other meaningfully but instead in an uncertain or anxious manner. The guards are guarding "the place" and the woman is sleeping under and an umbrella, while the rest of the figures were merely named and not dramatised (S1 SN1, SP1). In comparison, the SP6 and SN6 content had progressed to have interactive characters who negotiated about how to relate in terms of boundaries and behaviour, for example "not allowed inside…make a mess…" (S6 SN6).

The scene in S6 reflects a communal context which has traits of the client's uniqueness and is recognised as a characteristic of individuation as compared to S1. In the analysed documents, the client can therefore be said to have progressed and worked through the presenting concern as evident in the individuation achieved. Through the observed progression, the client presented her world and themes emerged which suggest progressive therapeutic change in the client. O'Connor and Schaefer (1994) explain this as being the course of play evolving and magnifying content so that patterns occur to give a complete picture.

Within the stage of Working through, the therapist was positioned in a JAPT theoretical orientation and selected sand-tray as the main change agent to facilitate the client's process.

Games, drawings and claywork were incorporated in the rapport activities and the therapist reported mostly on the client's responses to the activities. Blom (2006) notes the advantage of sand-tray as being through expression within the safe tray boundaries, one's sense of self is enhanced by bringing awareness of unresolved issues to the fore.

In the documents analysed, the therapist used sand-tray consistently within a JAPT orientation where her role was that of an observer-participant. This role entails the therapist mantaining an analytical attitude using strategies of creating a free and protected space, joining in play activities, silently holding interpretation (O'Connor & Schaefer, 1994). Through this, the client expresses he inner world symbolically which O'Connor and Braverman (2009) explain as emergence of the self-healing archetype. The self-healing archetype eventually leads the client to individuation which is the goal of JAPT sand-tray in this instance.

Overall the client's work in S6 ties up all the sub-themes to reflect the result of the process in which both client and therapist played a part. O'Connor and Schaefer (1994) explain that a common experience which is part of the play cycle is the manifestation of the centre which matches the client's work in SP6. This depiction of the centre usually contains treasures and has an ambiance of security, sacredness, warmth, strength and faith and is referred to as the constellation of the self (O'Connor & Schaefer, 1994). In SN6, the centre is portrayed as a sacred space where those that are granted access should not make a mess inside or else they will be kicked out.

Schaefer (2011) explains that this is the longest stage among the three as this is where the therapeutic work is done. While it's importance is evident, it cannot exist alone and depends on the Rapport building stage that precedes it and precludes the end of the client-therapist relationship once it achieves it's goal. Going forward, the client must now be empowered to apply the gains from the therapeutic changes experienced to daily life. This stage consequently leads to the Termination stage which is discussed next.

4.5   Theme 3: Termination

Schaefer (2011) explains that this stage comes after the client and therapist had used the therapy process to work through the presenting concern. The intention here is to let the client own the changes from intervention and pave the way for continuous improvement (Schaefer, 2011).

According to Landreth (1982), there is limited literature on terminating therapy with a client and as such practical and theoretical questions around termination stand unanswered. With JAPT's goal of individuation, the termination of therapy occurs when indviduation has been achieved. A significant indicator of this is that the client has learnt to regulate their impulses as well as find a balance in the flow of energy between the inner and outer worlds (O'Connor & Braverman, 2009).

The JAPT therapist is typically guided by the client as to when to terminate therapy and the client is not fixed but rather "has the creative resources to continue to grow and develop as an individual and as a social being within the context of family, peers, and society." (O'Connor & Schaefer, 1994, p. 276). Landreth (2002) states that termination should not be abrupt but rather done smoothly in a way that is sensitive to the feelings of the client. In this intervention, termination took place as a countdown process and was guided by the number of sessions indicated to the client at the beginning. The therapist and client tracked the sessions as they went through the intervention together.

Table 4.3 Criteria for termination theme

Sub- theme	Inclusion criteria	Exclusion criteria
a) Occurs after **resolution of presenting problem** through the therapeutic process.	Experimenting with different solutions to problems in the course of therapy.	Instances where no evidence of experimenting with solutions is present.
b) Allow the **client to own the changes** that came out of therapy.	Indication of the client accepting changes that have resulted from the therapeutic process.	Instances where changes are not accepted by the client. Changes may be indicated but not applied.

The sub-themes are discussed in detail as they occurred during the six sessions documented in the case file.

4.5.1 Sub-theme 3 a) Occurs after **resolution of presenting problem** through the therapeutic process

During the course of therapy in the security of the client-therapist relationship, the child experiments with a variety of solutions, ways of thinking and behaving; eventually the child keeps the ones that work and discards the ones that don't work (Orton, 1997). Analysis for resolution of problem will include a back and forth movement among the trays. The presenting problem will be considered in view of the metaphors discussed in 4.7 above. As a means of

preparing the client for termination, the sessions were tracked using a star chart with all the sessions containing a countdown in the PNs of the remaining sessions.

4.5.1.1 Session 1 (S1)

This session marks the start of therapy and the SP1 is presented and titled by a metaphor of "The place" (S1 SN1) which is guarded by the guards. The presenting problem in this tray can be considered as a need for protection and the guards are tasked with guarding this place which holds all the activity and other inhabitants.

4.5.1.2 Session 2 (S2)

In this session, "The place" from S1 SN1 becomes "The Zoo" (S2 PN2). The need to be protected is present and this time more direct. The kitchen girl who is on her way to go and clean is in danger of being eaten by the snake (S2 SN2).

