

# THE USE OF SANDPLAY PSYCHOTHERAPY WITH AN ADOLESCENT WHO HAS POOR SELF-ESTEEM

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Mini-dissertation presented by

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*at the*

**University of Pretoria**

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This mini-dissertation is dedicated with love to:  
Jaco Botha, my heart, my soul, my everything...

AND

Kas du Plessis, my beloved grandfather, whose pride in me and my work motivated me throughout this process  
and will now unfortunately not have the pleasure of seeing the end result.

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- The participant of my study, thank you for sharing your life-world with us and that you partook in the intervention. You're a strong and stunning person, embrace it!
- All the glory belongs to God! I thank Him for my talents and the opportunities he sends across my road. May His light shine throughout my career.

## ABSTRACT

### THE USE OF SANDPLAY PSYCHOTHERAPY WITH AN ADOLESCENT WHO HAS POOR SELF-ESTEEM

by

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**DEPARTMENT : EDUCATIONAL PSYCHOLOGY**

**DEGREE : MEd (EDUCATIONAL PSYCHOLOGY)**

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The purpose of this study was to explore and describe the potential use of Sandplay psychotherapy with an adolescent who presented with poor self-esteem. In conducting my research I assessed one adolescent's self-esteem by means of quantitative and qualitative measures and identified potential aspects that might require intervention, related to self-esteem. After the initial assessment, Sandplay psychotherapy was implemented as intervention, after which the participant's self-esteem was re-assessed, comparing the results with those obtained during the initial assessment (baseline data). For the purpose of my study, I fulfilled the role of researcher, involving an intern educational psychologist in assessing the participant and conducting the intervention, thereby fulfilling the role of therapist.

I followed a triangulation mixed methods intervention research approach, primarily relying on the interpretivist paradigm yet being informed and elaborated upon by a post-positivist component. I studied a single clinical case situated within the context of psychotherapy outcome research. This enabled me to draw conclusions on how suitable and helpful Sandplay psychotherapy might be (or not) for an adolescent who presented with poor self-esteem. In collecting quantitative data, I employed the Self-Esteem Index (Brown & Alexander, 1991) both prior to and after the intervention had been completed. In support, a qualitative post-modern assessment was included in the form of the Rosebush technique (Oaklander, 1988). Other qualitative data collection and documentation measures include observations, semi-structured interviews (with the participant and her parents), photographs of the sand trays and a semi-structured reflection journal (of the participant), as well as reflection journals of the researcher and therapist. Based on the pre- and post-assessments I was able to compare results of the participant's self-esteem before and after the Sandplay psychotherapy intervention had been completed.

Subsequent to thematic qualitative data analysis and my comparison of the quantitative results I obtained, three main themes emerged. Firstly, the self-esteem of the participant seemed to have improved following the intervention, since her limited self-knowledge, feelings of inferiority and her uncertainty in unknown situations

seemingly changed into age-appropriate self-knowledge, feelings of self-worth and facing the unknown. Secondly, she displayed changes in the emotional domain of development post-intervention. She seemed more content with her situation, reportedly feeling more safe and secure as opposed to feeling academically pressured, as was the case at the onset of my study, and having a positive future perspective. Thirdly, changes in her social domain of development occurred as she displayed age-appropriate skills, acted more assertively and felt more accepted and ready to establish relationships. Based on the findings of my study, I can conclude that it seems possible to facilitate the improvement of adolescents' self-esteem by conducting Sandplay psychotherapy. Besides an improvement in terms of overall self-esteem, the participant in my study seemingly displayed improvement in the areas of relationships and social skills, as well as conflict resolution skills.

#### **KEY CONCEPTS/TERMS TO BE DEFINED:**

- Adolescent
- Interpretivism
- Intervention
- Mixed methods approach
- Rosebush technique
- Sandplay psychotherapy
- Self-esteem
- Self-Esteem Index (SEI)
- Thematic qualitative data analysis

## DECLARATION OF AUTHENTICITY

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I, Marinda Botha, declare that:

**EXPLORING THE USE OF SANDPLAY PSYCHOTHERAPY WITH AN ADOLESCENT WHO HAS POOR  
SELF-ESTEEM**

is my own work and that all references appear in the bibliography.

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M. Botha

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Date

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## CHAPTER 1 OVERVIEW AND RATIONALE

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### 1.1 INTRODUCTION AND RATIONALE

Sandplay psychotherapy is becoming increasingly popular and is seen as an alternative to “talk therapy”, which might inhibit clients from sharing their feelings or experiences when they cannot find words to express themselves (Fitzpatrick, 2005). Betman (2004) states that Sandplay psychotherapy is a nonverbal approach which allows clients to express their feelings in a nonverbal way.

Although the use of sand for the purpose of expressing oneself seems to have been used since ancient times (Fitzpatrick, 2005), I identified a need for empirical research exploring the potential use of Sandplay psychotherapy for adolescents who have poor self-esteem. In my initial literature review, I found that limited studies address this specific focus area, as most existing studies in this field focus on problems relating to poor self-esteem. Enns and Kasai (2003) report that most of the research on Sandplay psychotherapy published in Japan involves case studies of dream walking, anorexia, trichotillomania, school refusal, schizophrenia, depression, alcoholism, adolescent crises, obsessive compulsive disorder, elective mutism, and human relations disorder. On local ground case studies on Sandplay psychotherapy as intervention technique for aggressive behaviour has been explored by De Villiers (2006), and for overcoming a language barrier, by Kukard (2006). Other studies focus on the use of Sandplay psychotherapy as an assessment instrument within the context of physical, sexual and emotional abuse of children (Zinni, 1997). Despite such studies, more research seems to be required on the use of Sandplay psychotherapy for adolescents, as it is often associated with younger children (Fitzpatrick, 2005; Zinni, 1997). Consequently my study might add to existing research in the field of Sandplay psychotherapy and Educational Psychology within the South African context.

During my studies in 2008, I was introduced to Sandplay psychotherapy. I gradually incorporated this technique in my therapy repertoire when working with clients. In my experience Sandplay psychotherapy can be regarded as an effective assessment as well as a therapeutic technique. I have, however, mainly used it in the case of younger children, often experiencing a positive outcome. When I started my internship at a high school in 2009, many of my clients presented with poor self-esteem and I began to wonder how appropriate this technique might be when used in therapy with adolescents in order to address this area of research in the existing repertoire and context of supportive therapeutic techniques.

Subsequently I decided to explore the potential use of Sandplay psychotherapy when working with an adolescent who had poor self-esteem. My study could contribute to the existing knowledge base in Educational

Psychology, and secondly be valuable to practitioners in helping professions, such as those of clinical psychologists and social workers. On a personal level, undertaking a study of this nature implied the possibility of the findings adding value to my practice as educational psychologist.

My initial interest in exploring the possible value of the technique when addressing the negative self-esteem of an adolescent is founded in Betman's (2004) belief that Sandplay psychotherapy could potentially be an effective tool for use with adolescents, based on the fact that communication does not occur in the traditional way of talking when employing this technique, and that adolescents often shy away from verbal conversation due to their developmental phase. At the onset of my study I assumed that the approach could therefore accommodate the developmental stage that adolescents find themselves in when sometimes struggling to understand the changes experienced and being unable to express themselves verbally in an effective manner (Gouws, Kruger & Burger, 2000).

