References:

Adleman, H.S. & Taylor, L. (1993). Learning Problems and Learning Disabilities. Pacific Grove, Cal: Brooks/Cole.

Aleksandrowicz, D, R. & Aleksandrowicz, M.K. (1989). Developmental Deviations and Personality: Theoretical Issues and Therapeutic Applications. New York: Gordon and Breach Science Publishers.

Alvarez, A. (1992). Live Company. London: Routledge.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders. (Fourth Edition). Washington, DC:APA.

Bachelor, A. & Salame, R. (2000). Participants' perceptions of dimensions of the therapeutic alliance over the course of therapy. *Journal of Psychotherapy*Practice, Winter, 39-51.

Bauer, M. and Arts, B. (2000). Corpus construction: A Principle for qualitative data collection. In M. Bauer & G. Gaskell (Eds.), *Qualitative researching with text, image and sound: A practical handbook.* (pp. 19-37). London: Sage Publications.

Bernstein, I., & Sax, A.M. (1992). In J. Glenn. (Ed.). Indications and contraindications for child analysis. *Child Analysis and Therapy*. London: Jason Aronson Inc.

Bicknell, J. (1983). The psychopathology of handicap. *British Journal of Medicine*, 56,167-178.

Bion. W.R. (1957). The differentiation of the psychotic from the non-psychotic personalities. *International Journal of Psycho-Analysis*, 28, 266-275; also in *Second Thoughts*, London: Heinemann, 1967.



Bion, W.R. (1959). Attacks on Linking. In Second Thoughts: Selected Papers on Psycho-Analysis. London: Heinemann, 1967.

Bion, W.R. (1962a). A theory of thinking, 110-119. In W.R. Bion (1967) *Second Thoughts*, London: Maresfield.

Bion, W.R. (1962b). Learning from Experience. London: Heinemann.

Bion, W.R. (1963). *Elements of Psychoanalysis*. London: Heinemann: reprinted in paperback, Maresfiled Reprints, London: H. Karnac Books (1984).

Bleicher, J. (1980). Contemporary Hermeneutics as method, philosophy and critique. London: Routledge & Keegan Paul Ltd.

Born, P. & Lou, H.C. (1999). In K.Whitmore, H.Hart, & P.Willems (Eds.). Imaging in learning disorders. *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Bowlby, J. (1969). Attachment and loss (vol 1): Attachment. New York: Basic Books.

Bowlby, J. (1980). Attachment and Loss, (vol 3). New York: Basic Books.

Britton, R. (1992). Keeping Things in Mind. In R.Anderson. (Ed.). *The New Library of Psychoanalysis*, 14: Clinical Lectures on Klein and Bion. London: Tavistock/Routledge.

Brooke, R. (1993). Jung and Phenomenology. London: Routledge.

Brown, J.K. & Minnus, R. (1999). The neurological basis of learning disorders in children. In K.Whitmore, H. Hart, & P. Willems. (Eds). *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Bungener, J. & McCormack, B. (1994). Psychotherapy and learning disability. In P.Clarkson, & M. Pokorny. (Eds.). *The Handbook of Psychotherapy*. London: Routledge.



Caldji, C., Tannenbaum, B., Sharma, S., Francis, D., Plotsky, P.M, & Meaney, M.J. (1998). Maternal care during infancy regulates the development of neural systems mediating the expression of fearfulness in the rat. *Proceedings of the National Science of the United States of America*, 95, 5335-5340.

Case, S. (2001). Learning to Partner, disabling Conflict: early indications of improving relationship between parents and professionals with regard to service provision for children with learning disabilities. *Disability & Society*, 16, (6), 837-854.

Cashdan, S (1988). Object Relations Therapy: Using the Relationship. New York: Norton & Company, Ltd.

Cassidy, J. & Shaver, P. R. (Eds). (1999). *Handbook of attachment*. New York: Guilford Press.

Clarkson, P. (1994). The psychotherapeutic relationship. In P. Clarkson, & M. Pokorny. (Eds). *The Handbook of Psychotherapy*. London: Routledge

Coles, G.S. (1989). The learning mystique: a critical look at "learning disabilities". *Journal of Learning Disabilities*, 22(5),267-277.

Copley, B. & Forryan, B.(1987). *Therapeutic Work with Children and Young People*. Great Britain: Biddles, Ltd.

Culbertson, J.L. & Silovosky, J.F. (1996). Learning disabilities and attention deficit hyperactivity disorder: Their impact on children's significant other. In F.W. Kaslow. (Ed). *Handbook of Relational Diagnosis and Dysfunctional Family Patterns*. (pp.171- 185). New York: John Wiley & Sons, Inc.

Denzin, N.K. (1978). *The Research Act: A Theoretical Introduction To Sociological Methods*. (2nd ed.). New York: McGraw-Hill.



Denzin, N.K. (1994). The Art and Politics of Interpretation. In N.K. Denzin & Y.S. Lincoln (Eds.) *Handbook of Qualitative Research*. (pp.500-515). London: Sage Publications Ltd.

Denzin, N.K. (2002). The Interpretative Process. In A.M. Hubberman & M.B. Miles (Eds). *The Qualitative Researchers Companion* (pp.349-366). London: Sage Publications Ltd.

Denzin, N.K. & Lincoln, Y.S. (1994). Introduction: Entering the Field of Qualitative Research. In N. K. Denzin & Y.S. Lincoln. *Handbook of Qualitative Research*. (pp.1-19). London: Sage Publications Ltd.

Derbyshire, E.J. (1991). Learning disabilities. In J.A. Kapp (Ed). *Children with Problems: An Orthopedagogical Perspective.* (pp377-414). Pretoria: J.L. van Schaik Publishers.

Ducey, C.P. (1995). Suggestions: History and Theory. In M. Nichols & T. Paolino (Eds). *Basic Techniques of Psychodynamic Psychotherapy*.(pp.21-56). London: Jason Aronson Inc.

Eagle, M. (1997). Attachment and psychoanalysis. *British Journal of Medical Psychology*, 70, 217-229.

Eisenhardt, K.M. (2002). Building theories from case study research. In A.M. Hubberman & M.B. Miles (Eds). *The Qualitative Researchers Companion*. (pp.5-35). London: Sage Publications Ltd.

Emanuel, R. (1996). Children Traumatized in Infancy. *Journal of Child Psychotherapy*, 22, 2214-239.

Emerson, E., Hatton, C., Felce, D. & Murphy, G. (2001). *Learning Disabilities- The Fundamental Facts.* London: The Foundation for People with Learning Disabilities.

Fischer, C. T. & Wertz, F.J. (1979). Empirical phenomenological analysis of being criminally victimized. In A. Giorgi, C. Fischer & E. Murray (Eds). *Duquesne Studies in Phenomenology Psychology*. Vol III, (pp.135-158).Pittsburgh: Duquesne University Press.



Fischer, C.T. & Wertz, F.J. (2002). Empirical phenomenological analysis of being criminally victimized. In A.M. Hubberman & M.B. Miles (Eds). *The Qualitative Researchers Companion*. (pp.275-304). London: Sage Publications Ltd.

Fitzpatrick, G. (1995). Assessing treatability. In P. Reder & C. Lucey (Eds). Assessment of Parenting: Psychiatric and Psychological Contributions. London: Routledge.

Fonagy, P., Steele, M., Steele, H. Hedged, A. & Target, M. (1994). The theory and practice of resilience. *Journal of Child Psychology and Psychiatry*, 35 (2), 231.

Gelso, C. J. & Hayes, J. A. (1998). *The Psychotherapy Relationship: Theory*, *Research and Practice*. Canada: John Wiley & Sons, Inc.

Gerber, P., Schneiders, C., Paradise, L., Reiff, H., Ginsberg, R. & Poops, P. (1990). Persisting problems of adults with learning disabilities: Self-reported comparisons from their school age and adults years. *Journal of Learning Disabilities*, 23, 570-573.

Gillberg, C. (1999). Management of behavioural problems in specific learning disorders. In K. Whitmore, H. Hart & Willems (Eds). *A Neurodevelopmental Approach to Specific Learning Disorders*.. London: Cambridge University Press.

Glenn, J., Sabot, L.M. & Bernstein, I. (1992). The Role of the Parents in Child Analysis. In J. Glenn (Ed). *Child Analysis and Therapy*. (pp393-426). London: Jason Aronson Inc.

Goleman, D. (1998). Working with Emotional Intelligence. New York: Basic Books.

Greenbaum, B., Graham, S., & Scales, W. (1995). Adults with learning disabilities: Occupational and social status after collage. *Journal of Learning Disabilities*, 29, 167-173.

Greenberg, J. & Mitchell, S. (1983). Object Relations in Psychoanalytic Theory. London: Harvard University Press.



Greg, N., Hoy, C., King, W.M., Moreland, C.M., & Jagota, M. (1992). The MMPI-2 profile of individuals with learning disabilities at a rehabilitation setting. *Journal of Learning Disabilities*, 23, 145-148.

Greenspan, S.I. (1989). The Development Of The Ego: Implications For Personality Theory, Psychopathology, And The Psychotherapeutic Process. Madison: International University Press.

Grych, J.H. & Fincham, F. (1990). Marital conflict and children's adjustment: A cognitive-contextual framework. *Psychology Bulletin*, 108, 267-290.

Gupta, V. B. (1999). Manual of Developmental and Behavioral Problems in Children. New York: Marcel Dekker Inc.

Hadders-Algra, M & Lindahl, E. (1999). Pre- and perinatal precursors of specific learning disorders. In K. Whitmore, H. Hart & Willems (Eds.). *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Harper, P. (1994). A spectrum of psychological therapies for children. In P.Clarkson & M. Pokorny (Eds). *The Handbook of Psychotherapy*. (pp.158-171). London: Routledge.

Hamilton, N.G. (1988). Self and Others: Object Relations Theory in Practice. London: Jason Aronson Inc.

Heath, N.L. & Wiener, J. (1996). Depression and nonacademic self-perceptions in children with and without learning disabilities. *Learning Disability Quarterly*, 19,34-44.

Henry, G. (1983). Difficulties about thinking and learning. In M.Boston & R. Szur (Eds). *Psychotherapy with Severely deprived Children*. (pp.82-97).London: Routledge & Keagan Paul Inc.

Hernadez-Halton, I., Hodges, S., Miller, L. & Simpson, D. (2000). A Psychotherapy service for children, adolescents and adults with learning disabilities at the Tavistock Clinic, London, UK. *British Journal of Learning Disabilities*, 28, 120-124.



Holstein, J.A. & Gubrium, J.F. (1994). Phenomenology, ethnomethology, and interpretive practice. In N.K. Denzin & Y.S.Lincoln (Eds). *Handbook of Qualitative Research*. (pp.262-272). London: Sage Publications.

Holmes, J. (1997). Attachment, autonomy, intimacy: Some clinical implications of attachment theory. *British Journal of Medical Psychology*, 70, 231-248.

Hopkins, J. (1999). The child and adolescent psychotherapist and the family (a) The family context. . In M. Lanyado & A. Horne (Eds). *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches.* (pp.81-86). London: Routledge.

Horner A. (1999). Normal emotional development. In M. Lanyado & A. Horne (Eds). *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches.* (pp.31-41) London: Routledge.

Horner, A. J. (1991). *Psychoanalytic Object Relations Therapy*. New Jersey: Jason Aronson Inc.

Huberman, A.M. & Miles, M.B. (1994). Data management and analysis methods. In N.K. Denzin & M. Lincoln (Eds). *Handbook of Qualitative Research*. (pp.428-444). London: Sage Publications Ltd.

Huntington, D., & Bender, W. (1993). Adolescents with learning disabilities at risk? Emotional well-being, depression, suicide. *Journal of Learning Disabilities*, 26,159-166.

Jeffrey, L.I.H. (1984) Developmental play therapy: An assessment and therapeutic technique in child psychiatry. *Occupational Therapy Journal*, March, 70-74.

Jick, T.D. (1983). Mixing Qualitative and Quantitative Methods: Triangulation in action. In J. Van Maanen (Ed). *Qualitative Methodology*. Beverley Hills: Sage.



Joseph, B. (1989). The New Library of Psychoanalysis, 9: Psychic Equilibrium And Psychic Change. (Eds Spillius, E.B. & Feldman, M.) London: Tavistock/Routledge.

Jovchelovitch, S. & Bauer, M. (2000). Narrative interviewing. In M. Bauer & G. Gaskell (Eds.) *Qualitative Researching In Text, Image And Sound: A Practical Handbook.* (pp.57-74). London: Sage Publications.