The client also presents the need for protection by trying to make sure the fish are in a pool of water/ have adequate habitat. Her solution of continuously pouring water into the space she has created fails because the water keeps seeping into the surrounding sand.

The need for protection is also seen in SP2 where the intended barriers for the giraffe are ineffective, they are flat instead of upright around the giraffe. The giraffe itself is also left lying on its side as if to depict vulnerability in the absence of protection. Another woman who is the owner of the zoo is near a coiled snake which could, as with the kitchen girl, attack her; she is vulnerable (S2 SP2).

Guards are present but do not do anything about the situations (S2 SP2). The presence of the guards can be considered as an attempted solution for the attack and vulnerability, but they are ineffective because they do not do anything to stop the attack or lessen the vulnerability.

4.5.1.3 Session 3 (S3)

The metaphor of a zoo in this session carries on the need for protection as shown in the various attacks going on in the scene: "the bird is going to eat these ducks because he is hungry…Cat & dog want to fight because the dog wants to eat the cat's child" (S3 SN3).

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Vulnerability is depicted in the cat's babies positioned next to the lion cage in SP3 where the danger is unseen to them and their mother. The ducks are vulnerable in that they are under attack and no one is defending them (S3 SN3). This time the fish have been separated but the client still tries to replenish their water continuously (S3 PN3, TR3).

Instead of guards for protection, this time angels are positioned strategically in the scene to watch over the situation (S3 SP3). Another attempted solution is the animals themselves protecting one another as with the cat fighting the dog to protect her babies (S3 SN3). The protective barriers that had fallen in the last scene are now upright and seemingly effective in keeping the lion away from the other animals (S3 SP3). The two solutions posed to address the need for protection in this tray are angels/spiritual resources, the animals themselves and effective barriers/boundaries

4.5.1.4   Session 4 (S4)

In session 4 the client does not give a title to the scene but refers to the structure in the centre of the tray as "my house" and she is inside the house (S4 SN4). The client expresses the solution to the need for protection as "the animals want to protect me and also the fish. I am inside the house" (S4 SN4). In this tray there are neither guards nor angels but rather stars whose role is described as being decorative "the stars *ayahlobisa*" (S4 SN4). The solution to the need for protection has been posed as the inhabitants of "The place" / "The Zoo" (SN1 SN2 SN3) protecting each other. The fish are no longer vulnerable in SP4 as the client has now placed them in a tub which she filled with water. They now have a home and so does the client; they are both protected by the animals (S4 SN4, SP4, PN4, TR4). Of the possibilities posed in S3, the solutions selected by the client as effective are protecting each other (animals protecting the person in the house and the fish) and effective barriers/boundaries (the house and the tub for the fish). The spiritual resource of angels is now replaced by the stars which seem to add to the solution by beautifying it. In the TR4 the therapist notes that the client is "at a place of finding solutions and making plans to deal with the problem, the answer for her problem is in this tray" (S4 TR4).

4.5.1.5   Session 5 (S5)

Session 5 comes across as a regression in the client with a scene and narrative that revert to vulnerability and a need for protection. Landreth (2002) explains that this is part of the

client's way of preparing for termination by relooking at old behaviours and going through the gratification of comparing past to present.

In the SP5 and SN5 there is a woman cleaning the house and robbers want to get inside the house and "steal what's inside the house…Soldiers could fight them" (S5 SN5). It is important to note that the client could not find figures of soldiers and a car in the selection and opted not to improvise (S5 TR5). This scene is therefore in contrast to SP2 where the soldiers were present but not helpful, now they are absent but would have been helpful had they been present. The pool contains snakes rather than fish in SP5, the snakes are noted as "they are sleeping, the black and brown one is looking for food" (S5 SN5). The pool can be considered as an effective boundary/ barriers because the snake cannot attack anyone or other animals in its hunt for food, it is restricted to the pool.

In terms of vulnerability, the client placed a figure close to the robbers on the scene. She explained that the boy "is worried because his mother is dead, she was sick." (S5 SN5) and no-one was interacting with or attending to him. The angel in the corner nearest to the figure seems to be watching over him though.

In terms of solutions tested before, SP5 has the angels once again and the one in the top right corner is pointed out as the best one (SN5). The soldiers are not present but are mentioned. Effective barriers/boundaries appear in this tray as the walls for the lion's enclosure, the pool and the house. The signage used in the bottom right corner regulates that cars are not allowed beyond a certain point which can be considered as a new exploration of boundaries and barriers. This time, star fish which were last used in SP1, replace the star wands (which the client had and bartered with her sister prior to scene construction). The star fish are referred to as stars and their role is to shine (S5 SN5).

There is no title for the scene but the house is central again in the narrative. SN5 is notably the longest narrative and most detailed in the whole intervention so far.

4.5.1.6   Session 6 (S6)

In SP6 the heart can be considered as the replacement for "The place", "The Zoo" and "The House" in the past trays (S1 to S5). It is possible that the client's heart is what needed protection because it was vulnerable probably due to the life adjustment of a new sibling that

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the client was going through. The boundary/barrier which answers the need for protection is emphasised verbally in the SN6 when the client narrates that "Butterflies and frogs want to get into heart but they are not allowed in. they say they won't make a mess so that they are allowed in" (S6 SN6). It could be that SN2 and SN3 when the metaphor was a zoo, the client was expressing the commotion she was feeling internally and in need of protection or restraining. She emphasises in SN6 that although no one lives inside the heart, "the chickens don't want them [the frogs] inside the heart. They will kick them out if they make a mess" (S6 SN6). It could be that she was unsure of how to feel about her new sibling, whether to let him into her heart or not and his arrival had caused the chaos in S2, S3 and S5.