Gouws *et al.* (2000) state that an adolescent with poor self-esteem tends to feel tense and awkward in social situations, which makes communication with others difficult. Many of the adolescents in consultation with me during my internship year had poor self-esteem and therefore experienced problems, in sharing what they were feeling or experiencing. I became interested in finding out whether or not Sandplay psychotherapy could facilitate communication with adolescents in this group and add value to a therapeutic process or not. To me Sandplay psychotherapy implies the possibility of adolescents being able to put distance between themselves and a therapist in order to feel comfortable in the therapeutic relationship. I was therefore of the opinion that the process of Sandplay psychotherapy could lead to adolescents defining their own identity, based on Enns and Kasai's (2003: 105) argument that it is a helpful approach when someone experiences a "loss of self", which refers to a lack of self-knowledge and identity. I believe that this technique could then in turn improve a child's self-esteem, as identity formation is regarded as a useful strategy to build self-esteem (Eloff & Ebersöhn, 2006).

Based on my experience as educational-psychologist-in-training and the initial literature review I undertook, I approached this study in the light of the following assumptions:

- Sandplay psychotherapy might be suitable for use in the case of adolescents.
- Sandplay psychotherapy might improve self-knowledge and help a client gain insight into subconscious problems.
- Improving self-knowledge and self-identity might lead to an improved self-esteem.

## 1.2 PURPOSE OF THE STUDY

The purpose of my study was to explore and describe the potential use of Sandplay psychotherapy in the case

of an adolescent with poor self-esteem. In order to address this purpose I assessed one adolescent's (participant's) self-esteem by means of quantitative and qualitative measures and identified potential aspects that could be enhanced. After the initial assessment, Sandplay psychotherapy was employed as intervention, after which I re-assessed the participant's self-esteem, comparing the results with those obtained during the initial assessment (baseline data). In this manner I aimed to explore the question whether or not Sandplay psychotherapy has the potential to improve an adolescent's self-esteem.

### **1.3 RESEARCH QUESTIONS**

The study was guided by the following primary research question:

*To what extent can Sandplay psychotherapy be used to address an adolescent's poor self-esteem?*

The following secondary questions were addressed:

- *What does Sandplay psychotherapy in the case of an adolescent entail?*
- *Which facets of poor self-esteem might be addressed by means of Sandplay psychotherapy?*
- *How can the findings from my study contribute to the field of Educational Psychology?*

### **1.4 DEFINITION OF KEY CONCEPTS**

In the following section I explain the key concepts of my study.

#### **1.4.1 Sandplay psychotherapy**

Sandplay psychotherapy is a therapeutic process during which clients are given the opportunity to construct an image in a sand tray. They can use miniatures of everyday household tools, animals and objects (fantasy and mythological) to which they assign a specific meaning in order to create a mirror image of their internal emotional worlds. The unconscious is often made conscious in this manner (Bradway, Chambers & Chiaia, 2005; Enns & Kasai, 2003). Bradway and McCoard (1997) describe Sandplay as a form of active imagination where a single sand tray may have potential healing power. The Sandplay psychotherapy process can show themes where chaos turns into order, reflecting a child's inner psych. Possible healing can be facilitated by allowing clients to mould the sand, add water or objects, or bury miniatures. Anything creative or destructive can occur in the sand tray.



Within the context of my study Sandplay psychotherapy referred to free play in the sand tray by the participant without any direction or interference by either the therapist or researcher<sup>1</sup>. The participant was provided with a sand tray, as well as miniatures and water, and given the opportunity to construct any image using the available miniatures. I fulfilled my role of silent observer while the therapist engaged in a discussion of the sand tray after the construction had been completed and the participant wished to explain it.

#### 1.4.2 Intervention

A therapeutic technique can be defined as a technique that is used to address both conscious and unconscious processes a client experiences. The client is supported in dealing with these processes through the technique. As therapeutic techniques are used to intervene in children's lives or take action to help or change a situation or process, intervention can be included in the definition of therapy (Donald, Lazarus & Lolwana, 2002).

According to Gilliland and James (1993) the goal of intervention is for a therapist and a client to collaborate in order to assess both internal and external difficulties that could contribute to problems and help a client find workable alternatives by making use of environmental resources. The following levels of intervention can be identified:

- Biological level of intervention: The counsellor may refer the client for medical treatment (e.g. hospitalisation, medication for sedation) if needed.
- Psychological level of intervention: The counsellor assists the client to gain an understanding of the crisis and helps the client regain control by putting confused and disoriented feelings, thoughts and behaviour into some meaningful context.
- Social level of intervention: The counsellor assists the client in learning to mobilise available resources and to involve the client's social networks in the intervention process.
- Spiritual level of intervention: The counsellor questions the client on spiritual needs and provides the individual with the necessary assistance in this regard (Van Niekerk, Stones & Nichol, 2001).

Within the context of my study, intervention referred to psychological intervention where Sandplay psychotherapy was implemented in an attempt to support the participant in terms of self-esteem. The subsequent aim in supporting the participant to organise unorganised feelings, thoughts and behaviour was therefore focused on the enhancement of the participant's self-esteem.

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<sup>1</sup> For the purpose of this study I fulfilled the role of researcher, and a fellow educational-psychologist-in-training fulfilled the role of therapist.

### 1.4.3 Adolescent

The child is viewed anthropologically as an open human being with possibilities, a person who is intentional in actions and is regarded as a being of meaning. As a person, the child gives meaning to affective, cognitive and normative levels of functioning (Van Niekerk, 1986).

The term “*adolescent*” is derived from the Latin verb “*adolescere*”, which means to grow up or to grow to adulthood. Adolescence can therefore be described as the life stage between childhood and adulthood (Gouws *et al.*, 2000). For the purpose of this study the term adolescent refers to a child with a chronological age of between eleven and eighteen years old, who had poor self-esteem at the onset of my study, and had to receive therapeutic intervention for this purpose.

### 1.4.4. Self-esteem

Self-concept refers to individuals’ ideas of who they are, what they are capable of and whether or not they feel positively or negatively about their abilities. Self-esteem forms part of self-concept and refers to the positive or negative perceptions that individuals have about their capabilities, especially those they value. Self-concept further includes self-worth and self-efficacy (Louw, Van Ede & Louw, 2002). Individuals can possess different self-esteems in different fields of their lives, for example academic, athletic and social self-esteems (Dusek & McIntyre, 2003).

In my study I focused on self-esteem which includes the perceptions that individuals have about themselves and their abilities, what they believe others think about them, as well as the value they place upon themselves in different settings. I viewed the development of self-esteem in a holistic manner, taking the spectrum of possible contributing factors and influences into consideration. For this purpose I included the Self-Esteem Index (Brown & Alexander, 1991) to assess the participant’s self-esteem. This measurement consists of four different scales, namely the Perception of Familial Acceptance Scale, the Perception of Academic Competence Scale, the Perception of Peer Popularity Scale, and the Perception of Personal Security Scale (Brown & Alexander, 1991).