Kazdin, A. E. (1997). A model for developing effective treatments: Progression and interplay of theory, research, and practice. *Journal of Clinical Child Psychology*, 26,(2), 114-129.

Kazdin, A. E. (2000a). Understanding change: From description to explanation in child and adolescent psychotherapy research. *Journal of School Psychology*, 38,(4), 337-347.

Kazdin, A. E. (2000b). Psychotherapy for Children and Adolescents: Directions for Research and Practice. New York: Oxford University Press.

Kerig, P.K. (1995). Triangles in the family circle: Effects of family structure on marriage, parenting and child ajustment. *Journal of Family Psychology*, 9,(1), 28-43.

Kernberg, O.F. (1976). *Object Relations Theory and Clinical Psycho-Analysis*. New York: Jason Aronson Inc.

Kernberg, O.F. & Clarkin, J.F. (1994) Training and the integration of research and clinical practice. In P.F Talley, H.H. Strupp & S.F. Butler (Eds). *Psychotherapy Research and Practice: Bridging the Gap.* (pp.39-59). New York: Basic Books.

Klein. M. (1928). Early stages of the oedipal complex., 186-198. In M. Klein (1975) *Love, guilt and Reparation*. London: Hogarth.

Klein, M. (1932). The Psychoanalysis of Children. London: Hogarth Press.

Klein, M. (1998a). A contribution of the psychogenesis of manic-depressive Sates. *Love, Guilt and Reparation and other works* 1921-1945. (pp.262-289). Great Britain: The Hogarth Press.



Klein, M. (1998b). Mourning and its relation to manic-depressive States. Love, Guilt and Reparation and other works 1921-1945. (pp.334-369) Great Britain: The Hogarth Press.

Klein, M. (1997a). Notes on some schizoid mechanisms. *Envy and Gratitude and Other Works* 1946-1963. (pp.1-24) Great Britain: The Hogarth Press.

Klein, M. (1997b). On the Theory of Anxiety and Guilt. *Envy and Gratitude and Other Works* 1946-1963. (pp1-24) Great Britain: The Hogarth Press.

Klein, M. (1997c). The mutual influences in the development of ego and id. *The Psychoanalytic Study of the Child*, 7, 56-68. New Haven, CT: Yale University Press.

Klein, M. (1997d). Some theoretical conclusions regarding the emotional life of the infant. *Envy and Gratitude and Other Works 1946-1963*. Great Britain: The Hogarth Press.

Kovacs, M. & Lohr, W.D. (1995). Research on psychotherapy with children and adolescents: An overview of evolving trends and current issues. *Journal of Abnormal Child Psychology*, 2, (1), 11-30.

Kruger, D. (1988). An Introduction to Phenomenological Psychology. South Africa: Unwin Paperbacks.

La Greca, A.M. & Vaughn, S. (1992). Social functioning of Individuals with Learning Disabilities. *School Psychology Review*, 21, (3), 340-347.

Lanyado, M. & Horne, A. (1999). The therapeutic relationship and process. In M. Lanyado & A. Horne (Eds). *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches.* (pp. 53-71).London: Routledge.

Leondari, A. (1993) Comparability of self-concept among normal achievers, low achievers and children with learning difficulties. *Educational Studies*, 19,(3).

Lerner, J. (1993). Learning disabilities: theories, diagnosis, and teaching strategies. 5th edition. Boston, Mass: Houghton Miffin.

Levy, S. (1984). Principles of Interpretation. Northvale: Jason Aronson.



Lichtenstein-Phelps, J., Belsky, J. & Crnic, K. (1988). Earned security, daily stress, and parenting: A comparison of five alternative models. *Development and Psychopathology*, 10 (1), 21-28.

Likierman, M & Urban, E. (1999). The roots of child and adolescent psychotherapy in psychoanalysis. In M. Lanyado & A. Horne (Eds). *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches*. (pp.19-31). London: Routledge.

Loizoz, P. (2000). Video, film and photographs as research documents. In M. Bauer & A. Gaskell (Eds.). *Qualitative researching with text, image and sound: A practical handbook.* (pp.93 – 107). London: Sage Publications.

Madorin, K. (1999). *Humliza Project: Manual psycho-social support of orphans*. Humuliza-project/Terre Des Hommes Switerzerland. Basel/Nshamba.

Main, M (1991). Discourse, prediction, and recent studies in attachment: Implications for psychoanalysis. *Journal of American Psychoanalytic Association Supplement*, 41,209-244.

Malcolm, R.R.. (1992). As if: the phenomenon of not learning. In R. Anderson (Ed). *New Library of psychoanalysis 14, Clinical Lectures on Klein and Bion.* (pp.114-125). London: Tavistock/Routledge.

Mannoni, M (1973). The Retarded Child and the Mother. London: Tavistock.

Mathner, N. & Doucet, A. (1998). Reflections on a voice-centered relational method: Analysing maternal and domestic voices. In J. Ribbens & R. Edwards (Eds.), *Feminist dilemmas in qualitative research: Public knowledges and private lives.* (pp119 – 146). London: Sage Publications.

McGraw, S. & Sturney, P. (1994). Assessing parents with learning disabilities: The parental skills model. *Child Abuse Review*, 3, 36-51



Michaels, C.R. & Lewandowski, L.J. (1990). Psychological adjustment and family functioning of boys with learning disabilities. *Journal of Learning Disabilities*, 23, (7), August/September, 446-450.

Miller, L. (1992). The difficulty of establishing a space for thinking in the therapy of a 7-year-old girl. *Psychoanalytic Psychotherapy*, 6,(2), 121-135.

Miller, M. (1996). Relevance of resilience to individuals with learning disabilities. *International Journal of Disability, Development and Education, 43*,(3), 255-269.

Morrison, G. M. & Cosden, M. A. (1997). Risk, resilience, and adjustment of individuals with learning disabilities. *Learning Disability Quarterly*, 20, Winter, 43-60.

Nachmias, D. & Nachmias, C. (1987). Research Methods in the Social Science. New York: St Martins Press.

Neuman, W.L. (2000). Social Research Methods: Qualitative and Quantitative Approaches Fourth Edition. Boston: Allyn and Bacon.

O' Connor, T. G. & Pianta, R. (1999). Psychosocial factors in the aetiology and course of specific learning disabilities. In K. Whitmeore, H.Hart & Willems (Eds.). *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Orlinsky, D. E. (1994). Research-based knowledge as the emergent foundation for clinical practice in psychotherapy. In P.F. Talley, H.H. Strupp & S.F. Butler (Eds). *Psychotherapy Research and Practice: Bridging the Gap.* (pp.99-123) New York: Basic Books.

O' Shaughnessy, E. (1988). W.R. Bion's theory of thinking and new techniques in child analysis. In *Melanie Klein Today*, vol 2. London: Routledge.

O' Shaighnessy, E. (1992). Psychosis: not thinking in a bizarre world. In R. Anderson (Ed). *The New Library of Psychoanalysis, 14: Clinical Lectures on Klein and Bion.* London: Tavistock/Routledge.



Packer, M.J. and Addison, R.B. (1989). Entering the circle: Hermeneutic investigation in psychology. New York: State University of New York Press.

Palombo, J (1995). Psychodynamic and relational problems of children with nonverbal learning disabilities. In B.S. Mark & J.A. Incorvaia (Eds). *The Handbook of Infant, child, and Adolescent Psychotherapy A Guide to Diagnosis and Treatment: Reiss-Davis Child Study Center Volume 1.* London: Jason Aronson Inc.

Pankskepp, J. (2001). The long-term psychobiological consequences of infant emotions: prescriptions for the twenty-first century. *Infant Mental Health Journal*, 22, 132-173.

Parker, J.G. & Asher, S.R (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological Bulletin*, 102, 357-389.

Passey, M (1994). Analytical psychotherapy with children. In P. Clarkson & M. Pokorny (Eds). *The Handbook of Psychotherapy*. London: Routledge.

Patton, M. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park: Sage Publications.

Phillips, A. (1989). Winnicott: An Introduction. British Journal of Psychiatry. 155, 612-618.

Ramsey, P.G. (1991). Making Friends in School: Promoting Peer Relationships in Early Childhood. New York: Teachers College Press.

Rasmussen, P. & Gillberg, C. (1999). AD(H)D, hyperkinetic disorders, DAMP, and related behaviour disorders. In K.Whitmore, H.H Hart & Willems, *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Rawson, H.E. & Cassady, J. (1995). Effects of Therapeutic Intervention on Self-Concepts of Children with Learning Disabilities. *Child and Adolescent Social Work Journal*, 12, 1, February, 19-31.



Richardson, P. (2001). Evidence and practice in psychodynamic therapies. In C. Mace, S. Moorey & B. Roberts (Eds). *Evidence in the Psychological Therapies: A Critical Guide for Practitioners*. (pp.157-173).U.S.A: Taylor & Francis.

Ricoeur, P. (1981). Hermeneutics And The Human Sciences: Essays On Language, Action And Interpretation. Cambridge: Cambridge University Press.

Ricoeur, P. (1991). Preface. In M. Valdes (ed.), A Ricoeur reader: Reflection and imagination. Toronto: University of Toronto Press.

Rourke, B. P. (1989). *Non-verbal Learning Disabilities: The Syndrome and The Model*. New York: The Guilford Press.

Rustin, M. (1999). The child and adolescent psychotherapist and the family (b) The place of consultation with parents and therapy of parents in child psychotherapy practice. In M. Lanyado & A. Horne (Eds). *The Handbook of Child and Adolescent Psychotherapy: Psychoanalytic Approaches.* (pp. 81-86).London: Routledge.

Rustin, M. (2000). Introduction. In M. Rustin & E. Quagliata (Eds). Assessment in Child Psychotherapy. London: Gerald Duckworth & Co. Ltd.

Sarbornie, E.J. (1994). Social-affective characteristics in early adolescents identified as learning disabled and nondisabled. *Learning Disability Quarterly*, 17, Fall.

Sandler, J., Dare, C. & Holder, A. (1992). The Patient and the Analyst. London: Karnac Books.

Scharff, D. E. (1992). Refinding the Object and Reclaiming the Self. New Jersey: Jason Aronson Inc.



Schwant, T.A. (1994). Constructivist, interpretivist approaches to human inquiry. In N.K. Denzin & Y.S. Lincoln (Eds.) *Handbook of Qualitative Research*. (pp.118-137). London: Sage Publications.

Schore, A. N. (2001). Contributions from the decade of brain to infant mental health: An overview. *Infant Mental Health Journal*, (22) (1-2), 1-5.

Schneider, M. (1988). Omnipotence and idealization as contributory factors in a failure to mourn. *Psychoanalytic Psychotherapy*, 3,(3), 211-224.

Segal, H. (1973). Introduction to the Work of Melanie Klein. 2nd Ed. London: Heinemann.

Segal, H. (1979). Klein. Great Britain: William Collins Sons & Co. Ltd.

Seinfeld, J. (1993). *Interpreting and Holding: The paternal and maternal functions of the psychotherapist*. New Jersey: Jason Aronson Inc.

Sharp, S. (1999). Preventing and managing specific learning difficulties in the classroom. In K. Whitmore, H. Hart & Willems (Eds.). *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Shessel, I. & Reiff, H. (1999). Experience of adults with learning disabilities; positive and negative impacts and outcomes. *Learning Disability Quarterly*, 22, 305-316.

Shirk, S. R. & Russell, R.L. (1996). *Change Processes in Child Psychotherapy: Revitalizing Treatment and Research*. London: The Guilford Press.

Siegal, D. J. (2001). Towards an interpersonal neurobiology of the developing mind: Attachment relationships, "mindsight", and neural integration. *Infant Mental Health Journal*, 22, (1-2), 67-94.

Silver, A. A. & Hagnin, R.A. (2002). Disorders of Learning in Childhood (2nd Edition). New York: John Wiley & sons, Inc.



Silver, E. (1979). Children with perceptual and other learning problems. In J.D. Noshpitz (Ed). The Handbook of Child Psychiatry, Vol. 3, (pp.605-614). New York; Basic Books

Silver, L. (1996). The role of the family in helping the child or adolescent with LD. In B.J. Cratty & R.L. Goldman (Eds). *Learning Disabilities: Contemporary Viewpoints*. (pp.1-26). Netherlands: Harwood Academic Publishers.

Simpson, D. (2002). Learning disability as a refuge from knowledge. *Psychoanalytic Psychotherapy 16*, 3, 227-245.