In SN5 the client pointed out her brother as one of the frogs and this also connects to the fact that the frog was last seen in SP1 which is considered as the tray that stated the presenting problem for the client. In SN6, she and her father are the chickens, while mommy pig with a baby pig (who could be her older sister) is also pointed out. The activity of the pigs and chickens is narrated as that they are walking going somewhere (SN6) which could mean they are progressing in terms of incorporating the new sibling into the family. The SP6 and SN6 presents a collective context while highlighting the client's unique heart as the mandala which is noted by Turner (2005) as an indicator of individuation.

This was the final session of the intervention and the heart can be described as a mandala symbol for the client indicative of individuation in the client. The mandala is explained as a manifestation of one's centre which bears treasures and is a place of integration also known as the constellation of the self (O'Connor & Schaefer, 1994).

4.5.2 **Sub-theme 3 b)** Allow the **client to own the changes** that came out of therapy

An important part of the termination stage is the client taking ownership of the gains of the therapeutic journey. It is one thing to experiment and select the best working solution, and another to take ownership of the solution. This entails the client "feeling secure within themselves…they can manage their own affairs now" (O'Connor & Schaefer, 1994, p. 276). Nordling and Guerney (1999) mention that the child's behaviour in this stage differs from the others in that they try tougher activities alone and react appropriately to outcomes of defeat or victory.

4.5.2.1   Session 1 (S1)

In S1 the client states the concern and there is no therapeutic change to take ownership of as yet. The metaphor of "The place" (S1 SN1) implies that the client is distancing herself from the scene while also quantifying a vague space in her psyche to be within the boundary of the tray provided.

4.5.2.2   Session 2 (S2)

Ownership in this session is in the form of "The place" evolving into "The Zoo" which is owned by a lady placed in the scene (S2 SN2, SP2). The owner of the zoo does not seem to have control or awareness of what is happening in the zoo (e.g. a pending attack on the kitchen lady to whom the owner is not responsive or is unaware of). The ownership seems passive at this stage. This tray does not reflect solutions that the client seems to see as applicable for her own life in addressing a need for protection in her vulnerability as discussed in 4.8.1 above.

4.5.2.3   Session 3 (S3)

In this session, the metaphorical zoo is referred to as "a zoo" (S3 SN3) and there is no owner mentioned. The SN3 reflects chaos in the narration with so much activity going on in comparison to the previous sessions "horses have a race…fish are swimming…bird is going to eat the ducks…cat & dog want to fight…dog wants to eat cat's child" (S3 SN3). A solution being tested here is the animals defending each other to address the need for protection, unlike before where the guards were relied upon for protection. An absence of humans as described in the Un-peopled world (4.7.2) profile suggests the client distancing herself from the current events possibly to be able to experiment with different solutions to find the best one. The client insinuates a claim on the solution by placing a flag on the scene. This implies that the zoo has an identity and an owner as represented by the flag (S3 SN3, SP3). Ownership is implied but not stated.

4.5.2.4   Session 4 (S4)

In S4 the client takes direct ownership of the solution of effective barriers/boundaries by describing the standing structure as "my house" and she mentions that she is inside it while the animals protect her on the outside (S4 SN4). The effective boundaries/barriers are also

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affected in the use of a tub as a pool for the fish and the client goes on to mention that the animals also want to protect the fish (S4 SN4). This session discards the solution of the animals fighting as a way of addressing the need for protection, rather focusing on the animals working together and effective barriers/boundaries i.e. house structure and a pool for the fish.

4.5.2.5   Session 5 (S5)

In this session, the client takes ownership of the chosen solution by reintroducing visible people as well as the flag. The solutions of inhabitants of the metaphorical "place"/ "zoo" working together to protect each other, as well as use of effective barriers/boundaries, is tested. Signage of restriction is tested as an additional effective boundary/barrier over and above walls and containers. The reappearance of the angels (last seen in SP3), soldiers/guards (intended to be present but figures could not be found in the selection, last seen in SP2), caged lion (last seen in SP3) and starfish (last seen in SP1) seeks to test out all possible solutions on the extremities of instances where protection may be needed, for example vulnerable orphan, pending robbery on the house and finalise what to keep. One angel is spotted as the best one and the animals are depicted as peaceful with one exception for the snake that is hunting for food but is restricted to the boundaries of the pool (S5 SN5). While ownership of solutions is also implied by the flag, it is unstated.

4.5.2.6   Session 6 (S6)

The selected solution is a combination of animals working together and effective barriers/boundaries whereby animals negotiate with one another on rules about boundaries. The frogs promise not to make a mess if the chickens allow them to enter inside the heart; there is a clarity that the chickens will kick out the frogs if they make a mess inside the heart (S6 SN6). Effective boundaries and barriers are depicted by an outline of a heart that is first drawn in the sand then lined with the precious stones (S6 SN6, SP6) and compromise is outlined in SN6. Ownership can be considered as the client placing herself visibly in the scene as the chicken who is with her dad, where the chickens have the role of safeguarding the sacred space of the "love" (S6 SN6).