## 1.5 PARADIGMATIC PERSPECTIVE

I followed a mixed method research approach, primarily conducting my study from the interpretivist paradigm. By employing an interpretivist paradigm I aimed to gain insight into the manner in which the participant, in a natural everyday life setting, constructed meaning in terms of self-esteem (own abilities, self-worth and competency) before and after Sandplay psychotherapy. I attempted to do this by interacting with the participant,

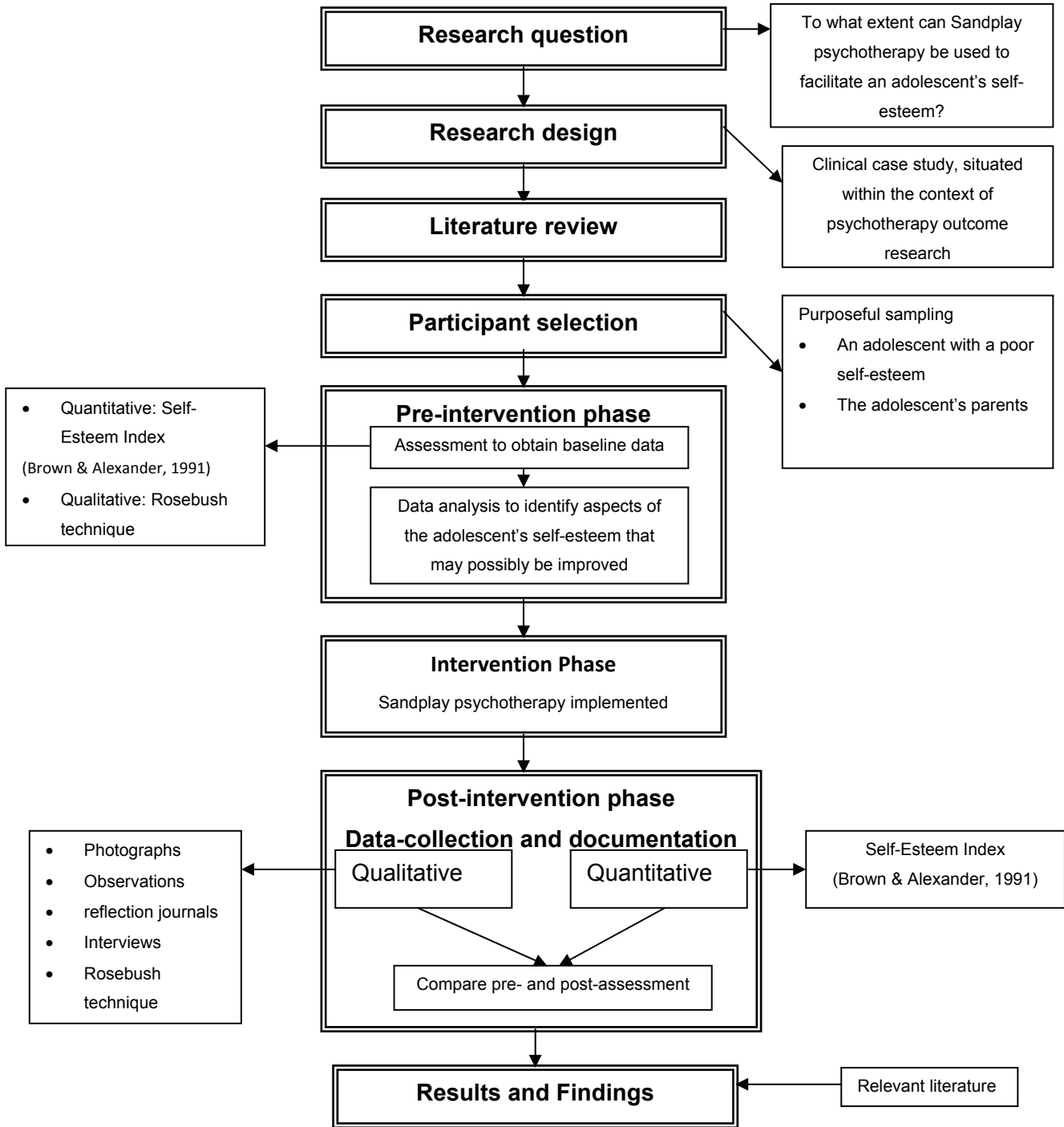
appreciating and clarifying the participant's perceptions of the experiences, views and feelings regarding the self during and after the Sandplay process. The participant's reflection journal and discussions with the therapist after each sand tray session assisted me in gaining insight into the participant's reality. In addition to interpreting the feelings of the participant's reality based on qualitative measures, I used quantification by employing the Self-Esteem Index (Brown & Alexander, 1991) as a means to improve my understanding.

I regard the interpretivist paradigm as suitable for my study as I believe that people construct their own realities. In this study I attempted to improve my understanding of a specific individual's experience of the self before, during and after an intervention. This improved understanding enabled me to draw conclusions regarding the potential use of Sandplay Psychotherapy in the case of an adolescent who had a poor self-esteem.

## **1.6 OVERVIEW OF RESEARCH METHODOLOGY**

Figure 1.1 (next page) provides an overview of the research process of my study. As illustrated in Figure 1.1, I employed a clinical case study design, situated within the context of psychotherapy outcome research. Psychotherapy outcome research focuses on the outcome of psychotherapy (Terre Blanche & Durrheim, 1999). By using purposeful sampling (Creswell, 2002) I selected the primary participant, an adolescent, after she had approached me for therapeutic intervention, and based on an assessment indicating that she had a poor self-esteem. In addition the parents of the participant participated as secondary participants. I explain the manner in which I followed ethical guidelines in selecting my participant in section 1.9.

For the purpose of the pre- and post-assessment I utilised one quantitative measure namely the Self-Esteem Index (Brown & Alexander, 1991). For qualitative data collection purposes, I relied on a post-modern educational psychological assessment, namely the Rosebush technique (Oaklander, 1988), both prior to and after the intervention had been completed. The results of the post-assessment were subsequently compared with the results of the baseline data in an attempt to identify any changes that might have occurred. Furthermore, semistructured interviews (Mouton, 2001) were conducted with the parents in order to supplement the above data. In addition, I relied on simple observation while conducting interviews and Sandplay psychotherapy (McMillan & Schumacher, 2001). I also used field notes (Mouton, 2001), photographs (Bogdan & Biklen, 2003) of the sand tray images and reflection journals by the researcher and the participant (Burns, 2000, McMillan & Shumacher, 2001).



**FIGURE 1.1: Research methodology**

I relied upon crystallisation, converging the information obtained from multiple data sources with the aim of deriving conclusions. This entailed the identification of emerging themes across a variety of data sources (McMillan & Schumacher, 2001). I identified themes in the photographs taken of the sand trays, the transcripts of the interviews, the field-notes of my observations and the participant's and researcher's reflection journals. This enabled me to identify themes related to the potential use of Sandplay psychotherapy with an adolescent who had poor self-esteem. I also relied on the results of the pre- and post-test of the SEI and the post-modern Rosebush technique, enabling me to compare certain aspects of the participant's self-esteem before and after the intervention.