Sinason, V (1992) Mental handicap and the Human Condition. London: Free Association Books.

Sinason, V. (1999). The psychotherapeutic needs of the learning disabled and multiply disabled child. In M. Lanyando & A. Horne (Eds). *The Handbook of Child & Adolescent Psychotherapy: Psychoanalytic Approaches.* (pp.445-456). London: Routledge.

Sleeter, C. (1987). Literacy, definitions of learning disabilities and social control. In_B.M. Franklin (Ed). *Learning disability: Dissenting essays*. (pp.67-87). London: Falmer.

Smith-Acuna, S., Durlak, J. A. & Kasper, C. (1991). Development of child psychotherapy process measures. *Journal of Clinical child Psychology*, 20,2, 126-131.

Smirnoff, V. (1971). The Scope Of Child Analysis. New York: International Universities Press.

Sorenson, R. (1993). Children's Stress and Coping: A Family Perspective. New York: The Guilford Press.

South Africa White Paper. (2001). White Paper on Special Needs Education: Building an Inclusive Education and Training System. July. Department of Education.

Spencer, D. (1997). Concepts of Learning Disability. In S.G. Read (Ed). *Psychiatry in Learning Disability*. (pp.34-64). London: W.B. Saunders Company Ltd.



Spillius, E.B. (1992). Clinical experiences of projective identification. In R. Anderson (Ed). *The New Library of Psychoanalysis*, 14: Clinical Lectures on Klein and Bion. London: Tavistock/Routledge.

St Claire, M. (1986). Object Relations and Self Psychology: An Introduction. Monterey: Brooks/Cole Publishing Company.

Stein, S.M. (1996). Some second thoughts on the nature and timing of the depressive position: Implications of neurocognitive developmental research. *Journal of Contemporary Psychotherapy*, 26, (2), 193-203.

Steiner, J. (1992). The New Library of Psychoanalysis 14: Clinical Lectures on Klein and Bion. (Edited by Anderson, R.). London: Routledge.

Stevenson, J. (1999). The Genetics of Specific learning disorders. In K. Whitmore, H. Hart & Willems (Eds.). *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Strain, P. S., Guralnick, M. J & Walker, H.M. (1986). Children's Social Behaviour: Development, Assessment, and Modification. New York: Academic Press Inc.

Summers, F. (1994). Object Relations Theories and Psychopathology: A Comprehensive Text. New Jersey: The Analytic Press.

Tait, T. & Genders, N. (2002). Caring for People with Learning Disabilities. London: Oxford University Press.

Target, M. & Fonagy, P (1996). The psychological treatment of child and adolescent psychiatric disorder. In A. Roth & Fonagy, P. (Eds). What works for whom? A critical review of psychotherapy. New York: Guilford Press.



Torgesen, J.K. (2000). Individual differences in response to early interventions in reading: The lingering problem of treatment resisters. *Learning Disabilities Research and Practice*, 13, 220-232.

Valdes, M. (Ed.), 1991. A Ricoeur reader: Reflection and imagination. Toronto: University of Toronto Press.

Vaugh, S. & Elbaum, B. (1999). The self-concept and friendship of students with learning disabilities: A developmental perspective. In R. Gallimore, L.P. Berheimer, D.L. MacMillan, D.L. Speece & S.Vaughn (Eds) *Developmental Perspectives on children with High-Incidence Disabilities.* (pp.81-110). London: Lawrence Elbaum Associates.

Vaughn, S., Elbaum, B. & Schumm, J.S. (1996). The effects of inclusion on the social functioning of students with learning disabilities. *Journal of Learning Disabilities*, 31, (5), 428-436.

Vaughn, S., McIntosh, R., Schumm, J.S., Haager, D.& Callwood, D. (1993). Social status and peer acceptance revisited. *Learning Disabilities Research and Practice*, 8(2), 82-88.

Waddell. M. (1998). Inside Lives: Psychoanalysis and the Growth of the Personality. Great Britain: Redwood Books Ltd.

Weisberg, I. (1994). The facilitating or inhibiting environment, maternal and psychoanalytic: D.W. Winnicott. *International Journal of Communicative Psychoanalysis & Psychotherapy*, 9, 113-119.

Weininger, O. (1992). *Melanie Klein From Theory to Reality*. Great Britain: H. Karnac (Books) Ltd.

Weisss, B., Catron, T., Harris, V. & Phung, T. (1999). The effectiveness of traditional child psychotherapy. *Journal of Consulting and Clinical Psychology*, 67,1, 82-94.

Weil, A. P. (1985). Thoughts about early pathology. *Journal of American Psychoanalytic Association*, 33, 235-352.



West, M. & Keller, A. (1994). Psychotherapy strategies for insecure attachment personality disorders. In M.B.Sperling & W.H. Berman (Eds). *Attachment in Adults*. (pp.313-330). New York: Guilford Press.

Westman, J.C. (1990). *Handbook of learning disabilities: a multisystem approach*. Needham Heights, Mass: Allym & Bacon.

Wheston, S.C. & Sexton, T.L. (1993). An overview of psychotherapy outcome research: implications for practice. *Professional Psychology Research and Practice*, 24,1,43-51.

Whitmore, K. & Bax, M. (1999). What do we mean by SLD? A historical perspective. In K. Whitmore, H. Hart & Willems (Eds.). *A Neurodevelopmental Approach to Specific Learning Disorders*. London: Cambridge University Press.

Wilson, K., & Ryan, V. (2001). Helping parents by working with their children in individual child therapy. *Child and Family Social Work*, 6, 209-217.

Winnicott, D. (1971). Playing and Reality. New York: Tavistock.

Winnicott, D. (1981). The child, the Family, and the Outside World. Middlesex: Penguin Books Ltd.

Wright, K. (1991). Vision and Separation: Between Mother and Baby. Northvale: Jason Aronson Inc.



Appendix A: Summary tables of Interviews

Why are they are in play therapy? I tearful in class Could not come to terms with his parents divorce Why are they are impact on him emotionally Could not come to terms with his parents divorce Why are they are impact on him emotionally Could not come to terms anger management Could not come to terms impact of impact on him emotionally Could not come to terms anger management Could include impact of impact of impact of impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms impact on him emotionally Could not come to terms Could not come to ter	nd early
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impact on him emotionally could not come to terms with his parents divorce difficulties difference school The impact of tearful in class impact on him emotionally anger management social difficulties difference school relationships poor mothering unstable family lite difference school the impact of helps understand where used psychoanalytic therapy understanding where	nd early
▶ could not come to terms with his parents divorce ▶ anger management ▶ poor mothering ▶ difficulties ▶ difficulties ▶ unstable family ling ▶ difficulties ▶ learning difficulties ♦ school ▶ helps understand where ▶ used psychoanalytic therapy ▶ understanding where	
with his parents divorce social difficulties unstable family lift difficulties with cultural learning difficulties school learning difficulties school learning difficulties with his parents divorce learning difficulties learning difficulties learning difficulties school learning difficulties learning difficu	
Image: Continuous processing to the continuous processing the continuous processing to the continuous processing the continuous processing to the continuous processing to the continuous processing the continuous processing the continuous processing to the continuous processing the continuous processing	
difference school The impact of helps understand where used psychoanalytic therapy understanding where	fe
The impact of helps understand where used psychoanalytic therapy understanding where	es
The impact of helps understand where used psychoanalytic therapy understanding wl	
	nere the
Psychoanalytical play therapy the child comes from to a point, found it limiting with child comes from	
with this child. • understanding he is poorly him • understanding att	achment
attached and unbonded used it to explore his issues and bonding	
have not worked purely strong transference but took understanding	her
because cannot develop time to develop personality structure	
transference relationship worked slowly with transference	to
easily interpretations needed to understand her ab	ility to
provide him with a safe develop relationship first relate particularly	to her
containing experience • felt as therapist was mother	
concrete interpretations container (Containing mother) projection onto	o her
and simple language to tolerate projections, anger therapist	
try to re-mother him and frustration therapy a holdin	g place
provide a holding space displacement of people in his for her	
and hold him in mind as it world onto therapist providing her	with a
feels his parents cannot relationship she has	not had
▶ gentle with interpr	retations
Working with a careful with had to work a lot on have to work	more
learning disabled interpretations frustration and difficulty with concretely	
child. awareness that his school work issues around	mastery
learning disability has relation to being different to have emerged	as a
impacted socially siblings and different school prominent theme	
▶ he feels he is a damaged ▶ low self-esteem ▶ being different	
child and being learning	
disabled confirms this	
work with being different	
to his siblings	



	having a learning		
	difficulty has allowed him to		
	get his needs meet more		
	attention at the remedial		
	school		
Other themes in	his need to please others	family relations, large family	home life and parent
the therapy.	need to be more	struggling for space in his	relationships
10	independent and	mothers mind	her difficulty showing her
	autonomous	• feeling different from his	vulnerabilities
	untrusting of the adults in	siblings because of his anger	developing a sense of
	his word	and being in therapy	mastery
	social difficulties = battles	hating rules and structure at	mastery
	to make friends	school and at home	
	mastery = help him feel		
	more in control of all his		
	worlds		
	mother-child relationship		
Feelings and	difficult child	adorable, wonderful, good	fond of her, worry about
Thoughts about	does not form	sense of humour	her, a sweetie
Play Therapy.	relationships easily or	enjoy working with him but	there is a good connection
	connect with others	at times difficult	between therapist and child
	fragile relationship		not sure if she is attached
	splits therapist - idolizes		or bonded to her therapist
	and de-values her		difficult relationship
	difficulty developing a		
	trusting relationship	;	
	_		
Role of mother	his difficulties are a result	crucial for the mother to	seeing the mother is an
and family.	of his poor relationship with	understand their relationship	important part of the process
	his mother therefore it is	difficult being in such a large	difficult sometimes to
	essential to work with her	family	work with the mother in
	anxiously attached	helping them understand him	relation to the child because
	cannot trust his mother		of the mothers own issues
	misreads his mother		working on the parents
	father and mothers poor		relationship
	relationship also impacts		helping the parents
	distressed by family		develop a better relationship
	dynamics		with her
	• fear of abandonment when		
	rear of adandonment when		



	parents fight working with mother to improve relationship is important		
Psychoanalytic formulation.	anxiously attached reactive attachment disorder unable to trust his objects internalized objects as persecutory and abandoning feeling unsafe and needs not going to be meet histrionic symptoms self-destructive symptoms	 attachment not strong enough, mother not available enough mild anti-social tendencies uses a lot of defence mechanisms to protect his vulnerability high death drive and self-destructive tendencies persecutory anxiety 	narcissistic personality structure = difficulty dealing with vulnerability and a level of falseness bonding = poor bonding initially affects her relationships poor attachment resulted in her personality structure internalised a stranger
		poor internalised object	object a sense of deprivation as a result of the poor mother-child relationship



Mother question	Mother One	Mother Two	Mother Three
Why is their child in play therapy?	interact with other children whether he is happy day-to-day problems feeling insecure develop his confidence learning to cope	 dacceptance of himself and his difficulties deal with his anger and frustration to deal with his learning difficulties to deal with being different from his family members, his siblings and other children his low self-esteem 	to help her with her low self-esteem, low confidence to help her become more confident to discuss her problems with someone outside of the family
Feelings and Thoughts about Play Therapy.	 ▶ a place other than with his parents to confide with someone ▶ to understand his problems ▶ to help deal with his problems ▶ a place to give him advice 	it has helped him he is not always happy to go but he has benefited it has helped him learn control of his feelings it has given him support it a safe place to get rid of his anger	it is brilliant for her it has developed her confidence it has built her self-esteem helped her deal with peer relationships, particularly boys
The impact of Psychoanalytical play therapy with this child the parents understanding of this impact.	 to deal with his insecurity and abandonment issues he is very comfortable in this relationship he trusts her helped him to be more confident doesn't take things personally and is not as easily rejected a better perception of life around him 	they play as they work through his anger the therapy has enabled him to obtain a level of acceptance of who he is it helps him to discuss things at home, relationships with his siblings helps him understand friendships and peer relationships	initially it was hard, felt left out and that they had secrets had to learn to trust the therapist she trusts her and they have a loving relationship