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4.5.3 Discussion of the Termination theme

According to O'Connor and Schaefer (1994), the JAPT therapist looks for direction from the client's work, play content and its evolving diversity over time, to know when it is time to terminate. One of the adaptations of the technique for this intervention was around the length of therapy to be brief and limited to six sessions. The therapist tracked the sessions with the client and termination was determined by the lapse of the six sessions. In tracking the process with the client, the therapist prepared the client for the end of the relationship and helped contain a situation where the client could have experienced termination as rejection (Blom, 2006). By tracking the themes as discussed in 4.

Schaefer (2011) mentions that termination occurs after the presenting problem has been resolved and the client takes ownership of the changes that take place as a result of the therapy. When ready for termination, the client knows that she can manage on her own and the play therapy space can be revisited when the need arises again (O'Connor & Schaefer, 1994). Typically, an indicator in the client's journey of reaching individuation is constellation of the self through presentation of a mandala which this client presented in S6 of the sessions (O'Connor & Schaefer, 1994). The authors go on to explain that the mandala is part of the therapy journey. Characteristics which may show in the session where a mandala manifests include the client learning to protect the special treasure in the mandala giving the "sense of value, boundary, self-protection, and entitlement." (O'Connor & Schaefer, 1994, p. 275).

The start of the client's journey by depicting her current internal state through figures in S1 is considered to be a powerful aspect of sand-tray allowing a client to externalise and solve a problem within the safety of the tray boundaries (Blom, 2006). The client's progress through the sessions in this case reflects a resolution of the presenting problem of a need for protection for a metaphorical space (The place evolved to "the Zoo" and then "the Love"). In the final tray, the client shows a sense of ownership for the changes in positioning herself in a place of authority over what happens to the mandala/the Love, thus safeguarding its treasures.

As mentioned in the discussion on the Working Through stage, this stage is dependent on the previous one which is also inseparable from its own predecessor. Overall, the tracking of themes across the stages shows a shadowing of one another which is considered as transitional stages (Nordling & Guerney, 1999).

4.6   Conclusion

In this chapter, the outcome of the study was presented through thematic analysis of the case file contents. A discussion of the findings in relation to literature positioned the study so as to corroborate with existing work. The following chapter will elaborate on findings as guided by the research questions posed in this study.

Chapter 5 – Conclusions and recommendations

5.1   Introduction

In the previous chapter, the data from the case file was analysed for themes derived from Schaefer's (2011) play therapy stages. The outcomes from the themes were discussed in relation to theory. To conclude the study, this chapter will start by answering the primary and secondary research questions set out in Chapter 1. The conceptual framework will then be revisited and gaps in the data discussed. From this discussion, the potential contribution and possible limitations of this study will be explored. Considering the outcomes, some recommendations of the study will then be shared, followed by the concluding remarks.

5.2   Addressing secondary research questions

This study set out to identify and understand play therapy stages present in the visual data, narratives, notes and reflections from the case file of a client. The questions were approached and data analysed from a JAPT conceptual framework discussed in Chapter 1. Primary and secondary questions are now discussed in view of the outcome from the thematic analysis.

5.2.1   Question 1: What stages of play therapy can be identified in the visual data (sand-tray images), transcribed narratives, notes and reflections of six expressive sand-tray sessions?

In this study, the documents analysed reflect the progression of the client's play therapy in a pattern that can be described as stages. The main stages of *Rapport building*, *Working through* and *Termination* are identifiable in the visual data, narratives, notes, reflections and other materials in the case file.

The initial stage of *Rapport building* is evident in the interaction between the therapist and the client in the case of file documents analysed in Chapter 4. As noted in the Chapter 2

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literature discussion, the relationship built from the rapport is an important part in play therapy work. In JAPT a good therapeutic relationship facilitates healing in the client. *Rapport building* was evident in the therapist's description of planned and engaged activities for each session such as clay work, building puzzles and drawings with the client. Within *Rapport building*, the therapist gathered information through observations, interviews and exploring narratives with the client. The client displayed cumulative learning of the therapy process as evidenced by the therapist's notes and observations which note that the client seemed to find the playing easier as they progressed in sessions. The noteworthy strengthening of the relationship between the therapist and client facilitated a space for the client to express herself in the sessions. This paved the way for the stages that followed.

The analysis viewed the *Working through* stage as two elements with two sub-sections each. The first one relates to the client regarding the therapeutic change and the play themes that emerged. The second one relates to the therapist regarding selecting the choice agent and the theoretical orientation. Although the elements were analysed separately, they are inseparable in discussion as they are interwoven. A breakdown into sub-themes was for the convenience of making the analysis manageable. Indicators of therapeutic change in the client which were facilitated by the change agent of sand-tray as chosen by the therapist were noted.

This therapeutic change and the emergent play themes are understood according to the JAPT theoretical orientation engaged by the therapist. Documents that were analysed reflect a progressive trail over the sessions where the identified presenting problems were unpacked and the client could work through them on the platform of the sand-tray. Trays were perceived as initially calm, then active in aggression, confrontational, resolution mode, and concluded with a negotiated peace in the last tray. Narratives alternated between detailed, long, openly explored and brief, concise formats which can be said to mirror the unpacking noted above. The therapist's notes, observations and reflections also show a trend of unpacking from the therapist's perspective. From this unpacking, the analysis shows that the client could attend to and accept the closing of her therapeutic journey.

To close the therapeutic journey, Schaefer (2011) explains that there should be a show of a resolved presenting problem, as well as ownership of the therapeutic gains in a stage referred to as *Termination*. As discussed in the *Working through* stage, the client's sand-tray pictures showed progression in the scenes presented so that the presenting problem was unpacked.