## **1.7 ROLE OF THE RESEARCHER**

My primary role was that of researcher, observing the therapeutic sessions and interactions between the therapist and participant. According to Wheeler (1995) the researcher is part of the data collection as well as the data analysis process and can therefore be regarded as a research instrument. I constantly kept this in mind and reminded myself that it entailed observing, listening carefully and continuously abiding by the ethical guidelines of research.

I attempted to avoid researcher bias by continuously reflecting in my research journal on my stance, beliefs, actions and perceptions as a different individual with a different reality. I also engaged in critical discussions with people that were not directly involved with my research, such as my supervisors and critical readers. In addition, regular debriefing sessions with my supervisors assisted me in my attempt not to be influenced by subjectivity. I do, however, acknowledge that my own subjectivity could have influenced my observations and findings.

## **1.8 QUALITY CRITERIA**

To establish trustworthiness I attempted to meet the criteria of credibility, transferability, dependability, confirmability and authenticity. Credibility refers to whether or not the intervention technique (Sandplay psychotherapy) that I explored, could be valuable when working with an adolescent with poor self-esteem. I attempted to enhance the credibility of my study by comparing any potential change in themes throughout the sessions and by doing a pre- and post-test which is standardised to measure self-esteem (Terre Blanche & Durrheim, 2002).

Although it was not my main purpose to generalise my findings, I attempted to maximise my understanding of the case, which could increase transferability. I used multiple methods to collect and record my data (photographs, observations, reflection journals and SEI). In addition I attempted to obtain dependability by using

techniques such as triangulation, prolonged engagement, field observations and journals (Cohen, Manion & Morrison, 2006). By being aware of my own perceptions and bias and by discussing this with my supervisors, I aimed to minimise researcher bias and increase confirmability (Cohen *et al.*, 2006). My researcher journal assisted me in critically reflecting on the sessions. Finally, I employed various measures to also increase the authenticity of my study, such as providing a holistic picture by keeping a research journal and capturing raw data in the form of photographs (Cohen *et al.*, 2000). A more comprehensive discussion on the rigour of my study follows in Chapter 3.

## **1.9 ETHICAL CONSIDERATIONS**

As my study included individual therapy with an adolescent, I adhered to the ethical standards of the Health Professions Council of South Africa (HPCSA). These included informing my participant and the participant's parents about the research and what was expected of them at the beginning of the process. I explained my role as researcher to the participant and asked for permission to use the data collected for research purposes. Informed consent and assent forms (Appendix G) were explained and signed (Cohen *et al.*, 2006; De Vos, 2002).

During this study the participant was not exposed to physical risks or harmful activities. In selecting the participant, I waited for an adolescent to seek my professional services for the purpose of improving her self-esteem. I did not set out to identify an adolescent who adhered to the selection criteria, but waited for a suitable opportunity to occur. I worked within the limits of my competence, and a fellow educational-psychologist-in-training conducted the therapy, handling any potential situations where psychological harm could possibly occur. In addition, I respected my participant, allowing the participant to withdraw from the study at any time (Patton, 2002, Terre Blanche, Durrheim & Painter, 2006).

I strove towards an honest and mutually trustworthy relationship with the participants and ruled out any form of deceit or betrayal (Cohen *et al.*, 2006). I continually assured the participant of the confidential nature of the sessions and that the results would be presented in an anonymous manner (Burns, 2000). The research ethical guidelines I adhered to in my study are discussed in more detail in Chapter 3.

## **1.10 LAYOUT OF CHAPTERS**

The chapters are structured as follows:

## **Chapter 1: Overview and Rationale**

Chapter 1 is an introductory chapter to the mini-dissertation. It provides a general overview of the study by stating the rationale, the research questions, the purpose of the research and the definitions of key concepts. The research methodology is briefly introduced, providing an overview of what is explained in Chapter 3.

## **Chapter 2: Conceptual Framework**

This chapter provides the conceptual framework for my study, based on an exploration of existing literature on the theory of Sandplay psychotherapy and development during adolescence and self-esteem.

## **Chapter 3: Research Design and Methodology**

Chapter 3 describes the research design, how the participating adolescent was selected, as well as how the data were collected, analysed and interpreted. Justification of my methodological choices and discussions on ethical considerations and the rigour of the study are also included.

## **Chapter 4: Results of the Study**

The fourth chapter presents the results of the study in terms of themes and subthemes that emerged. My data analysis and data interpretation processes are further described.

## **Chapter 5: Findings, Conclusion and Recommendations**

In Chapter 5 I summarise the findings of the study and subsequently address the question on the potential use of Sandplay psychotherapy in the case of an adolescent who has poor self-esteem. I, furthermore, formulate my conclusions and recommendations for future research and practice. I also discuss the challenges posed by the study and highlight the possible contributions of the study.

### **1.11 CONCLUSION**

In this chapter I presented a general overview of my research problem and my rationale for undertaking this study. The purpose was stated and an overview of the research design and methodology was given. I defined the key concepts and described what they entailed within the context of my study.

In Chapter 2 I present the conceptual framework I relied upon in planning and undertaking my empirical study, and interpreting the results I obtained. I explore existing literature on the theory of Sandplay psychotherapy, development during adolescence and self-esteem formation.



## CHAPTER 2

### CONCEPTUAL FRAMEWORK

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#### 2.1 INTRODUCTION

In Chapter 1 I presented a general overview of my research problem, my rationale and purpose for undertaking the study. I briefly discussed the research design and methodology and described what the key concepts mean within the context of my study.

In this chapter I explore existing literature on development during adolescence, self-esteem formation and the theory of Sandplay psychotherapy. I commence the chapter with my conceptual framework, and then describe my conceptualisation in terms of the components of my framework.

#### 2.2 CONCEPTUAL FRAMEWORK

Figure 2.1 provides a visual presentation of the conceptual framework of my study.