Working with a	having a leaming	Dogming how to ft inte	Prot o main forms nothing
learning disabled	having a learning	learning how to fit into a	not a main focus rather the social side is
child.	disability and feeling	structure world which was hard	
cinia.	different	for him	she does however discuss
	how he is coping	lack of self worth and	some of her academic
	▶ other children have	frustration	difficulties she has at school
	called him stupid	learn to persevere and work	
	previous school	hard	
	experience of not coping	positive aspect had to work	
	to help him realise he is	hard and learn to understand	
	not different to other	themselves early on	
	children	having a learning disability	
	his relationship with his	affects the family relationships,	
	teacher	friendships etc	
Other themes in	abandonment issues	social difficulties	her relationship with her
the therapy.	because of the divorce	anger management	father
	his insecurities	sibling and family	home life
	social skills = wanting to	relationships	building her self-esteem
	be liked by everyone and	-	peer relationships
	wanting to please		her behaviour at school
	everyone, children being		to be able to go into her
	nasty to him		little girl world
	his relationship with his		intile gar world
	teacher		
Role of mother	to give feedback	to feedback information on	• feedback
and family.	to help the mother work	school, home etc	if I have a problem at
•	through something if she	to provide guidance to help	home with her to discuss it
	needs to	him	the therapist is a role
	to learn that therapy is	for me to be aware of his	model
	about the child	difficulties, somethings I	gives me advice on how
	keep up to date as to	wasn't even aware of	to deal with difficult or
	what is going on in the	the sibling relationships are	embarrassing situations
	therapy	important	to discuss her relationship
	to discuss siblings and	to provide information as to	with her father
	family	his general well-being	home life in general
	to address any	to feedback how he is	her behaviour at home
	difficulties at school	managing his anger	
	general family stresses		
	discipline issues at home		



How the therapy	a secure place to talk	anger and frustration	building her self-esteem
has helped.	a person who cares	management	and confidence
	about him	understanding his siblings	dealing with family issue
	a place where someone	and family	particularly her father
	does not judge him	understanding being in a	social issues, particularly
		different school	around relationships with
		provide him and me with	boys
		support	provided me with a role
		to understand him better and	model
		to find other ways to help him	given me advice and
			guidance
			to understand what is
			important to her better



Child question	Child One	Child Two	Child Three
Why are they in play therapy?	family problems like fighting divorced family sibling rivalry	fears helping you overcome things the therapists says things that help me difficulties at school	helps with problems problems at home problems with my parents and their divorce helps with family relationships to discuss friendships to talk about my difficulties at school but that not that important
Feelings and thoughts about Play Therapy.	she is nice, soft and gentle she thinks that I am a troubled child that I need therapy to handle my family and to sort out the problems there	it helps me she is nice she likes me and thinks I need her more than I actually do understands things	therapist is kind and understand my feelings trust her nice
The child's understanding of his/her learning disability.	problems with either reading, spelling or other school subjects not learning right the teacher not teaching the correct information it is not important in terms of the therapy	you have a problems with learning you can't understand things having a learning difficulty is not important in terms of the therapy	problems with reading or math their minds are different I read differently and add words to things it is difficult other people don't always understand what it is like to have a problem having a learning disability is not important in the therapy
Other themes in the therapy.	Friends related to divorce issues, like whose weekend is it.	 hi-jacking school difficulties sibling difficulties friends 	problems with my dad and step-mother friends when they hurt me



Role of mother	to tell the therapist what I	my mother talks about how I	my mom is there to tell
and family.	am like	am doing	the therapist if I forget
	discuss my siblings	to discuss what is going on at	something
	any problems at home	home	to talk to her about my
	!	the therapist helps my	family
		mother with what she needs to	
		do	
How the	with the divorce	help me overcome my	helped me to deal with
therapy has	family problems like	problems	my anger
helped.	fighting		my family
	friendships		▶ friendships
			deal with my feelings and
			to help me smooth them out



Appendix B: Interviews with other six participants

Themes for Content Analysis

Each of the themes have been numbered and this number is will be placed at the end of each section where that theme is seen to occur.

- 1- Family boundaries and relationships
- 2- Self-concept and self-confidence
- 3- Understanding clarification, guilt and pity
- 4- Containment and a holding relationship
- 5- Having a learning disability is not being "stupid"
- 6- Social difficulties
- 7- Anxiety and defences
- 8- Cognitive versus affective aspects of having a learning disability
- 9- Insecurity and the ability to think
- 10- The relationship and the knowledge to help.

Themes for the third reading: reading of the meaning of psychotherapy

- 11- Making sense of their world
- 12- Interpretation and containment
- 13- Psychotherapy as a way of coping
- 14- Psychotherapy working towards reparation of relationships

The interviews with mother A, child A and therapist A as noted are in the text.



Interview with Mother Participant B

Nicky:

Okay, so they're very open-ended questions, the first thing I want to ask you is, what is your understanding as to why your child is in therapy

Mother#B:

I think that my child is in therapy because he needs to come to a level of acceptance of who he is and the difficulties that he faces. He does not have a lot of confidence who he is. The things that he's been given and his lack of self-acceptance, a lot of it has to do with anger about that, his reactions to it are angry, frustrated and I think the therapy has helped him to first of all vent that anger in an appropriate setting and second of all to come to an acceptance of who he is and to accept the difficulties that he faces which in turn enable him to go forward. 2

Nicky:

Can you be more specific on what you think his issues are?

Mother#B:

Well, I mean he's ADD so his frustration, he also has specific learning difficulties in being unable to do certain reading tasks easily etcetera and his frustration has been different from the rest of the family members, his siblings, and being different from what he perceives other children being able to do, he gets extremely angry and has had a very low self-esteem because of that, a feeling that he could not, there was something wrong with him because he couldn't achieve it. 1,5,8

Nicky:

And what are some of your thoughts and feelings about him being in play therapy?



Mother#B:

I've always been very pro-therapy, it's never been something that's ever bothered me. I've seen the benefits of it myself and play therapy for him definitely has helped him. He has never gone willingly though, he's not happy to go, he in fact, we got him into THERAPIST B because of his, because we had that incident at home, that hijacking and that was an excuse so he went with all the other kids and then he kind of just stayed, so it was an easy way to get him in because before then, any other therapist that we tried, he was very reticent and it didn't really work because of that. With THERAPIST B it seems to have worked, it is a safe space for him, I think it is a safe place and it seems to contain him.1.4.9

Nicky:

So if you were to tell another parent about play therapy what would you tell them?

Mother#B:

I would tell them to send their kid, in fact I have told many parents who have children with similar difficulties, I tell them that they have to be open-minded about it and they have to try whatever they can, and besides the medication, this is certainly one of the routes to go. Because as a parent I am too involved and I get too emotionally drained and too frustrated with him, something that comes to mind is the day I was taught to help my child when he was completely out of control, just to turn him around and hold him, just that little bit of advice has helped enormously to manage...3,10,12,13,14

Nicky:

So your feeling is it's a combination of two things, one is support and one is getting information of how to do things.



Mother#B:

Ja, absolutely. And support for him, that there's a place for him to get rid of that anger in an okay way, without damaging his siblings or his friends or his parents. 1,3,4,6,13

Nicky:

How would you describe your child's relationship with his therapist?

Mother#B:

A love hate one!

Nicky:

[laughing] you've got to tell me more!

Parent#B:

It's interesting because he spends half the therapy every time telling THERAPIST B that he's not coming back and this is the last time and he doesn't need to come, but yet when he's having difficulties he wants to go to THERAPIST B and he wants to talk to her. So I think that he doesn't like being different and having to be there but he's aware at this stage, after a long time, of the benefits that he gets from it. 3,10,

Nicky:

So on the one hand he sees the benefit, but on the other hand he feels 'different' being in therapy?

Mother#B:

I don't know where that comes from, there's some kind of stigma that the children perceive of them going to therapy. I don't know where that comes from, it obviously comes from somewhere, it certainly doesn't come from us at home, so he feels that there's something wrong with him that he's got to go, but he sees the benefit of going. 2



Nicky:

Can you tell me more about his relationship with his therapist. What do you understand of it?

Mother#B:

What do you mean by that?

Nicky:

If you were to try and describe it, like you said, it's a love hate relationship, if you were to describe in other ways, how would you describe it, what would he think about it, what would he say to you about it?

Mother#B:

I think he likes THERAPIST B, but he won't admit it. That's my child, he likes being there, but won't admit that either to himself or to her, what I'm saying is that he sees the benefit of it but he just doesn't, maybe he doesn't feel comfortable being there, not with THERAPIST B, comfortable being in a therapy situation. 4,3,7,11

Nicky:

What is your role as a parent in the therapy process?

Mother#B:

I'm simply there to feed information on what's going on at school, at home etc, and I keep in contact with THERAPIST B about that and then we sort of have a feedback session every few weeks, once every six weeks or so, as to how he's doing and what's going on, and then my husband and I both go, but generally, if there's a problem, THERAPIST B will call me and if I have a problem I'll call her, and we'll sort of have a bit of a discussion, if something's happened that she needs to be aware of, but other than that I'm



not really involved.3,4,11,12,13

Nicky:

How would you describe your relationship with his therapist?

Mother#B:

I think a good relationship, in fact the previous therapist that he had I was very resentful because I felt very shut-out, a lot of therapists have this idea that it's private between them and MY CHILD, they forget that this is MY CHILD, this is not an adult that we're talking about and they don't give you any feedback and you don't know what's going on, and it's exceptionally frustrating as a parent because you need to be involved on that level, that you know what's going on, so THERAPIST B really has been fantastic, she's kept me informed and she's listened to me when I've needed to speak and she hasn't come along with any of this, 'this is private and confidential between me and your child'. Obviously she asks his permission to discuss things with me, but he doesn't have a problem with it and at least we have a, I know what's going on and he knows that I know what's going on, which is important, for me anyway.1,3,4,10,11,12,13

Nicky:

What do you discuss with your child's therapist? Do you discuss your child's difficulties with her?

Mother#B:

Ja, and things that he does.

Nicky:

Give me an idea of general things that you discuss, quite specifically.

Mother#B:

We would discuss specifically his relationship with his siblings and go



through each one individually, what he finds difficult with certain relationships and which ones are positive for him and different aspects of those relationships and in fact THERAPIST B has pointed out to me that my child has difficulty with certain aspects with his siblings and something that I wasn't even aware of, which I then used that information to relay it to his sisters and they've had to deal with it to try and help him. We would discuss what's happened at school. If specifically he's had an incident at school where something has happened and it hasn't been positive, we discussed that in detail, how to go about helping him with that incident, we discuss his general emotional well-being, how he's functioning within the home, within school, within the community, his level of anger, his level of happiness, his reactions to his medication. 1,3,4,6,7,10,11,12,14

Nicky:

Okay, it's quite broad. What do you think the therapist focuses on, what do you think is discussed in his therapy?

Mother#B:

They do a lot of playing, he does a lot of drawing and things. I think a lot of my child's therapy has been to work through his anger because in the beginning he was exceptionally angry, in fact the one day I think he nearly even hit THERAPIST B – I had dragged him into the therapy session and he didn't want to go and he nearly climbed into her. So a lot of it has to do with anger, getting rid of that level of anger and I think that's what's really been achieved, getting to a level of acceptance with who he is. I don't know exactly what they talk about, I know she like tries to discuss with him issues of you know what's going on at school or at home, but obviously she's getting information out of him because she's imparting things that are obviously quite



valid you know, especially, as I said, at home with his brothers and sisters, you know the issues that he has, so he's giving her that information. I don't really enquire exactly what's going on in the therapy sessions. 2,3,4

Nicky:

What do you think? You've said they focus a lot on the anger and maybe the siblings, do you think there's anything else they focus on?

Mother#B:

I think on his friendships, on where he should have been at school, should he continue here, should he have gone and been mainstreamed, how he felt about that, was he ready to mainstream, which school he was interested in and focusing on when he's going to be mainstream, I think they discuss all of that, how he feels about it, his friendships in school, and out of school, those kinds of things as well. His family is possibly the main focus for him. 6,5,8,10,1

Nicky:

Which really comes to my next question, because you've touched on it, what do you think it means to have a learning disability or to have a learning difficulty? What do you think it means?

Mother#B:

In what context?

Nicky:

For the child?

Mother#B:

What does it mean for him?

Nicky:

Ja, and even what it means for you as a family.