The resolved presenting problem is evidenced by the final tray where negotiation and a collective context are presented in the narrative and sand-tray picture. A sense of ownership for the changes is reflected in how the client positions herself in the scene and the narrative as being in charge of and having control to negotiate around an important matter such as access to intimate spaces presented in the scene.

Overall, the three stages of *Rapport building*, *Working through* and *Termination* as outlined in Schaefer (2011) are depicted in the six sessions of the client's sand-tray process. The documents analysed reflect these stages in a specific way which will be discussed in view of the next secondary question.

5.2.2 In what sequence do play therapy stages of a nine-year-old child unfold over six sand-tray visual data, notes, reflections and narratives?

From the thematic analysis, the stages transcend across all the sessions rather than being restricted to one part of the intervention. For example, with *Rapport building*, although characteristics are stronger in the first half of the sessions, the theme is also evident through to the last session. This implies that a description of 'stages' does not refer to a restriction by order of the sessions based on the expected order in which stages are to occur in play progression. The description may be what Nordling and Guerney (1999) refer to as transitional stages whereby stages of play therapy blend into each other rather than occur in pure form during the process.

Rapport building in this case study is experienced not only between the client and the therapist. In at least two instances during the course of the intervention, *Rapport building* activities included other people who were not part of the therapy but were familiar to the client. The first instance was the intake interview where the therapist engaged the client in a projective activity along with her mother and sister. From the therapist's comments, the client was not well engaged and the session that ensued was not perceived as having a strong rapport base. In the second instance, the client requested that her friend join them (client and therapist) for the rapport activity of drawing. The therapist comments positively about this instance implying that at the initiative of the client, additional members for rapport activities can be effective in *Rapport building* with the client.

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Schaefer (2011) explains that the *Rapport building* stage entails the client learning about the therapy process while the therapist gathers information about the client's experiences. The therapist mostly gathered information about the client through interview, observation and conversation with the client such as when she explored the client's sand-tray narratives. Although the description by Schaefer (2011) relates *Rapport building* to the first sessions, the therapist in this case made continual efforts throughout the intervention to build rapport. The parent interview was done once, at the beginning of the intervention and this may be the only instance that restricted *Rapport building* to the first session. The rest of the information gathering occurred throughout the sessions.

In the *Working through* stage, the same observation of the stage's traits being present throughout the intervention applies. This stage can be considered as reasonably longer compared to the others, since it has the most thematic content. The themes from this stage were distinguished between the client and the therapist for ease of analysis but they can be reported as inseparable. In the therapist's reflections and process notes, language was raised as a possible barrier to the *Rapport building* and consequently the whole therapeutic process of the client. From the progression of the sand-trays and narratives, the influence of the language had a significantly lower impact on the client's process than anticipated by the therapist. It may be that, along with the presenting problem, the client and therapist worked through the language differences. This is evident in that nothing was reported about this as being a concern apart from first few sessions. In the analysis, the focus shifted from being conversant in English to openness to exploration of narratives which is indicative of progress.

Of note in the progression of the *Working through* stage is that the client seemed to pace herself to complete her journey in the six sessions. The sessions did not seem to have exclusive and lengthy periods of specific expressions, for example aggression, but rather a mix of themes in trays which may indicate that the client paced herself effectively by *Working through* more than one expression at once.

From the analysis conclusion, this stage was considered successful in that the client reflected the individuation goal of therapy in her last tray by producing a mandala with a sand-tray theme of communal context relationships. It can therefore be said that the change agent selected was effective in eliciting play themes from the client so that the theoretical orientation used to engage the themes, brought about therapeutic change in the client.

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In terms of the *Termination* stage, the process notes mention a tracking star chart for counting sessions as the intervention went along. This implies that *Termination* was built into the progression of the intervention from the start rather than factored in later. The client was aware of and involved in preparing for *Termination* and this seemed to have a positive influence the whole intervention. Schaefer (2011) points to the characteristics of *Termination* as entailing resolution of presenting problems and the client owning the resultant changes from therapy. From the documents analysed, the presenting problem was the client's need to protect herself emotionally in relation to the new sibling of the family. In the last session, the client seemed to have resolved this and showed ownership of the resolution by setting plans for going forward e.g. a negotiated recourse if the new rules were not observed. The sand-tray scene from the final session reflected a mandala and the narrative a return to the collective context as per JAPT's relevant therapeutic goals.

The way in which the play therapy stages unfolded was characteristic of Schaefer's (2011) description and highlighted transitions as well as blending as noted by Nordling and Guerney (1999).

5.3 Addressing the primary research question: How does insight into play therapy stages advance knowledge on Jungian Analytical Play Therapy (JAPT)?

The insight gained from this study of the play therapy stages in a client's brief sand-tray process, contributes advances in knowledge of JAPT by posing the possibility of adaptation for a typical intervention. In chapters 1, 2 and 3, the context of the Shongololo Expressive Sandwork project from which the case study is drawn, was explained. The formulation of this question came from a line of thought within the adaptation of the intervention, namely to what extent was the client's process complete as per stipulation of progression of play therapy in stages. The primary questions above, address the what and how of this line of thought. Insight gains for the knowledge advancement for JAPT are explored next.