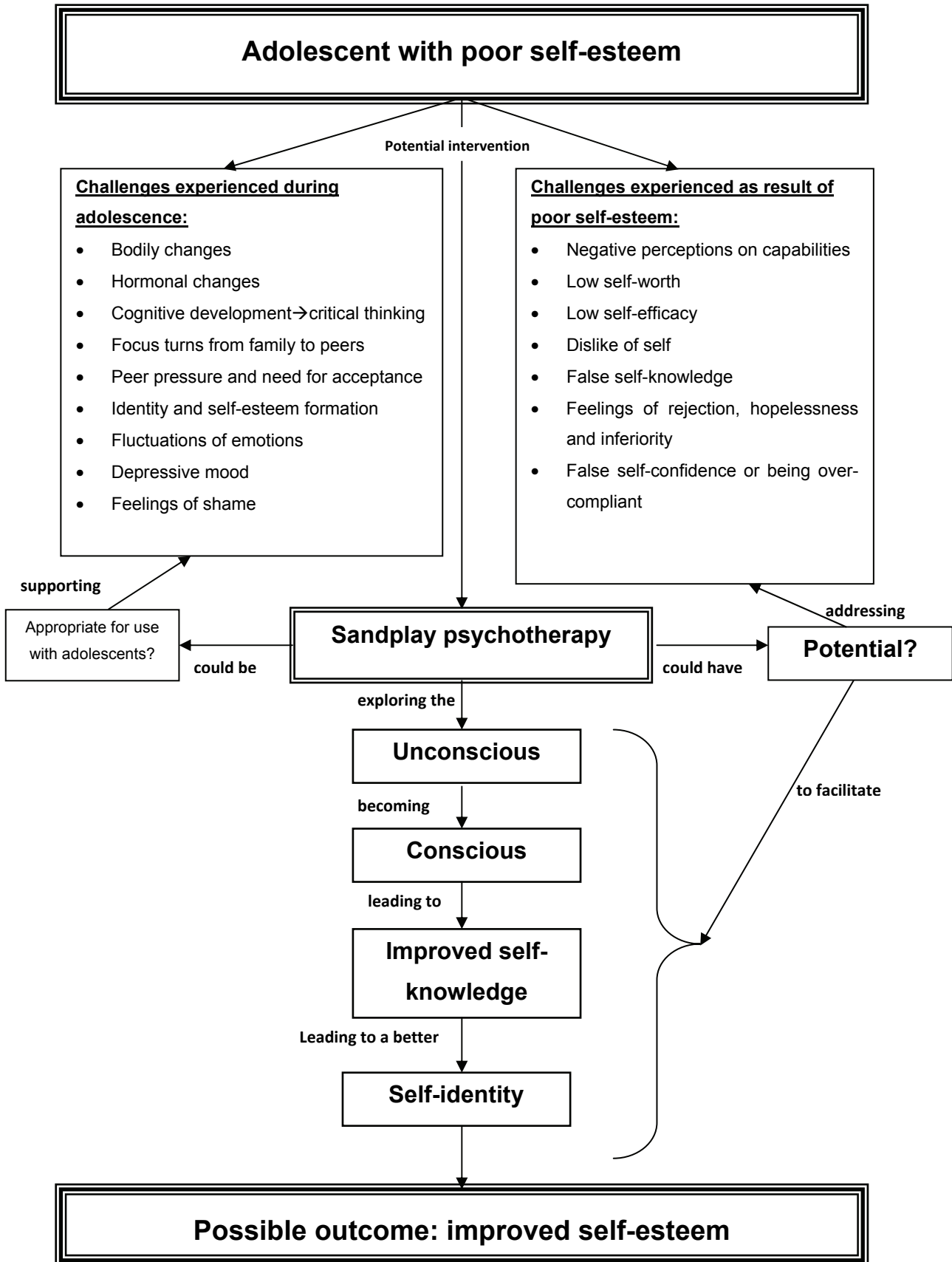


FIGURE 2.1: Conceptual framework of the study

I view adolescence as a difficult time characterised by developmental challenges such as physical and hormonal changes, cognitive development which leads to critical thinking, a shift of focus away from family to peers, dealing with peer pressure and striving for acceptance, identity and self-concept formation, and fluctuating emotions, depressive mood and feelings of shame (Crockett & Silbereisen, 2000; Dusek & McIntyre, 2003). In addition, poor self-esteem may pose challenges such as negative perceptions in terms of capabilities, a low self-worth and self-efficacy, a dislike of the self, false self-knowledge, feelings of rejection, hopelessness and inferiority, as well as a false level of self-confidence or over-compliantness (Crockett & Silbereisen, 2000; Dusek & McIntyre, 2003; Fenwick & Smith, 1993; Gouws *et al.*, 2000; Manning, 2007). Against this background it seems as if the combination of being an adolescent and possessing poor self-esteem might have detrimental effects on the adolescent's development.

For the purpose of my study I proposed that Sandplay psychotherapy could bring the unconscious to the conscious level, offering one potential route of addressing challenges such as the ones identified in the previous paragraph (Betman, 2004; Boik & Goodwin, 2000; Zinni, 1997). My assumption was based on the fact that Sandplay psychotherapy has improved self-knowledge and self-identity (Kalff, 1980), which in turn might lead to improved self-esteem (Dusek & McIntyre, 2003; Eloff & Ebersöhn, 2006). In the next two sections I explore the first component of my conceptual framework, namely adolescence and self-esteem. Thereafter I turn my discussion to Sandplay psychotherapy in section 2.5.

## **2.3 ADOLESCENCE AS A TIME OF CHANGE AND CHALLENGE**

The chronological age of an adolescent is generally accepted as between eleven and eighteen years (Gouws *et al.*, 2000). During this time, development occurs in the physical, cognitive, social, emotional, moral and religious domains (Crockett & Silbereisen, 2000; Fenwick & Smith, 1993; Garbarino, 1985; Gouws *et al.*, 2000). Although my study was informed by developmental theory in the various areas, I focus my discussion in this section on the emotional and social development of the adolescent, based on my specific focus on self-esteem.

### **2.3.1 Expectations during adolescence**

According to Pajares and Urdan (2003) the primary tasks of adolescent development in a multicultural context include the attainment of a profound sense of the socio-cultural origins of personal identity and agency, and a willingness to engage with alternative conceptions and practices of personhood as a means of enriching possibilities for personal and collective development. Besides these developmental tasks adolescence is regarded as a time of rapid physical development. According to Gouws *et al.* (2000) major events in puberty include the acceleration of skeletal growth, changes in body composition and muscular growth, increased

strength and endurance, the development of reproductive organs, and changes in the nervous and endocrine system that coordinate the rest of the changes.

Based on the fact that the emotional development of adolescents occurs at a slower rate than in the other areas of development (Gouws *et al.*, 2000), adolescents tend to be emotionally less mature than what one could expect according to their physical appearance. Parents, teachers and other adults might therefore have unreasonable expectations of adolescents when they judge them in terms of physical maturity (Fenwick & Smith, 1993). Research indicates that physical appearance can in turn influence the way in which people treat one another, while the own perception of appearance might influence the way an individual feels and acts. When people perceive themselves as being beyond the margins of normality, negative feelings can become a threat to self-esteem. This is often seen in early-maturing females or late-maturing males (Garbarino, 1985; Gouws *et al.*, 2000; Rosenblum & Lewis, 2003). It was evident in my study that the participant's negative feelings had already influenced her self-esteem negatively at the time when she became involved in my research.

In addition adolescents are often expected to learn to perceive themselves and their role in the social world more realistically as they mature cognitively. In the same way, moral judgment usually changes when adolescents gain cognitive tools for evaluating the value and consequences of their behaviour (Gouws *et al.*, 2000; Pajares & Urdan, 2003; Rosenblum & Lewis, 2003).

### **2.3.2 Emotional development during adolescence**

Adolescents' emotions are influenced by the various changes they undergo, resulting in changed perceptions in terms of their own development and identity (Crockett & Silbereisen, 2000). Influential events include the development of formal operational thoughts, which could enable adolescents to reason about emotions, hormonal changes and inconsistencies often leading to emotional instability, changed identity structures, enhanced peer orientation and peer pressure, multiple salient life events, and a shift in social demands and expectations (Crockett & Silbereisen, 2000; Rosenblum & Lewis, 2003).