Mother#B:

Let's start with him individually, I think for him it's 'I'm different and I can't do things like a lot of other kids can easily', not 'I can't do them, but it takes me an enormous amount of effort and perseverance to do it' - that is difficult for a child. For him it means that a lot of it interprets into I'm not good enough and I'm useless and we've been through all of that scenario. I think that they have to get to a stage where they understand that they have other areas in their life and things and all these children are incredibly gifted in many different areas, maybe not in specific learning areas that have to fit into the type of schooling that we have within this country, I'm not sure why they have to fit into a structure, a lot of these kids can learn in different ways and we have to find those ways that enable them to learn, but they still have to fit within a structure, so I think for them, that's difficult, that's what's hard – being able to fit the mould and not managing to do that and that leads to feelings of lack of self-worth and frustration on their part, and they have to learn to deal with that. On the other hand, there's the other side, that if you deal with it properly and you really embrace this instead of trying to avoid it, I believe that these children come out far superior in many ways who have it easy because they've had to work for everything that they've got and they learn that level of perseverance and they learn to understand themselves at a much younger age than other kids who maybe never get an opportunity to look at themselves. So on one hand it's difficult, on the other hand it can be a tremendous thing, but later on in life. 2,3,4,5,8,9

As far as the family is concerned, I mean it hasn't been easy, it has not been easy having my child go through these things, sometimes I felt to blame for



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his difficulties, especially when he was raging, it was extremely trying on me and the family and the extended family, my mother found it hard to watch him in such pain, but once you find the right medication and you have them in the right therapy and working through it I think that in many ways it's been a bonding thing for the family because kids, although sometimes they drive him crazy and do things that upset him, they very much root for him the whole time and the younger ones adore him and I think that everybody is sort of behind him. 1,3,4

Nicky:

Do you think that his learning disability is an important part of the therapy process?

Mother#B:

I don't think it comes into the therapy process. I mean I think that the results of it come into the therapy process.

Nicky:

Tell me about the results?

Mother#B:

His reactions to that learning disability and what happens, as I've said, what happens as a result of him having that learning disability, the effect on him as a person, the effects on his relationships in and out of the family, with friends etc, the effects of him having to be in a different school from the rest of the family, those kind of things are the results of his learning disability, that's what has to be dealt with in therapy. I don't think his learning disability itself really comes into it, except maybe in an understanding that this is something he's been given and he has to learn to accept it as other people have other things that they have to accept. 5,8



That's all the questions that I've got, but what I want to ask you, is there anything that you feel I haven't asked that is important about the therapy process?

Mother#B:

No, maybe just from, well for my child what's been important is the liaison between you and THERAPIST B, that feeling of there's continuity between what goes on at school and what goes on in therapy and what goes on in home. You know, there's a holistic approach, which I think he feels supported by that, I know what's going on and you know what's going on and THERAPIST B knows what's going on in all different areas, so he feels helped. 1,10,13

Nicky:

Everybody's taking care of him?

Mother#B:

Ja, and everybody is talking to each other so we all know what's happening.

Nicky:

Right, thanks.



Interview with Child Participant B

Nicky: Okay, adults often ask what therapy is like for children, if you were to tell

another child in your class, like your best friend, what would you say

therapy was about?

Child#B: I would say it's about helping you and helping you overcome things. 10

Nicky: Can you tell me what things it helps you overcome?

Child#B: I would say fears, something, all that kind of stuff..like family stuff and

friend who fight with you 1,6

Nicky: And if you were to tell them anything else, what would you say about play

therapy?

Child#B: you talk, they talk to you

Nicky: And what do they say to you?

Child#B: they say things that try and help me like feel better about things 3.4

Nicky: children think lots of different things about being in play therapy. Tell me

what you think about being in play therapy?

Child#B: they help me a lot, THERAPIST B helps me



What does THERAPIST B help you specifically with?

Child#B:

well we had a hijacking at our house and she helped me with that and then

other stuff

Nicky:

and after that?

Child#B:

we just talk and stuff, like about family, my sister being horrible to me or I guess other stuff at home...THERAPIST B helps me with things that are like hard for me, things that make me anger, she makes me feel that or

helps me cope with it 1,2,3,4,10,11,13

Nicky:

why else do you think you're in therapy with THERAPIST B?

Child#B:

......

Nicky:

if you were to just try and answer that what do you think?

Child#B:

so that if in case something else happens she'll be there...to help me with stuff that it hard like my sister fights with me or like my mom gets angry with me then I get mad and she helps me with it...I don't know stuff like

that 1,3,4,10,11

Nicky:

what do you do in therapy?

Child#B:

play games



what sort of things do you discuss with THERAPIST B

Child#B:

we talk about school and all of that

Nicky:

and what about school do you talk to her about?

Child#B:

about my friends being horrible to me and all that. 6

Nicky:

now when you say people are horrible to you can you tell me what kind of

horrible things they do?

Child#B:

they call me names and tease me 6

Nicky:

do you ever discuss your family with THERAPIST B?

Child#B:

sometimes

Nicky:

what do you discuss with her?

Child#B:

sometimes if my sisters aren't being very nice then she helps me with that

like to understand it 1,11,2

Nicky:

what else about school do you discuss with THERAPIST B?

Child#B:

nothing

Nicky:

how do you feel about your therapist?



Child#B:

she's nice 4,10

Nicky:

tell me what you think your therapist may have thought or felt about you?

Child#B:

she likes me, she thinks I need her more

Nicky:

she thinks you actually need her more than you actually do?

Child#B:

yes

Nicky:

tell me more about this

Child#B:

she says she wants me to stay longer but I've feel I've had enough

Nicky:

okay, if THERAPIST B was to tell someone about you, what do you think

she'd tell someone about you, if she was to tell another therapist, what

would she say about you?

Child#B:

I'm a nice boy and other good stuff 4,10

Nicky:

what other good stuff would she say?

Child#B:

I'm friendly, and... I don't know 10

Nicky:

why do children come to this school?

Child#B:

because they've got learning difficulties



okay, what does it mean to have a learning difficulty?

Child#B:

you've got a problem with learning 5

Nicky:

is this school different from other schools?

Child#B:

yes

Nicky:

How's it different?

Child#B:

teachers are nice and they care about you and they there to help you,

there's much less children in a class so they can help you 5

Nicky:

what would you tell a friend about having a learning difficulty, like

someone who wasn't in your school?

Child#B:

just that you not stupid, you just can't understand things 5,8

Nicky:

do you ever discuss your learning difficulty with THERAPIST B?

Child#B:

no

Nicky:

never ever

Child#B:

no



does your therapist always understand what you trying to tell her, does

THERAPIST B always understand?

Child#B:

yes

Nicky:

have you ever been able to tell your therapist when you were unhappy with

her or angry with her?

Child#B:

I don't know

Nicky:

sometimes your mom meets with THERAPIST B, what do you think they

talk about

Child#B:

talk about how I'm doing and things at home, she helps my mom with me,

like I don't know what they talk about 1,3,4,10,11

Nicky:

tell me what you think

Child#B:

they talk about what is going on and if she thinks I need to go in for longer

Nicky:

how do you feel about your mom meeting with THERAPIST B

Child#B:

I feel okay about that

Nicky:

is it helpful

Child#B:

ja



how is it helpful?

Child#B:

because my mom comes and tells me what THERAPIST B wants me to do, sometimes I forget to tell her stuff and my mom tells her, like if I had a big fight with my sister, I don't know stuff like that, stuff about what goes on at home. 1,3,4,10,11

Nicky:

I want to ask you, if there was something that you think would help the therapist work with you better, what do you think they need to know about working with kids in therapy?

Child#B:

it's a problem that you help them..... overcome and

Nicky:

is that the most important thing?

Child#B:

ja

Nicky:

okay, anything else you can think of?

Child#B:

no

Nicky:

okay, thank you



Interview with Therapist Participant B

Nicky:

The first question I'd like to ask you is, what is your understanding as to why this child is in play therapy?

Therapist#B:

He was referred to me, first of all there's been quite a traumatic loss of a sibling in his family which we felt might be contributing to some of the emotions that he's experiencing, according to the parents, the main reason he was referred to me was for anger management, frustration, struggling to fit in at school, coming from quite a different religious sect to his fellow school mates which made it quite difficult for him to feel that he had a sense of belonging and that he fitted in. But all-in-all, I'd say anger issues and controlling his temper with his family and with his friends.12,6,11

Nicky:

If you had to discuss this child with another therapist, how would you describe your feelings towards this child?

Therapist#B:

I think he's absolutely adorable, first of all, I think he's hilarious, he has a wonderful sense of humour, I actually enjoy working with him but he does give me quite a hard time, we have a very witty kind of therapy, it's quite different to what I've been trained in, but we have quite a sarcastic session, we joke, we laugh, I am very fond of him, I have to say, he's one of my favourites. 4,10

Nicky:

How do you see psychoanalytic play therapy assisting your work with this



child?

Therapist#B:

[laughing] my supervisor will chop off my head! [laughing] I have used it to some limited point in the therapy, although, because he's kind of prepubescent, almost on that curb of being a teenager and quite on some levels, his issues are quite adolescent, I have found that I haven't really taken on a fully psychoanalytic approach with him, it's been more a sense of humour therapy, exploring issues, ja but I guess using an analytic approach with humour..

Nicky:

Do you feel, using psychoanalytic technique such as working with transference, interpretation, things like projective identification and confrontation, work with this child?

Therapist#B:

Let me just think, shall I go through each of those topics or?

Nicky:

Just give me anything, that you think there's a psychoanalytic technique that may have worked with him.

Therapist#B:

I do think there was quite a strong transference, although I didn't directly jump in and work in the transference with him as I felt he was quite defensive and it would have been quite destructive, so I'm aware there were transference issues but I did not work in them fully, in terms of projective identification, no I don't feel that that kind of concept was quite strong in the room, I didn't often experience the emotions he was feeling. What was the other one? 10,7,11,12



Any of them that you can think of? Okay, let me give you this, do you feel this child responds to interpretations that involve his internal world?

Therapist#B:

[laughing] you reckon! Not, I would say if I had to give you maybe on a numerical scale in terms of one to ten, I'd maybe say 5. Sometimes he did respond, but sometimes I think, if I'd been completely psychoanalytic in my whole approach with him, I think I would've lost him, to be honest with you, after session two, I had to change my interpretations to a more simple framework, more accessible. 3,5,8,12

Nicky:

Why?

Therapist#B:

[laughing] Because he's got quite a spunky personality and he's quite challenging and I think if he had to sit back in a real serious kind of analytic way, I just feel we wouldn't have connected the way we have connected.

Nicky:

the object relations literature contains many analogies between the good enough mother and the good enough therapist, between the holding environment and the holding function of therapy, do you see this as being part of your therapy?

Therapist#B:

I actually do. I think that in terms of my therapy there were lots of tests in terms of would I be a container, would I be able to tolerate a lot of his projections, a lot of his anger, and his frustrations and I think that he certainly was quite well aware of them, in the beginning of the therapy he was raging and there often have been sessions where he's been raging at



me, and obviously I take that as a displacement for other people in his world. So I do feel that having to be a strong enough kind of container mother, has played an important role for him, and the consistency, the availability, ja I do feel that that has. 3,4,10,12,13,14

Nicky:

Do you feel your work or understanding in this area is different because you're learning with a learning disabled child?

Therapist#B:

I think that I never kind of processed that in my therapy, I wasn't kind of thinking 'shame, poor kid, he's learning disabled, oh geez, he's struggling', I suppose the only time it would come up is when we spoke about sometimes the frustration with his teachers and managing the work, but to me he didn't present, he's actually very bright and he didn't present as a child who does struggle and it didn't really, in fact NO, unless it was mentioned in the context of being in a different school from his siblings or from his friends, that was the only time it would come up, but in my mind, it really wasn't prevalent. 5,8

Nicky:

So you don't think having a learning disability came up in any other way?

Therapist#B:

Let me just think it through. Well it may contribute to, he's quite defensive and I think he does have quite, he has issues of self-esteem, I do feel that may be contributing, but from his therapy what he offered in the sessions was more personal family matters, but I do think it probably contributes to his low self-esteem and his defence system that he has developed for himself. 2,5,8,7



Do you ever work directly with this child discussing what it means to have

a learning disability?

Therapist#B:

We had I think one session we spoke about why he's at this school and it's different from his siblings and different from his friends and the kids who attend his church group. And he seemed to understand what that was about and it was a very brief discussion, it didn't seem to come up in his mind. His anxieties are more, he does feel different from the rest of his family members because he's in the therapy, but not because of the learning, he

Nicky:

Does this child use his learning disability in any way to have their needs met or to guard against letting on what their true feelings actually are?

sees his therapy as more being due to his aggression. 1,3,4,5,8

Therapist#B:

I haven't experienced that with him at all.5,8

Nicky:

so he doesn't use it in any way?

Therapist#B:

In the manipulative sense?