According to the analysis in Chapter 4, all the play therapy stages were achieved in the brief intervention over six sessions. In JAPT, the sessions are non-directive and entail seeing the client for an undefined number of sessions paced by the client's psyche (O'Connor & Schaefer, 1994; O'Connor & Braverman, 2009). Therapists also conduct at least one family

session at least every three weeks and also consult with a multi-disciplinary team in the process (O'Connor & Braverman, 2009).

The outcome of this study implies that effective therapy inclusive of a family session and consultation with other professionals was attainable in a shorter period. The reduced duration did not seem to compromise the quality, impact or effectiveness of the sand-tray technique from a JAPT stance as evidenced by the therapuetic goals being noted as achieved. The study was conducted using a JAPT framework. This outcome therefore implies that brief JAPT sessions would also be comparatively effective as longer interventions.

The data analysis also reflected diversity as a factor that has an impact on therapeutic intervention. Diversity is considered in terms of the therapist and client being of different cultures and languages, the community context where the intervention was delivered (resource constrained) and the group members in the intervention having differences of their own. The JAPT framework does not seem to cater for diversity beyond it's consideration of symbols being interpreted within context. The insight into the impact of diversity will be useful in highlighting development areas for JAPT.

The insight from this study advances JAPT knowledge by highlighting that the technique can be adapted for different contexts such as the resource constrained instance in this study. Within this adaptation, some gaps in the JAPT framework were highlighted and the study outcome can contribute to the continual development of JAPT.

5.4 Revisiting the conceptual framework

In Chapter 2, the theoretical framework of Jungian Analytical Play Therapy (JAPT) was presented and explained as the lens through which the play therapy stages in the brief sand-tray process of a client would be viewed. A discussion around the contextual factors guiding the choice of JAPT for application to this study was also discussed in the chapter. As the study is concluded, it is worthwhile to revisit the framework in order to position the outcome of the study within the framework.

The JAPT framework was preferred for its versatility and alignment with Schaefer's (2011) play therapy stages to be identified in the client's sand-tray process. (O'Connor & Braverman, 2009). The fit of the JAPT framework in this study, relates to the project approach of

expressive sandwork noted as being an adaptation of Jungian sandplay for non-western contexts. Some debates around this adaptation exist but were not the focus of this study. Although the JAPT framework is applied for this study, it is possible that the therapist had a different personal theoretical orientation altogether.

Versatility of the framework was instrumental in this study because of the unique context of the intervention from which the case study was taken. The Shongololo Expressive Sandwork project was atypical of most interventions as explained in Chapter 3. As such, a versatile framework to study a case from this intervention would facilitate the uniqueness of the client's process. A major part of the versatile nature of JAPT is in the context-specific interpretation of symbols that is advanced in practice (O'Connor & Braverman, 2009). In the analysed case, the client and therapist were from different cultural contexts and the symbolism and meaning of figures could have differed. Within a JAPT framework, this was facilitated to a great extent. An example is that the analysis shows narratives and sand-tray scenes being explored with the client and symbol meaning being left to develop over the course of the intervention. A JAPT framework was versatile enough to capture and build an evidence source for an atypical intervention context in this study. Where a shared meaning of symbols was not explored by the therapist, it is perceived that the meaning attached to symbols by the client facilitated her individuation process aptly. This suggests that even though meaning attached to symbols may differ and amplification of symbols is not engaged by the therapist, the client still attains individuation from the process.

The JAPT treatment stages of Orientation, Working through and Reparation/Termination (O'Connor & Braverman, 2009) are closely related to Schaefer's (2011) play therapy stages of *Rapport building*, *Working through* and *Termination* which are being investigated in the child's brief sand-tray process in this study. In Chapter 2, expressive sandwork (as used in the project) was noted as relatively new and consequently having less evidence base to draw from compared to sand-tray and sandplay. Using Schaefer's (2011) play therapy stages to analyse a case, was aimed at contributing to this evidence base. The congruence of the stages and JAPT treatment stages therefore adds weight to the theoretical value of this study.

In the JAPT framework, the goals of therapy, healing in the client and the therapist's role in therapy will be revisited here in view of the study outcome.

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The goal of therapy in JAPT is for the client to gain individuation (O'Connor & Braverman, 2009). Individuation is considered as a state of wholeness attained by the client through engaging symbols with unique meaning to activate healing of the Self (O'Connor & Braverman, 2009; Turner, The handbook of sandplay therapy, 2005). In the study, the JAPT framework was understood as follows: the role of the therapist in the client's individuation process is to be empathic and non-judgemental, and to have an analytic attitude of the client's process.

In sand-tray intervention, the therapist uses these role functions to create a safe space for the client to communicate their inner world through symbols in the sand-tray. These symbols come from the client and have specific meaning for the client which, as emphasised by JAPT, must be understood by the therapist within the client's context. As such, the symbols facilitate a way for the client's psyche to heal itself and therefore bring about individuation in the client.

In this study outcome, the JAPT framework allowed the researcher to access the client's process and answer the research questions posed. JAPT's strength in this study was the basis of a client's healing being symbols. The therapist and client came from different cultural backgrounds and language presented as an issue for the clients' verbal expression in the sessions. Relying on using figures in the sand-tray, creations as symbols with personal meaning for the client facilitated the therapeutic process well. Where shared meanings of symbols occurs, the role of the therapist to be with the client is reinforced.

A shortcoming of the use of the JAPT framework was that in the analysed documents, the therapist showed minimal exploration symbol meanings with the client.