Adolescents' emotional experiences differ distinctly from those of children and adults, as they generally seem to be less positive and happy than others (Gouws *et al.*, 2000). A depressed mood, for example, is often linked to negative self-esteem, poor perceived levels of competence in various domains, low levels of perceived support from peers and parents, as well as a poor body image (Gouws *et al.*, 2000; Rosenblum & Lewis, 2003).

In dealing with the changes they undergo, adolescents generally face the need to discover their own strengths and weaknesses and then form their own identities. The way in which they view themselves and how comfortable they feel with their own capabilities might have a distinct influence on adolescents' self-esteem. Should adolescents develop poor self-esteem, they may, for example, feel tense and awkward in social situations, which can in turn result in difficulty when communicating with others (Brooks, 2008; Gouws *et al.*, 2000).

According to Crockett and Silbereisen (2000), Gouws *et al.* (2000) as well as Rosenblum and Lewis (2003), adolescents are required to develop some emotional competencies in order to become emotionally mature. These competencies include the ability to regulate intense emotions and to modulate rapidly vacillating emotions. Adolescents need to develop the ability to comfort themselves independently, and become aware of and successfully attend to their own emotions without becoming overwhelmed by them. Furthermore they need to understand the consequences to themselves and others of authentic emotional expression *versus* dissemblance. In addition adolescents are expected to increasingly use symbolic thought to transform the meaningfulness of a negative event to one that is less aversive, separate momentary emotional experience from their true identity, and recognize that the self can remain intact and continuous despite emotional fluctuation (Crockett & Silbereisen, 2000). Distinguishing feelings from facts to avoid reasoning based on emotion, such as: "*I feel it, therefore it must be true*", being able to negotiate and maintain interpersonal relationships in the presence of strong emotion, and managing the emotional arousal of empathic and sympathetic experiences are also essential for emotional maturity. In addition using cognitive skills to gather information on the nature and sources of emotion are important in order to act in an emotionally mature manner (Rosenblum & Lewis, 2003).

The emotions that adolescents experience can connect separate events *via* shared emotional processes or emotional valence (Gouws *et al.*, 2000). Emotional triggers are gradually established during this developmental phase, and identity development subsequently takes place. Shame is an important emotion often experienced by adolescents as this can influence their self-esteem negatively. The emotion of shame might be caused by factors such as the public nature of puberty's bodily changes and the conflict between being an individual and the need to maintain the approval and love of significant others, to mention but a few (Gouws *et al.*, 2000; Rosenblum & Lewis, 2003). The emotional development of the adolescent might in turn influence the social development, which I will now discuss in more depth (Gouws *et al.*, 2000).

### 2.3.3 Social development and related challenges during adolescence

Social institutions often stipulate the social skills adolescents are expected to master and the kinds of choices they typically face, as well as the expectations of the community concerning the requirements for success in adulthood (Crockett & Silbereisen, 2000). According to Gouws *et al.* (2000) as well as Rosenblum and Lewis (2003), social development includes changes in relationships with other people, but also the influence of society and specific people on an individual. For adolescents this could include changes in the relationships they have with their parents, siblings, teachers, peer group and friends.

Some of the specific changes that might occur in the abovementioned relationships are mostly related to parenting styles of exercising authority, adolescents' struggle for independence, and the possible resulting conflict between adolescents and their parents. Furthermore peer-group formation, role division in the peer group, peer-group pressure and conformity, and adolescents' relations with friends of the same and opposite gender might also change – for example an increased interest in the opposite sex might occur and the way that adolescents' peer groups perceive them might become more important to them. In addition personality development in terms of identity and self-concept formation might occur, which could possibly result in further changes in adolescents' relationships. It follows that the acquisition of appropriate interpersonal skills is an important part of adolescents' relationships (Eloff & Ebersöhn, 2006; Gouws *et al.*, 2000).

Adolescents face the challenge of becoming independent and establishing an own identity (Gouws *et al.*, 2000). To achieve this adolescents often experiment with clothes, hairstyles, attitudes and opinions. They question the values and principles of their parents and collect new experiences, test limits and might take risks. This process can, in turn, lead to conflict with parents and other authority figures, since adolescents increasingly strive to make their own choices and find their place in society (Crockett & Silbereisen, 2000). Furthermore they typically prefer to spend less time with their parents and more time with their peers. As adolescents become emotionally and socially mature, they could, however, become less self-absorbed, with conflict decreasing. This could in turn enable them to develop a deeper capacity for caring and sharing, resulting in the relationships they form to become more intimate. In addition they may become more tolerant of personal and cultural differences as they mature (Fenwick & Smith, 1993; Gouws *et al.*, 2000).

Although adolescents are usually able to gradually establish more intimate relationships and become more tolerant, this life phase might still be a time of conflict. Adolescents tend to be less willing to communicate verbally with adults, especially their parents, during such times of conflict (Garbarino, 1985). A low self-esteem can furthermore negatively impact on verbal communication (Fenwick & Smith, 1993). Against this background

and often expected behaviour of adolescents, I regarded Sandplay psychotherapy as one potential alternative form of communication with an adolescent in a therapeutic setting when I commenced my research.

## 2.4 SELF-ESTEEM AS CENTRAL TO ADOLESCENT DEVELOPMENT

In my discussion of self-esteem I focus my exploration on the different concepts, phases of identity formation and factors that may contribute to building strong self-esteem. I then describe self-esteem during adolescence, whereafter I explore some ways of dealing with poor self-esteem.

Self-esteem consists of two components, namely content and valence. Content relates to questions such as “*What am I like?*”, while valence asks questions such as “*Do I like who I am?*” (Louw *et al.*, 2002). As such, according to Sternberg (2001), self-esteem entails a person’s positive or negative self-perceptions. Adolescents’ feelings of self-worth can be described in different terms. According to Sternberg (2001) self-esteem represents the degree to which people value themselves. Self-worth is often used as alternative term for self-esteem, as it forms part of the valence dimension of the self-concept and refers to a person’s sense of value (Donald *et al.*, 2002). In my study I focused on self-esteem. However, for a comprehensive understanding of this complex phenomenon, related concepts, such as self-efficacy, should also be considered.

An individual’s self-esteem starts to develop as soon as the individual becomes aware of his/her own identity. This may start around the age of three to four years, when children start experiencing a feeling of being proud of their own skills, resulting in feelings of self-worth or high self-esteem (Louw *et al.*, 2002). Such feelings of self-worth might change over time, since self-esteem is dynamic by nature. It follows that self-esteem changes throughout the life cycle, in accordance with experiences and changes in one’s own value system (Donald *et al.*, 2002; Louw *et al.*, 2002).

Self-efficacy entails an individual’s sense of capability, effectiveness, strength, or ability to attain certain desired goals. In other words self-efficacy concerns people’s perceptions in terms of what they are able to do. Such beliefs might affect the value that individuals accord to themselves, which in turn culminates in self-worth (Eloff & Ebersöhn, 2006; Van Niekerk, Van Eeden & Botha, 2001).