Nicky:

In any sense. What I'm trying to get at is the focus of the therapy at all

other than one session?

Therapist#B:

no

Nicky:

what are the other themes that are a major focus in the therapy?



Therapist#B:

Family relations, I think part of his struggle is being one child out in a family of quite a large family of lots of children, feeling lost, that would be one of the very strong themes, you know, struggling for space in his mom's mind, having an important place and his parents knowing that there are quite a lot of siblings in his family, 5 or 6, that would be one of the main themes. Another theme would be initially he was referred to me for a trauma de-briefing, I dunno if it was mentioned at all, and we obviously carried on because we seemed to connect and he did need more deep and long-term therapy, so I think one of the big things is that he does feel quite persecuted being in the therapy feeling different from his siblings why they didn't continue why they did continue, what makes him different, but I would say overall, just struggling with school work, hating homework, hating rules, he finds the whole structure of that quite difficult, it's about needing it quite firmly, struggling with adults telling him what to do and the rules in the adult world, very testy, I found him very, he tests limit a lot, wanting also to see the resilience of the people in his world. 1,5,8,11

Nicky:

How do you see the role of working with the mother in terms of this child's therapy?

Therapist#B:

Very important, I think the mother, the parents, have been to all the feedbacks, every 7 sessions they there, they on time, they hear what I say, they process, we talk together, I think it's crucial that the mother has her feedbacks, both at school and with me, the therapist, crucial. To help them understand him better and to help him at home feel more accepted.. 1,3,4,13



And this particular mother?

Therapist#B:

Um, I find her very responsive, very open to hearing what I'm saying, she does hear what I'm saying, I think, ja I found her responsive, very available, she does, she keeps me in touch with what goes on at school, what goes on at home. For her to understand him better and to be there more for him, ja I feel I've had quite a good relationship with the family. 1,3,4,10,13

Nicky:

How do family relationships affect the therapy process?

Therapist#B:

Hugely. I think in terms of being, he's kind of in the middle in quite a large family of a lot of children, I think that's part of his big struggle, I think a lot of his frustration at not being able to have his mom all to himself has been acted out in the therapy context with me, you know, kind of testing that out. Other family relationships, I think the hard part has been because I met a few of his other siblings in the debriefing initially and they haven't continued, I think it's been part of his struggle, why him, almost why has he been selected and not the others to continue. 1

Nicky:

How does he see that?

Therapist#B:

He sees it that he's the naughty one and the bad one and he needs to continue and they all fine, why does he need to and they don't. So he's sees it as quite a persecutory experience. 7,3



A tough question, okay. Can you give me your psychoanalytic formulation on this child?

Therapist#B:

[laughing] you can't give me one day's notice!

Nicky:

Another way to ask it is how do you understand the child's difficulties psychoanalytically?

Therapist#B:

Okay, let me think. I would say that this boy is, he functions, he uses a lot of defence mechanisms, personality I think is quite vulnerable and he projects quite a tough challenging kid, where I actually think it is a defence mechanism, some of them he uses are omnipotence for example, not needing, being independent, not needing anyone in the world or me. He doesn't have very good coping skills, but I guess that is not really a formulation. He does have quite a high death drive which does concern me, he engages in quite high risky behaviour and thinks he's interests are more guns and more self-destructive tendencies. Sometimes I think he's prone to, well I don't know if this is psychoanalytical but, negative attention seeking. I don't think he's a depressed boy, I do think he has quite a lot of persecutory anxiety, I think that he does feel quite persecuted and not always safe in the world. Sometimes I feel that he is a damaged child because of his early development and he needs containment or remothering. 7,3,4

Nicky:

Tell me about the early development and impact?



Therapist#B:

Okay. I think, we haven't spent any time looking at what it must've been like for him growing up in a family where there was the loss of an older sibling before he was born. I have no doubt that that has to have contributed to some of the issues he struggles with. What specifically are you thinking? I think in terms of attachment, I sense that he doesn't seem to have separation issues, but I sense that there may not be a strong enough attachment as he would've liked, I think the mother may have, I mean I'm not sure what happened losing a son before him, and obviously it hasn't been, we haven't looked into it in deep deep analysis, it hasn't come up with him at all, but I do sense that there has been, I don't feel that mom is that available, I think having lots of children firstly, LOTS of other children doesn't offer the availability as much as he needs her to be, I feel that he does defend against needing people, me, therapy, his therapist, his mom, he does defend against that by presenting as quite omnipotent and selfsufficient, which I do feel is a defence. He does have a sense of guilt, although when he's been quite angry in the therapy I haven't expressed any recreation unfortunately, have the anger and that's been it. Ja, I question the attachment, I don't think he has a bad relationship with his mother but I think that the attachment, I think it has been held back a lot, maybe from mom, after losing a son, having lots of children, I feel that. Separating is fine, individuating is fine, I think it's difficult because he's grown up in quite a rigid environment, he grows up in and he does have some different ideas and would like to explore different ways of being and his family rules don't allow for them, which I think is quite difficult, and he may rebel when he's older. He does have some mild anti-social tendencies, which hopefully



will be curbed. I mean he does worry with some of the things that interest him and the behaviours, and his guilt isn't strong enough, risk-taking wise. 1,2,3,4,7,14

Nicky:

One last question. Is there anything that you think is important in the process of therapy with this child that I haven't covered with you. Anything that you can think that would be relevant?

Therapist#B:

No, I think you've covered most issues. I mean I think obviously exploring the family background is very very important, very crucial, specifically in my mind, especially the loss of a child, and I think considering their religious orientation, having a huge family and it places a huge impact on the relationship with his mother specifically, on his mother's availability. But I think that you have covered. The therapy has given him understanding and a place to look at his anger and feel it is an ok or a safe place to do that.. Let me just think if there's anything else.... no. 1,3,4,7,14

Nicky:

Thanks.



Interview with Mother Participant C

Nicky:

The first question I'd like to ask you is what is your understanding as to why your child is in play therapy?

Mother#C:

Originally I think it was more of a psychological thing to get her over her, because she came into the school with low self-esteem, low confidence, everything was low, and that was my understanding that she went in there to build up her self-esteem and her confidence and help her deal with, well to be confident, ja. 2

Nicky:

And now why do you see her being in therapy?

Mother#C:

I think she needs THERAPIST C, she needs the time out, because we, it's an interesting question, but what I think is that I like her to go to therapy because she needs that time out from everybody else, she needs to go back into a little child again. And if she's got problems she can't discuss with me she can always discuss with THERAPIST C and we work together with those problems. 11,10

Nicky:

What are some of your thoughts and feelings about your child being in play therapy?

Mother#C:

I think play therapy is brilliant for her. I've never really actually gone too far into why CHILD C's there, why, I can just see it's good for her, what THERAPIST C's doing is good for her. What was the question again?



Well, maybe another way of asking the same question is, what would you tell another parent about play therapy?

Mother#C:

That it's helped CHILD C and I would recommend it to any parent.

Nicky:

If you can be specific, how do you see it as having helped her?

Mother#C:

Confidence is up, she knows how to deal with certain situations I would not have given her the right advice about, my advice to her would've been totally the wrong advice, like with CHILD C, she had a problem with the boys at one stage, and I just was so anti her doing the boy thing, and really at the end of the day it was just her building her self-esteem and that's when THERAPIST C came in and helped her through that situation. 2,3,4

Nicky:

How would you describe your relationship with THERAPIST C?

Mother#C:

Good. In the beginning it wasn't, and I think it was also a jealousy thing because now she's taken a bit of CHILD C from me and CHILD C is, because my belief, and I tried to go right, from when CHILD C started the school, well since she was small, we don't keep secrets, because secrets can turn into nasty little things, so I, well with THERAPIST C, CHILD C was revealing secrets to her that she wasn't revealing to me, and I felt left out by this and I had to re-assess myself and my role in SCHOOL, but once I had got over that hurdle, it was fine, I absolutely have a 100% trust in THERAPIST C and if CHILD C has a problem that I know I can't sort out, I go directly to THERAPIST C and then she can give advice. 3,4,10,12,13



And how would you describe your child's relationship with THERAPIST C?

Mother#C:

Very good. Absolutely. Loving, in fact she's almost like a second, not a second mom but a second person that she can really trust. She understands her difficult relationship with me and that I have not always been able to be good enough. Even before her dad, THERAPIST C comes, in the sort of circle, it would be me, THERAPIST C, her dad and then whoever else is underneath. 4

Nicky:

What is your role as a parent in the therapy process? How do you see your role?

Mother#C:

My role in the therapy process, it's very, how do I see the role, my role, um, as long as I, put it in another way, I don't understand.

Nicky:

Well, what do you see as your purpose when you go and see THERAPIST C?

Mother#C:

Feedback, and if I've got problems at home that I don't know how to deal with. It could be homework it could be helping, I'm just trying to think of things, I mean anything I don't know how to deal with, or I think I'm



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dealing with it wrong, then it's very important that I see THERAPIST C so

that we can discuss it and she can give me advice as to how to deal with it.

Because you know what, I don't have a role model, I've never, I don't have

a mother, my father I don't ever ever see, and I don't have any brothers or

sisters, well I do have a brother but he's down in Cape Town, but I never

learnt from anybody, so I always need to get reassured that I'm doing it

okay. That I'm doing well, you know I'm divorced, so there's no dad for

any family support, so I actually rely on THERAPIST C to say to me yes

you doing it right or maybe you should it this way, because my friends are,

you know you can learn from your friends but every situation is different

and in some situations you don't want to speak to your friends about and

the one situation was CHILD C at SCHOOL had a problem with taking

money, she did it once, but then money went missing, and I don't know

how to handle the situation, and THERAPIST C gave me some good advice

with that, and I mean you don't want to go and tell your friends, you know

your child steals. And then she said to me there was obviously something

there you know because of her difficulties I had to understand maybe why

she needed to steal at that time or why she does the things she

does.1,2,3,4,10,11,12,13,14

Nicky:

Okay. Do you discuss other things other than your child's difficulties with

THERAPIST C?

Mother#C:

Ja, my ex-husband, ja.1

Nicky:

And anything other than that? Do you discuss relationships?



Mother#C:

Yes, I do, definitely.

Nicky:

Does your child's therapist ever directly focus on your child's learning

difficulty?

Mother#C:

No, I think THERAPIST C, I stand under correction, but I think THERAPIST C is more on the social side and with an, she does but not directly, you don't say okay maths is bad and you must concentrate on your

maths, it's a very sort of, whole lot of things that she concentrates on. 6

Nicky:

What sort of things are discussed say about home life?

Mother#C:

Going to bed at the right time, I do divulge quite a lot of personal stuff, but whatever happens to me directly affects CHILD C, so we discuss home life in general, when she's cheeky to me, how she dresses, that's another thing that we brought up. THERAPIST C helps me understand her and what I should do as I don't always know what to do. 3,4,10,11,14

Nicky:

And then relationships other than we discussed?

Mother#C:

CHILD C and myself?

Nicky:

Ja

Mother#C:

Yes, well I was involved at one stage and yes we did discuss that because it had a direct affect on CHILD C and also the dad. 1



What aspects of her father do you discuss.

Mother#C:

You know I just get very frustrated with her father because I, I know that I'm the mom but it's not my sole responsibility but picking CHILD C up and at one stage he wouldn't allow her to wear certain types of clothes so she's a different person in his house as opposed to my house. She's not as relaxed. And you know what THERAPIST C also told me you know, as much as that irritates me, he is still her father and the last, I haven't got a very good memory, but in the last interview I had with THERAPIST C, we discussed grades, and CHILD C's relationship with her dad is getting stronger and stronger and stronger, and that is so important because later on in life when she marries, I don't want her not to trust a man because she didn't have that trust in her father, so I backed off and he's also backed off in a way, and it's now coming right. I mean there are a few issues, but 1,3

Nicky:

Do you ever discuss peer relationships with THERAPIST C?

Mother#C:

About CHILD C, not that I can remember, the way she is around the kids at school, the boys has always been a big problem.5

Nicky:

And is there anything else that comes to mind that you've perhaps discussed with her.

Mother#C:

No.

Nicky:

I know you said to me earlier that you don't discuss with CHILD C what



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happens in therapy, but what do you think they focus on, what do you think

they discuss in therapy?