There may be valid reasons for unexplored symbols by the therapist in this intervention, but the omission possibly created a gap in the knowledge gained from this study. There does not seem to be provision in the JAPT framework to fill the silence of unexplored symbols. One may argue that the symbols do not need to be explored as they eventually evolve and emerge to show their meaning on their own. This argument can be countered by the JAPT framework emphasising contextual meaning of symbols, which in this case, the therapist did not clarify with the client. This shortcoming may be an opportunity to explore in further research studies.

A therapist using JAPT is expected to ask what symbols mean to the client and guide the child to externalise the internal dialogue around the symbol (O'Connor & Braverman, 2009).

This expectation is reasonable where verbal expression of the client may be considered as adept. In this study, language presented as a possible barrier for the client's verbal expression. The low verbal expression may also be attributed to cultural nuances associated with how a child engages with an adult. In Zulu culture, eye contact and a raised/strongly audible voice are considered as rude when a child speaks to an adult. In this regard, the JAPT framework was inadequate. Additionally, it may be argued that the language barrier provided greater independence to the symbolic narrative but increased the interpretive burden on the therapist in this intervention.

To counter the shortcoming discussed above, there are instances within the analysis where symbols were interpreted. However, primarily due to differences in cultures and backgrounds, the interpretations have to be considered with caution since the client's meaning could possibly differ from what the therapist deduced. Interpretations were, as far as possible, contextualised from both universal and African/culture-specific angles to try to address the above argument. For example, the symbolism of a frog may be dualism and adaptation (living on both land and water) in universal context, whereas in some African cultures frogs are considered spiritual beings/gods such that the people should not drink water where frogs are found. The common factor between the two interpretations may be dualism – frogs thriving on both land and in water; alternatively dualism in the sense of spiritual beings as well as physical creatures. The JAPT only relied on verbal clarification, and interpretations were engaged sparingly to try and close some of the gaps in the analysis.

Overall, the JAPT framework worked well for this study and allowed the researcher to answer the questions posed.

5.5   Silences in the data

In this case study, the data analysed was obtained from a concluded case file for a brief sand-tray process of a client. It is therefore secondary data as explained in Chapter 3 of this study where concerns of personal bias, validity, reliability, availability of data and the format of the data are raised as typical concerns when secondary data is engaged. From the outcome of the thematic analysis in Chapter 4, some silences came up in using the secondary data to answer the research questions and will be discussed below.

The records in the file were incomplete in that the last session process notes and therapist reflections were not among the documents in the file; only the sand-tray pictures, sand-tray narrative and SCC analysis were available for session six. The unavailability of the data was attributed to electronic records that were lost between the time the therapeutic intervention was concluded and when the study was conducted.

The study outcome may be considered as compromised by this absent information in that the therapist notes and reflections contain the perspective of the therapist around the last session with the client. This means that the themes of each of the stages have missed this perspective which was valuable in the other sessions. It is however important to note that the study was focused on the client's process which was represented in the sand-tray pictures and narratives. These are available for session six.

Another form of silence in the data is the absence of insight from the supervising psychologist on the case. The intervention in the analysed case was based on an adaptation of Jungian sandplay to be shorter in duration and serving the individual while in a group format. The brief sand-tray process comprised six sessions is atypical of Jungian sandplay where sessions run up to 20 or more with one client over a longer period of time usually on a one-on-one basis. Input from the supervising psychologist as to the effectiveness of the intervention would have been valuable.

In view of adaptations, the expressive sandwork method required the use of briefly trained volunteers as facilitators of the intervention with clients. The case analysed in this study was facilitated by a trainee educational psychologist. This can be juxtaposed to the proposal of the expressive sandwork approach that facilitators can be community members who do not necessarily have training or knowledge of psychology or therapy. It is arguable that the facilitator's training and background in psychology and working with clients influenced how the facilitator understood the process and handled the client. This means that the outcome from this study is not necessarily comparable to sessions where volunteers without similar background or training work with clients. A housewife who volunteers will handle a client differently from how a nurse or a teacher from the same context would facilitate a client's process.

Influences such as possible multiple relationships between clients and volunteer facilitators within the same community are also not factored into the data analysed. A dual role is

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however cited and addressed in the case of a therapist later becoming the researcher. The dual role is discussed in Chapter 2 and the ethical considerations in view of this are clarified. Future studies and applications must however be cognisant of possible multiple roles occurring where community members are engaged as facilitators for clients in interventions.

5.6   Potential contributions of the study

The potential contribution of this study relates closely to the answers obtained for the posed questions at the beginning of the study. The nature of the contributions are both reaffirming of existing literature as well as raising new insights and opportunities for further research.

In this study, the client was involved in the process of counting the sessions which was possibly helpful with pacing the client's psyche to go through the journey it needed to in the given time. Where the luxury of time may be unavailable, the JAPT intervention can still be effective in achieving the therapeutic goal of individuation .

When clients are presented with an opportunity to express themselves, barriers such as language can be overcome by engaging figures as symbolic communication. JAPT already recognises the utility of symbols but still relies on verbal expression as a gap filler between the therapist and client. In this study, the verbal exchange was compensated for by the therapist having an accepting attitude. The narratives were accepted as complete in spite of length or form (description of items e.g. "this is the____" vs. stories), translation was offered to the client and vernacular terms accepted from the client in her narratives. An emphasis for JAPT adaptation would then be that a therapist's role must also be adaptable as opposed to being set and restricted narrowly to having an analytic attitude.