The abovementioned concepts of self-worth, self-efficacy and self-esteem could influence one another. Therefore an awareness of identity could lead to self-knowledge which, according to Bester (2004), implies an accurate understanding of an individual’s own strengths, interests, abilities and values. As an individual’s strengths can vary in different contexts, the possibility has to be considered that self-esteem might differ from one context to another. Getting to know their abilities at home might give individuals positive self-esteem within

the home environment, while they for example might have poor academic self-esteem at school (Brooks, 2008; Brown & Alexander, 1991). The difference in individuals' self-esteem in different contexts is distinguished in the SEI (Brown & Alexander, 1991) that I employed in my study, during which the participant's perceptions regarding her familial acceptance, her academic competence, her peer popularity and her personal security were measured on separate scales (Brown & Alexander, 1991).

The process of improved self-knowledge generally continues during childhood years, typically resulting in individuals giving meaning to personal experiences and evaluating themselves accordingly. This process is called identity formation (Eloff & Ebersöhn, 2006) and can be helpful to an individual with low self-esteem, which I regard as one of the goals for the therapeutic intervention in this study (Eloff & Ebersöhn, 2006). In gaining an understanding of the primary therapeutic intervention goal that was employed in this study, I considered the phases of identity formation as distinguished by Ludick (in Eloff & Ebersöhn, 2006) and summarised in Table 2.1:

PHASE	EXPLANATION AND APPLICATION IN MY STUDY
Self-awareness	Refers to the knowledge that people are individuals as well as to the personal evaluation of individual characteristics. <i>Since adolescents are still in the process of gaining self-knowledge, I believed that the awareness of unconscious struggles could assist the participant in my study in gaining an improved self-awareness.</i>
Self-concept	Entails situation-specific perceptions and evaluations of who people are and what they can do. <i>The different sand tray scenes provided the participant in my study with the opportunity to explore her perception of herself and her abilities in different contexts, such as at school or at home.</i>
Self-worth	Concerns experiences of the self in both positive and negative terms, as well as perceptions of the self. <i>I believe that, in addition to gaining insight into her perceptions of herself, the participant in my study had the opportunity to become aware of positive attributes that she was unaware of as the study progressed, since she initially tended to focus only on her negative attributes. The therapist facilitated this awareness in the discussions and the participant seemed surprised by some of her own realisations.</i>
Self-confidence	I based this on expectations of a person's possible successes or failure, founded in self-judgement. <i>After the participant had become aware of her positive attributes, her perceptions of herself seemingly changed to be somewhat more positive. In turn, her positive perceptions apparently influenced her expectations of herself in a positive way.</i>

**TABLE 2.1: Applying the process of identity formation within the context of my study (Ludick in Eloff & Ebersöhn, 2006).**

In considering Sandplay psychotherapy I proposed that such an intervention could address the self-awareness phase of identity formation of the participant involved, which in turn had the potential of enhancing her self-esteem (Eloff & Ebersöhn, 2006; Enns & Kasai, 2003). Based on my hypothesis I set out to explore this

possibility. Factors that I kept in mind that could influence this process of identity formation, and ultimately the participant's self-esteem or self-concept, included gender identity, learning difficulties (Brooks, 2008), any feelings of rejection, failure and hopelessness about the future (Lerner, 2006), and social judgments by others (Sternberg, 2001). On the other hand positive contributors to building strong self-esteem that I kept in mind during this study included acceptance and support provided by the participant's parents or significant others, including the social groups that she was a part of. It is generally known that if adolescents are socially accepted (especially by their peers), such acceptance can greatly enhance their self-esteem (Brooks, 2008).

#### **2.4.1 Formation of self-esteem**

The way in which people behave typically correlates with the manner in which they perceive themselves. If people expect to succeed, they are most likely to do so. As stated before, the perception of oneself begins to form shortly after birth, and the process of the formation of self-esteem is continued throughout childhood when parents, teachers and significant others communicate messages to the child, being either positive or negative (Lawrence, 2000; Sternberg, 2001).

Through encounters with significant others and the environment, children learn what their strengths and weaknesses are. They also learn which behaviour is typically rewarded and then usually add that to their value systems (Lerner, 2006). When reaching adulthood, a more accurate perception of one's own abilities has usually been formed. Distorted information about oneself can, however, lead to negative self-esteem where people believe that they are below average when they are in fact average or above average (Lawrence, 2000). In my study I took a closer look at potentially distorted beliefs and the contexts in which they were manifested. For this purpose I implemented the SEI (Brown & Alexander, 1991) to identify the contexts in which the participant's self-esteem appeared to be low, with the purpose of exploring how these could be addressed by means of Sandplay psychotherapy.

Distorted information about self-esteem can, on the other hand, also be the reason for young children overestimating their competence. Young children often lack the critical thinking skills that are associated with more mature cognitive functioning, resulting in distorted views on their own abilities. As children grow older they are usually able to critically evaluate their abilities, understand how others view their skills and integrate such information from multiple sources to develop more accurate self-perception (Manning, 2007). Yet, whether the information regarding self-esteem is distorted or accurate, a discrepancy between individuals' ideal selves and their perceptions of who they are and what they can accomplish, are normal and can even be regarded as healthy. Such a discrepancy might motivate a person to improve and move closer to the ideal self. When people find it difficult to reach their ideal, they might feel like failures and dislike themselves. This perceived failure in



one area can, however, be generalised to the whole personality and lead to low self-esteem in general (Lawrence, 2000).

Factors that can counter such generalisation and contribute to the development of a positive self-concept and high self-esteem include parental warmth, which includes concern and interest in adolescents, parents who use a democratic or authoritative disciplinary style, which entails that they are consistently strict but sufficiently flexible, and quality parent-child relationships (Gouws *et al.*, 2000). According to Manning (2007) high academic achievement can also increase self-esteem. Likewise confidence can lead to improved academic achievement, starting a spiral of improved academic self-esteem and academic success (Lawrence, 2000). Therefore, by increasing children's academic skills, or any other skills and competencies for that matter, their self-esteem might be built to move closer to the ideal self. In my study, the participant came from a warm and supportive home environment, but seemingly lacked some social skills at the onset of the field work, contributing to her self-esteem.

In addition to parent-related factors, praise, recognition and encouragement may also contribute to establish positive self-esteem. In the same way, however, the lack thereof can contribute to negative self-esteem, leading to an enlarged discrepancy between the ideal and perceived self (Manning, 2007). The school can be regarded as a vehicle for social change and personal advancement for adolescents, focusing on the development of the skills deemed important during adolescence, and by potentially providing praise, recognition and encouragement. Schools are social systems which can direct children towards certain social groups or careers that might contribute to positive self-esteem (Garbarino, 1985). However, according to Lawrence (2000), people cannot be expected to satisfy their social needs such as self-esteem unless their basic physiological needs are satisfied first. In my study the participant's physiological needs seemed to have been met, and may not have been the primary cause of her poor self-esteem when she became involved in the study and was exposed to Sandplay psychotherapy.