Mother#C:

Okay, in the beginning I used to because I know I was jealous of

THERAPIST C and I used to almost pull out the questions, I'd ask her and

get cross when she didn't want to answer me, but what I can gather is that

they do a lot of playing, they pick-up-stix, she goes into a fantasy world,

and that's fine with me, and I look at her as an adult, I would prefer

THERAPIST C to ask the questions but then you know what, to sit her

down and say right now CHILD C, this this and this, but it doesn't work

like that, sometimes I want to get answers out or I want to get problems

solved that I can't solve myself.

Nicky:

So while they playing, what do you think they talk about?

Mother#C:

I dunno. Not now, a year ago it would be about school, about me, about her

dad and her dad's wife. The dad's wife was a big big issue in our lives at

one stage, a very big issue and I didn't know how to deal with it so I used to

say to CHILD C speak to THERAPIST C about it and she did on some

occasions, I dunno how she approached THERAPIST C or what came out,

but STEP-MOTHER was a big problem. 1

Nicky:

And now what do you think they focus on?

Mother#C:

Um, just building up her self-esteem. Because she's from a divorced family,

I treat her older than what she really is, so what I can picture is she goes



into THERAPIST C's office, she goes into her fantasy world, she wishes she was a little girl and you know, baby, and then goes into that world, and that's really really fine, I think that's perfect, THERAPIST C helps her to deal with things and helps her to cope better with things, she does always know how to cope with things—so that's what I think happens. 2,7

Nicky:

What do you think it means to be learning disabled, or have a learning difficulty, how do you understand it?

Mother#C:

Just that she battles academically. That's really what I can see, she can't grasp the concepts like somebody who is able to do it quickly.5,8

Nicky:

do you think having a learning difficulty should be an important part of the therapy process?

Mother#C:

No.

Nicky:

can you tell me why not?

Mother#C:

Because I think a lot of children go to psychologists and they okay at school but every aspect of their lives must be A-okay, so if they okay at school but home life is not good, then they should go and see a psychologist or a play therapist.5,8

Nicky:

So you don't see her as being a predominant focus?



Mother#C:

No.

Nicky:

And in terms of the self-esteem? How do you feel that impacting?

Mother#C:

Like with CHILD C her self-esteem was very very low when she joined SCHOOL and with play therapy it got better but it was around our relationship and her relationship with her dad.2,1

Nicky:

do you think it was low for any other reason?

Mother#C:

Past school, her teacher really just, I think it was over a couple of years, it was me, it was her past school, and I actually wasn't seeing this little girl for who she was, I made the biggest mistake of my life, I didn't see she was hurting inside and it took one teacher at her old school to say listen, there's a problem, and if I'd seen it, and our relationship since we've been at SCHOOL has got stronger and stronger, before she was a little girl 5,1,

Nicky:

So was her struggle at school, academically?

Mother#C:

Struggle at school and the fact that she was at a new school, she didn't know anybody, and she had to make new friends and where she was at preschool she was the queen, people copied what she wore, now all of a sudden she came into this new school and nobody knew her and nobody wanted to be her friend and then her teacher was, she pushed this girl down and pushed this girl down, and she was this crumbling little, I don't want those years back, I really don't. 6



MOTHER C, one last question. I've asked you a lot of different questions. If there's something that you feel I haven't covered in terms of the therapy process, or what happens in therapy, is there anything you'd want to add?

Mother#C:

No, because you see I don't really know what happens in the room. I mean THERAPIST C does, she'll pick up a problem, the last time it was with the boys, last year, but I don't ask her at all what goes on.4

Nicky:

But even in terms of you and your role, anything you'd like to add that maybe I haven't covered in my questions?

Mother#C:

Just not to be jealous or envious of a play therapist because they are really really there at the end of the day for the child.

Nicky:

That was quite an important issue.

Mother#C:

Ja.

Nicky:

And you think that would be important for other parents to understand?

Mother#C:

Ja, because sometimes also, you don't, you know that personality thing when you walk into a place and you don't, immediately you feel threatened by someone, you don't like that person, but really, that person might not, and I found that with quite a few teachers here, originally I didn't like the teachers, just on face value, but they not here to teach me and they not here to worry about me, they there for the child, and as long s the child gets on



with the teacher, that's the most important thing and with THERAPIST C it was the same thing, I immediately didn't like it because of the threatening, it was because of me, not because of THERAPIST C. And once I saw what the result of what she was doing, you know what, and I didn't loose my child, and really CHILD C's just grown and grown. 3,4

Nicky:

A lot of fears?

Mother#C:

Ja, but from my side, because I wasn't adult enough to speak to THERAPIST C about it.

Nicky:

Anything else you'd like to add?

Mother#C:

No.

Nicky:

Thank you.



Interview with Child Participant C

Nicky:

Adults often ask what therapy is like for children, if you were to tell another child in your class, like your best friend, what would you say therapy was about?

Child#C:

It helps you like say if you've got a problem it helps you remember things and if you've got a problem at home and you don't want anyone else to know they will till you, you will tell the therapist your problem and you can ask the therapist to not tell anyone else, secrets between them, and your parents, you don't want them to know, so that's what I think it's about. It's fun because I like to play, but the play therapy is you, like with THERAPIST C I play with her and I tell her my problems because sometimes there's problems I just like to play and it's something that I play with the toys she can see the feelings like if I'm playing army then that means I'm angry and if I'm playing like something nice it means I'm not angry, I don't have any problems or anything, and my mom asked THERAPIST C if I could go because I get confused with other things and I like to tell somebody my secrets. 1,3,11

Nicky:

(Tape stopped so restarted tape) Okay, so lets try that again, you were saying to me what sort of things you discuss in therapy?

Child#C:

Like all my problems and my mom and my dad especially like my mom's ex-fiancé, well she had a problem with him because he kept on drinking and



that, so that's why I had a problem with that and like my problems with when my step-mom was being horrible to me and that, she'd like say horrible things to me, that's what I normally discuss. I worried a lot about things with my dad things at his house. 1

Nicky:

You said to me you discuss a lot about family, did you ever discuss anything else other than family?

Child#C:

Maybe some of my friends if they hurt me, but nothing's happened to me with my friends so far, just with my family. 5,1

Nicky:

Do you ever discuss school?

Child#C:

Sometimes, well it's only when I've got to struggle and don't understand things like maths sums I'm not perfect with but sometimes I struggle a little bit but that's not really important, it's just normally my family and not school. 1

Nicky:

Okay, how do you feel about your therapist?

Child#C:

She's kind, she understands me, she understands my feelings and I trust her.3,4

Nicky:

If your therapist were to tell someone about you, what do you think she'd say about you?



Child#C:

My secrets, because if my therapist wasn't kind or trusting, she'd tell my

secrets yes. 3,4

Nicky:

She wouldn't tell your secrets to anyone?

Child#C:

If I could trust her and she was an honest person she wouldn't tell anybody

about my secrets but if she wasn't she'd tell everybody my secrets. 4

Nicky:

How would she describe you?

Child#C:

Maybe as a difficult person because I struggle, I normally complain, ja, she would explain me as a person who is cross and that sometimes and if I was just happy she would just smooth me out, she wouldn't do anything

else.4,11

Nicky:

That's great. Why do you think children come to this school?

Child#C:

They've got a problem, like say reading or maths, because some people, their minds just go different, like my sister and my brother, they used to come to this school, they had problems with maths and reading, I've got a problem with reading, because I can't read words, I get difficult, I normally add words into it. 5,8

Nicky:

Is this school different to other schools?

Child#C:

much



Nicky: How is it different?

Child#C: The way the teachers teach the children, the way the therapists, they kind

and the way the food is brought up in the tuck shop is no sugary sweets and

that. 5,8

Nicky: What would you tell a friend about having a learning difficulty? Someone

who didn't have one, what would you say to them.

Child#C: It's difficult, it's difficult to try and do everything right because the other

person, if they don't have a problem, then you like feel jealous because they

got a problem, I've got a problem and they don't. So it's a little bit difficult

to describe to the person. 5,8

Nicky: Okay, do you ever discuss having a learning difficulty with THERAPIST

C?

Child#C: No not really, actually no.5,8

Nicky: You don't discuss anything about having a difficulty at school?

Child#C: No, I'm improving my reading, no not really. 5

Nicky: Does your therapist always understand what you trying to tell them?

Child#C: I think so, because when I have a problem, I don't know if THERAPIST C



understands but I'm sure she does.

Nicky:

If she doesn't understand, what do you do?

Child#C:

I would tell her, I'd go from the beginning to the end and tell her the whole story.

Nicky:

Have you ever told or been able to tell THERAPIST C when you unhappy with her or angry with her, have you ever been able to do that?

Child#C:

Well, I'm never unhappy or angry with her, but if I was, I would, it would be easy to tell her.

Nicky:

Sometimes your mom meets with your therapist, what do you think they talk about?

Child#C:

Me and my mom likes to tell THERAPIST C, like say when I go to THERAPIST C I forget to tell her some things that my mom asks me to tell her so when my mom comes to see THERAPIST C she talks about private stuff I don't know anything about but things my mom wants to speak THERAPIST C about, like my step-mom, my dad, something like that. She is there to help my mom with her private stuff . 1,4,13,10

Nicky:

How do you feel about your mom meeting with THERAPIST C?

Child#C:

It's fine because I've got my secrets and she's got her secrets so I'm happy



with it, I don't mind.

Nicky: Do you think it's helpful?

Child#C: Ja, for my mom, if she has a problem she can tell THERAPIST C. 4

Nicky: So it's helpful for your mom?

Child#C: Ja

Nicky: Is it helpful for you

Child#C: Ja, [laughing], it's helpful for me! It helps my mom then help me like she

understand my worries better. 10,3,4

Nicky: One more question.

Child#C: Ok.

Nicky: Do you think there's anything that I haven't covered that's important about

being in therapy, that you think I should know about.

Child#C: No, not really, I don't have anymore secrets no.

Nicky: Thank you very much.

Child#C: Pleasure



Interview with Therapist Participant C

Nicky:

The first question I'd like to ask you is, what is your understanding as to why this particular child is in play therapy.

Therapist#C:

I think she's got a lot of problems. She's got a very difficult background to deal with. I know you focussing specifically on learning stuff but I think a learning problem is part of the problem but I don't think it's the main problem for her actually. I think her main problem is her background. Her mom really battled with her when she was a little girl, so did her dad, but her mom's the primary caretaker now and I suppose the bond with the mom is more important in some ways for her emotional growth. They never bonded properly, and her mom had her own stuff to deal with, she never had good mothering, her own mother died when she was three I think, and so I don't think she could really be a good mom to CHILD C. That was the early time of CHILD C's life which was very difficult for her, and because her mom battled so much herself, she's had an unstable life, the mom got divorced, she's had different partners, things have been very unstable in their home in terms of actual material things available to her and then she's had the learning problem as well, so she's just had a helluva lot to deal with and I think that's affected things, like a sense of herself and her self-esteem and I think it was clear to the parent that she needed some sort of help, and I think play therapy is the right sort of help. 1,2,11

Nicky:

And if you were to discuss this child with another therapist, how would you



describe your feelings towards this child?

Therapist#C:

I'm very fond of her, but I worry about her, my main thing is worry, because I know that therapy is helping and there's something of a connection between us, but I feel that the odds in a way are so loaded against her that I wish I could do more in a way, but ja, I suppose I'm doing what I can. I was thinking today, maybe if she was private child I'd have her in therapy twice a week. But she's a sweetie, she is a sweet girl, she engages, I don't know that she's a bonded child so I don't know if she's bonded to me or attached to me, but she certainly likes coming and certainly the therapy seems to mean something to her, so there's definitely a connection between us. 3,4,10

Nicky:

So if you were to describe the relationship, how would you describe it?

Therapist#C:

That's quite difficult, to just kind of tone it down to one phrase. I care about her and I'm very concerned about her.

Nicky:

How do you see psychoalytic play therapy assisting your work with this child?

Therapist#C:

Well I think because her problems are so deep one has to look at the early years, more dynamic than analytic I suppose, so understanding how things went wrong with her and her mom in terms of attachment and bonding. Although I know strict psycho analytic people don't talk about attachment, but I think they can tie in. I won't get all theoretical! And then to look at her



sort of actual dynamics in terms of how she functions personality-wise and in the way she relates to the world. So I suppose enough depth, it helps me to understand her. 1

Nicky:

Could you elaborate further on techniques that you use, maybe it will be helpful to give you some examples like transference, interpretation, projective identification, do you use any of those techniques with her?