The confirmation that all the stages of play therapy were attained in the brief intervention add to the credibility of expressive sandwork as and effective intervention. Adaptation of the conventional intervention set up, namely attending to a group while they have individual attention at the same time, was noted and the impact reported in the analysis. This impact however did not affect the achievement of the therapeutic goal of individuation in the client.

The study confirms that therapy stages are not linear but rather cyclical and that extra stages or transitional stages in between may be considered to give a fuller and more accurate reflection of a play therapy process (Nordling & Guerney, 1999; O'Connor & Schaefer, 1994).

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This study managed to answer both primary and secondary research questions that were posed at the start. Further studies could enlighten the gaps that the data presented as noted above.

5.7   Possible limitations of the study

This study was based on one case study within an unconventional intervention. The experience of one client in the project may be distinctly different from what other clients in the group gained from this experience. The outcome of the study can therefore not be generalised to all the project participants involved in this intervention.

The analysis using the JAPT framework did not focus much on interpretation of the symbolism of figures used in the client's work. With expressive sandwork being an adaptation of Jungian sandplay, symbol interpretation could have yielded a comparatively more relevant evidence base contribution for expressive sandwork practice.

In Chapter 1, the dual role of the therapist as researcher was mentioned and addressed in view of ethical guidelines. It is however a limiting factor in that there is possible bias in the study due to this duality.

The expressive sandwork approach typically engages community members who are briefly trained as facilitators for the intervention with clients. In the Shongololo Expressive Sandwork instance, EPTs were the facilitators. The outcome of the intervention may have been influenced by the therapist's prior training in working with clients. As such this project cannot fully be considered as a classic form of expressive sandwork intervention. It may therefore be advised that the evidence base contribution of this study must clearly specify the facilitator's previous training.

5.8   Recommendations
5.8.1   Future research

In the analysis, the therapist noted that the client seemed distracted by other client's stories nearby. It is arguable that the group set-up and physical proximity between clients, as with this intervention, has an effect on the therapeutic process of an individual. The impact or effect of the physical set up in an intervention format similar to this may be researched further.

The client in this study was young. This intervention could be investigated in a similar set up with older children.

This type of intervention adaptation could be tried with other theoretical orientations such as Child-Centred Play Therapy in similarly resource constrained contexts.

5.8.2   Training

Training of facilitators who work with clients in adapted forms of therapy such as expressive sandwork, must be considerably longer and more in depth. This could go a long way in the intervention gaining credibility in the evidence based practice circles.

Psychology practitioners that work in adverse communities could be empowered by receiving this training as a way of extending service reach. A formalised accreditation of this intervention would be a valuable and sustainable solution for reaching communities in South African contexts.

5.8.3   Practice/ application

The use of the expressive sandwork format of intervention is very valuable especially in resource constrained contexts. Ongoing research would be useful in building a research base. A compilation of facilitator's experiences could be a starting point in building up a learning base to improve the application of the intervention.

5.9   Concluding remarks

This study reflected all the play therapy stages as present in the brief sand-tray process of the client. The way in which the stages unfolded over the six sessions has been highlighted in literature as needing recognition. In the six sessions, the stages of play therapy were not demarcated occurring in order of sessions, for example sessions 1 and 2 being *Rapport building*, 3 and 4 being *Working through* then 5 and 6 *Termination*. Instead, the stages overlapped and characteristics of other stages were seen in all the sessions. A distinguishing factor would be that characteristics of one stage would be comparatively stronger in some sessions than in others so that the play therapy stage is evident. The occurrence of the stages confirmed existing literature that indicated that the stages of play therapy are not linear but

rather cyclical/spiral in their occurrence (O'Connor & Braverman, 2009; O'Connor & Schaefer, 1994).

Although an analysis of the meaning of symbols was not conducted in this study, the Sandplay Categorical Checklist (SCC) attached in the appendix, shows the progression of some of the symbols used in the sand-trays. Future studies could add symbol analysis at a more in-depth level so as to add value to the insight gained from this study for JAPT.

This study has shown that an expressive sandwork intervention realised therapy goals considerably where the client is concerned. Arguments may be raised in view of the profile of a facilitator for this process as this may be the source of most of the criticism around this intervention. A facilitator may be recommended to have at least some previous knowledge of psychological intervention. The counter to this suggestion could be that the recruitment and use of a facilitator with this profile brings the cycle back to a debate around poor accessibility to psychological interventions.

There are not nearly enough professionals in the field to fill the capacity gap and reach the large numbers that are in need. The sustainability of expressive sandwork intervention may therefore be arguable where facilitators are concerned. Its strength however remains the brief duration and format of seeing a group of clients at once but at an individual level at the same time. The main credit of the intervention is that it serves the client adequately, and as with any other intervention, the client must be suited to the type of intervention.

This study also opens up the possibility of adapting JAPT for application in unique contexts. An adaptation to make interventions shorter in duration manages to achieve therapeutic goals as with the standard intervention of well over six sessions. The JAPT adaptation may also address the facilitator training as highlighted above.

Previous research convinces that there is a need for brief interventions for a variety of reasons. In the South African context the reasons centre on resource scarcity, namely skills scarcity and accessibility to resources. The solution offered by brief expressive sandwork intervention meets the needs of the context considerably and is an ongoing development area. Attempts to make this solution viable should engage scholars of all theoretical orientations to consider the adaptations offered by expressive sandwork. The reach into communities, for at least some intervention, is priceless and worth pursuing extensively.

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