Therapist#C:

Ja, I think I do, certainly transfer, because certainly the way she relates to me I'm sure is very similar to the way she relates to her mom. I'll give you one example of that, I've found in the therapy that when she is more open her mom is more okay, when her mom is in a very bad place she has been quite shut down and quite conciliatory and there were months at a point in the therapy where she wouldn't beat me in a game and it was as if she felt I couldn't handle either kind of her neediness or her aggression and so I interpreted that it was like she couldn't burden mom with herself and she needed to kind of make things right for me just like she made it right with mom and that went on for a long time but then when mom got better she started being more open and I think she could see that there was some similarity, so transference definitely, I can't immediately think of examples of projection but I'm sure I do use it. 1,3,4,14

Nicky:

Just in terms of what you said, the object relations literature uses a lot of reference to the good enough mother and the good enough therapist. Do you feel that's part of your process with her, is providing a holding functioning in the therapy?



Therapist#C:

I do, because I'm consistent and I think her home has been inconsistent and I think her mom is quite volatile in terms of moods and CHILD C so sensitive to how her mom is and it has such an effect on how she can be, so I would say that it's a holding place, definitely, because it's consistent and it's once a week and all that sort of thing, ja, so I do think that I'm providing her with things that haven't been provided in her life and in her primary relationship.1,3,4,12,13

Nicky:

Do you feel this child responds to interpretations that involve her internal world?

Therapist#C:

Ja, definitely, not easily all the time, and she sometimes resists them, so I've had to learn to be very gentle and sometimes strategic in the way that I make the interpretation and sometimes I can't and I just speak about the process like she doesn't like it when I say that, or that's hard to hear about, but she does respond. 5,8,4

Nicky:

Do you think different things or issues emerge when working with learning disabled children as opposed to other children?

Therapist#C:

I think they can, I mean I've wondered if it relates to learning disability or actual IQ because CHILD C is of average intelligence, if I think of some of the kids that I've had, she's been quite low average maybe, and very concrete, you certainly have to work differently and more concretely and they can't, they wouldn't be able to listen to the kind of interpretations that CHILD C can. So I suppose I think it depends on the kind of learning



problem and the actual intelligence level. I don't think I've approached the therapy differently with her than I would approach it with any other child, I don't know if the learning thing's been a big part of it except in one way which I tell you, you can tell me if I should say it now or later? Okay, there has been a big theme and quite a few of the sessions in the later part of the therapy where she's been a bit better have been about feeling like she doesn't have mastery especially over learning and in the classroom, so there's been lots of teacher teacher games, and her feeling nice to be the clever teacher and feeling like she can boss me around, which she'd like to be able to do, and I've never used the actual word learning problem with her but I've certainly spoken about she wishes the work were easier or that she knew the answer or she didn't have to battle so much or that sort of thing. 5,8

Nicky:

Does the child use their learning disability in any way to have their needs met or to guard against letting on what their true feelings actually are?

Therapist#C:

I don't think she uses her learning disability to do that, I think that's part of her defence, I think her defence structure is that she can't let on how vulnerable she is. 5,8

Nicky:

Is that because she's learning disabled, is that your understanding?

Therapist#C:

No, that's not my understanding. My understanding is that that's the kind of



personality structure that she's developed because of her life circumstances.

But I wouldn't relate it to her learning problem.

Nicky:

If you were to put it in a nutshell, how would you say her learning disability has impacted on the therapy?

Therapist#C:

I think it's given us some issues to work on, mastery of particularly the scholastic realm and I don't think it's broader than that. Actually, I don't think it's broadened out to mastery over her life in general because there are things she's very good at, like she's a good dancer and I think there are areas where she feels very competent but I think her learning disability has given us material to work on in terms of her feeling like learning is a battle for her and learning to interact socially and what is ok socially, 2,5,8

Nicky:

What other major things can you think offhand have you focussed on in therapy?

Therapist#C:

Her home life, definitely, and her relationship with her parents and the difficulties in her background, the fact that she came from a home where she didn't feel like she had enough emotionally and materially, her relationship with her mom who she finds quite impatient at times, although they definitely have a close, very loving but quite fraught relationship. Her dad, her relationship with her step-mother quite a lot and difficulties with her step-mom, so all the family relationships have taken up a lot of the time. And then I suppose a theme of herself and how it's hard for her to show vulnerability because she's had to manage so much in her life and in a way



when she's shown the vulnerability, it hasn't been met, or it's been met with adults equally vulnerable or who kind of take up an equal amount of space. Ja and socially she sometimes battles to understand why people do things or behave in a particular way, she sometimes lacks confidence in herself which affects her socially and she needs reassurance of her social abilities. 1,2,6,7,4

Nicky:

And how to do you see the role of working with this mother in terms of this child's therapy?

Therapist#C:

It's been quite a tricky one, maybe in an ideal world this is the sort of case where the mother shouldn't see me, but see someone else, but I started off with this case in private practice so I saw both parents and CHILD C and I say maybe I shouldn't because CHILD C is quite protective of her space with me and she gets quite threatened when I see her parents, particularly her mom. There was one point in the therapy where MOTHER C was very down and actually suicidal where I had to see her more often, and I'm sure on some level CHILD C understands that that ultimately helps her but I think that has been quite difficult for her, the fact that I see her mother. But then in terms of actual work that I do with MOTHER C is important, an important part of the process because CHILD C needs a lot from her, she needs more consistency, she needs more boundaries from her mom, she needs more understanding, so all those things I've tried to convey in my work with the mom. Basically she needs to understand her child's needs better so they can have a better relationship. 1,3,4,11,12,13



Nicky:

So how do the family relationships affect the therapy process for this little girl?

Therapist#C:

Well I haven't spoken about the dad, but one of the big things has been that the mom and the dad spend a lot of their sessions, which are individual sessions, because in the joint session they just fought and it didn't work and we decided it would be more fruitful for them to meet separately, they spent a lot of time moaning about the other parent and blaming the other parent, so we've had to get beyond all that. And then, I mean the other side of the coin is that because I know the parents so well I know what CHILD C lives with, so I suppose that's had a positive effect on my working with her because I can see how the parents are and can then speculate how they relate to her. I suppose it cuts both ways that in some way it's been difficult for CHILD C and there's been a lot of stuff that I've had to work out in my mind about which parent was giving the accurate view or where they were coming from when they were speaking so badly of each other and blaming stuff on each other about CHILD C and so on, but on the other hand, I suppose it's given me a rich picture of the family life. 1

Nicky:

And the last question, what is your psycho-analytic formulation of this child, if you were to formulate it?

Therapist#C:

I suppose the whole idea of formulating isn't, I mean it's fairly new for me so when I say the formulation, it's stuff that I've come up with but it does come out of supervision as well, and I suppose that I think that the formulation that my supervisor has given does fit, I took this case to



supervision for the first time at a time that I spoke about earlier when CHILD C was not bringing any difficulties or any vulnerability, she was just playing, there was no real stuff in the therapy, so it was first of all no vulnerability, then that it felt quite false to me, and those are two important aspects of her I think, and the suggestion was that she's got a narcissistic personality structure, which means that she finds vulnerability very difficult to deal with because of shame, and also that there's falseness involved, she can't feel real, she can't be real in and of herself because she's never been allowed to be real. And then what I said earlier about her bonding is an important part of the formulation, her mother was depressed when she was little and I think MOTHER C herself said that she didn't cope and she didn't feel that she bonded, and CHILD C's step-sister was very central in bringing her up in those early years, so I think that her bonding didn't go nicely, so her attachment is quite shaky, which allows that sort of personality structure to emerge I suppose. And then the other thing that I just don't know much about, this Kerberg stuff that my supervisor said that what she's internalise is a stranger object so it's someone that she never really got to know, I mean that makes sense to me but that's not a way that I've ever really thought about her, but I can certainly see that MOTHER C does have quite anti-social traits in the way she's conducted her affairs, he has not paid people back money and whatever and CHILD C, certainly in the years, has done things that are mildly conduct disordered, she has lied, and before she came to SCHOOL there was patch of stealing, which I've related all to the early not bonding and the deprivation but I suppose if one wants to attach a label to that, it is psychopathic in the making, which I



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don't like saying, I don't like using those terms, but I suppose it's true, and as you know I'm not mentioning her name, I don't know if it matters, but my supervisor is very straight but she'll always say if the absolute worst case scenario and I suppose CHILD C fits into that and has the potential for that and I hope she won't but I think realistically there's the potential. 1,4,7

Nicky:

Just to ask you, would there be anything that you feel is important in terms of the therapy process with this particular child that you haven't covered?

Therapist#C:

I don't, I think we've pretty much covered it.



Appendix C: Letters of Consent

University of Pretoria

Department of Psychology

Pretoria

0002

Tel (012) 420-4111

Nicola Powell
P.O.Box 69022
Bryanston
2021
Tel (011) 782-5378 or 082-899-6108

Dear Mrs

I am doing research in play therapy for my doctoral thesis in psychotherapy at the University of Pretoria. When a child enters into therapy the process involves at least three individuals, the child, the parent and the therapist. In order to obtain a more in-depth understanding of the process of therapy with children who are learning disabled I would like to interview your child, your child's therapist and yourself to obtain an understanding of the process of your child's therapy. It is felt research on the process of child psychotherapy can increase the already existing knowledge on the course of treatment and how process affects the outcome or benefit of the therapy, as well as improving the therapist's understanding of the therapist-client relationship. Such information can be seen to aid the development of maximally effective interventions. The title of the research is" Understanding the Process of Psychotherapy with Learning Disabled Children."

The questions I would like to ask are around the experience of therapy and tend to focus on ones thoughts about the therapy. The approach of the research is to use broad open-ended questions to obtain an understanding as to what the child, parent and therapist perceive to be important issues. As a result the research is designed to focus on the meaning given to the therapy as opposed to imposing ideas onto the subjects.



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I would therefore like to interview your child, the therapist that is working with your child and you as the mother of the child. I would also like to obtain permission to use the confidential material held in your child's file of assessments and reports at SCHOOLs Remedial School. The interviews will be taped so that the information obtained can be analysed. No identifying information will be used in the research such as the name of the child or the parent.

I hope that the interviews will also be beneficial to yourself, the therapist and your child in that it will allow expression of feelings about being in therapy and a time to reflect on the process.

If you are willing to participate and allow your child to participate in the research, could you please sign this consent form. The participation in this research is voluntary and should you at any point not feel comfortable with your involvement in the study you may withdraw. I thank you for your time and co-operation.

Yours sincerely,

Nicola Powell

Educational Psychologist



CONSENT FORM FOR PSYCHOLOGY DOCTORATE RESEARCH

Ι
(Name of parent) give consent for my child
(Name of child) to participate in this research project examining the process of psychotherapy with learning disabled children. I am aware that my child and my child's therapist will be interviewed as to the process of my child's therapy and I, the mother of my child will also be interviewed. I am also aware that identifying details will not be used in the research. I hereby also give permission to use my child's assessment records and school records.
Signed:
Date:
Researchers Name: Nicola Powell
Researchers signature:
Signed on (date)
Of (month)
At SCHOOLs Remedial School



Nicola Powell

P.O.Box 69022

Bryanston

2021

Tel (011) 782-5378 or 082-899-6108

University of Pretoria

Department of Psychology

Pretoria

0002

Tel (012) 420-4111

Dear PRINCIPALS NAME

I am doing research in play therapy for my doctoral thesis in psychotherapy at the University of Pretoria. I would like to obtain permission to use some of the children who are currently in therapy at NAME school and interview those children, their parents and the psychologist with whom they are in therapy with.

When a child enters into therapy the process involves at least three individuals, the child, the parent and the therapist. In order to obtain a more in-depth understanding of the process of therapy with children who are learning disabled I would like to interview all the participants involved with the process of the therapy. It is felt research on the process of child psychotherapy can increase the already existing knowledge on the course of treatment and how process affects the outcome or benefit of the therapy, as well as improving the therapist's understanding of the therapist-client relationship. Such information can be seen to aid the development of maximally effective interventions. The title of the proposed research is" Understanding the Process of Psychotherapy with Learning Disabled Children."

The question I would like to ask is "Tell me the story of your experience of the therapy process, how it evolved and what it means to you?" The approach of the research is to use a



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broad question to obtain an understanding as to what is important to the subjects as opposed to imposing ideas onto the subjects.

I would also like to obtain permission to use the confidential material held in the children's files of assessments and reports at NAME Remedial School. I will obtain consent from the parent to be allowed to use the information in these files for the research. The interviews will be taped so that the information obtained can be analysed. No identifying information will be used in the research such as the name of the child or the parent.

Yours sincerely,
Nicola Powell
Educational Psychologist