#### **2.4.2 Self-esteem during adolescence**

Although the initial formation of self-esteem takes place in the early childhood years, self-esteem is further refined and developed as children become adolescents. An increased freedom typically allows adolescents to participate in activities in which they can show their competence and receive support from others by behaving in socially acceptable ways (Manning, 2007). If adolescents lack confidence in their personality or abilities, they could be reluctant to take risks and might avoid situations in which they could experience failure (Lawrence, 2000).

According to Gouws *et al.* (2000) various areas of the adolescent's life are affected by self-esteem. Social relationships may be inhibited and adolescents with low self-esteem may become isolated as they experience difficulty in communicating with peers. Emotional wellbeing on the other hand is also related to success experiences, accomplishments and positive psychological adjustment, and can more easily be maintained if adolescents possess positive self-esteem (Dusek & McIntyre, 2003).

Adolescents with poor self-esteem might therefore experience high levels of helplessness and feelings of inferiority. They are usually incapable of improving their situation and often believe that they do not possess the necessary resources to reduce the anxiety that they are experiencing. They can become over-compliant in an attempt to be accepted and sometimes even appear to be self-confident when they are not. They will find it hard to feel good about themselves especially if they are rejected, regardless of the efforts they make (Dusek & McIntyre, 2003; Geldard & Geldard, 2002). In my study I had to keep in mind that the participant might have experienced one or more of these negative emotions, which potentially have impacted on the poor self-esteem she presented with.

#### **2.4.3 Dealing with negative self-esteem**

One way of addressing an adolescent's low self-esteem is by promoting competence in areas that are important to the adolescent. As social pressure increases during adolescence, areas which are deemed important by both significant others and the peer group should be taken into account. Adolescents' self-esteem may be protected if they disregard the importance of some of the domains that others value, but feel competent in the domains they value (Dusek & McIntyre, 2003; Eloff & Ebersöhn, 2006; Manning, 2007).

Support from significant others, or the perception that unconditional support is provided, is a useful strategy that could enhance self-esteem. Although the influence of peers' approval increases during adolescence, parental influence does not decline. Adolescents, however, sometimes need to be made aware of the support they are already receiving from their parents and significant others (Crockett & Silbereisen, 2000; Manning, 2007).

When considering the above argument, it seems clear that when intervention is planned, it might be useful to base intervention on an accurate assessment in order to ensure that individual needs are targeted. For example if adolescents express low academic self-esteem because of reading difficulties, they might benefit from intervention focused on improving reading skills. In the classroom, peer tutoring and cooperative learning might increase an adolescent's academic skills and perception of social support, in turn promoting positive self-esteem (Donald *et al.*, 2002; Eloff & Ebersöhn, 2006; Manning, 2007). Applying this to my study I decided to

base the intervention that was employed on an assessment of the participant in terms of her self-esteem, relying on both quantitative and qualitative measures.

When adolescents lack an accurate perception of their skills or the support they receive, cognitive-behavioural techniques are often employed, with the aim of changing perceptions. In some cases, adolescents can be guided to re-evaluate the importance they attach to particular sources when they do not experience sufficient support. For example the limited perceived support from the popular members of the peer group may need to be discounted in order to focus on the support they receive from others (Crockett & Silbereisen, 2000; Manning, 2007). In my study I did not explore the possibility of employing cognitive behavioural techniques. I decided rather to employ gestalt-based activities in the form of Sandplay psychotherapy (Enns & Kasai, 2003), based on the possibility of this technique reflecting the participant's honest feelings. Frederick Perls (1893-1970), a psychiatrist that developed gestalt therapy, concluded that what clients do, is more reliable than what they say (Colman, 2003; Matthew & Sayers, 1999). I thus relied on the possibility of distorted perceptions being addressed by improved self-awareness and self-knowledge, which is the first phase of identity formation (Ludick in Eloff & Ebersöhn, 2006). In the next section I explore Sandplay psychotherapy in detail, highlighting its potential value and justifying it as selected intervention strategy within the context of my study.

## **2.5 SANDPLAY PSYCHOTHERAPY**

Sandplay psychotherapy can be regarded as an action-oriented and artistic psychotherapeutic technique, which does not emphasise verbal and direct expression, linear and cause-effect thinking, and a distinction between physical and mental wellbeing. The focus is on nonverbal communication, concrete activity with the whole body, and a holistic perspective (Enns & Kasai, 2003). Sandplay psychotherapy shares properties with play therapy, art therapy, and projective assessment techniques (Zinni, 1997).

As Sandplay psychotherapy is typically viewed as a play therapy technique, it is grounded in psychodynamic theory (Kalff, 1980). Therapists generally act from the perception that clients possess unconscious thoughts and feelings, and that these thoughts and feelings can be monitored by means of therapy. By making the unconscious conscious, insight into existing emotional conflict might be obtained. The miniatures and other objects used in Sandplay psychotherapy involve a nonverbal process of free association (Boik & Goodwin, 2000; Kalff, 1980; Zinni, 1997). This technique was found to be appropriate for use within diverse populations, cultures and languages, as well as with people from different race, age and developmental levels (Kukard, 2006).

### 2.5.1 Development and underlying philosophy of Sandplay psychotherapy

The process of Sandplay psychotherapy can be described as a form of projection, in which it is defined as a process where clients attribute their own characteristics to things (sandbox) or people (miniatures and objects) in the external world (Thompson & Henderson, 2007). Within the context of psychodynamic theories, Kalff (1980) applied a Jungian view according to which the psyche or basis for the personality is believed to imply a natural tendency to constellate itself when a free and sheltered space is created. Kalff (1980) believed that this constellation could be observed when looking at the order and cohesiveness of a sand tray creation.

Well-known psychologists, such as Anna Freud, Erik Erikson and Carl Jung supported the use of toys and miniatures for assessment and intervention purposes when they conducted research in this area (Boik & Goodwin, 2000). From the initial work of these authors, the so-called World technique originated in 1929 when Margaret Lowenfeld, a British paediatrician and child psychiatrist, asked a child to create a world in a sand tray, in her *Clinic for Nervous and Difficult Children* (Turner, 2005). Lowenfeld (Turner, 2005) believed that such a creation in sand allowed for a form of communication without words, by means of which children could express their mental and emotional experiences in an indirect way.

Following Lowenfeld's work Carl Gustav Jung attended a conference in 1937, analysing the work of Lowenfeld. At that stage, several other clinicians were also interested in the so-called World technique, and adapted or modified the technique to suit their own therapeutic or diagnostic purposes. Among these clinicians were Goesta Harding who developed the Erica method (a diagnostic and therapeutic tool), Charlotte Buhler who developed a standardised diagnostic test called the World Test, De Beaumont and Arthus who developed a clinical assessment test called the Village Test, Erik Erikson who developed the Dramatic Productions Test from which he surmised that miniature configurations appeared to represent clients' childhood trauma, and Hedda Bolgar and Lisolette Fischer, who developed a nonverbal projective instrument called the Little World Test to assist them in clinical diagnosis (Turner, 2005).

Dora Kalff was also interested in Lowenfeld's World technique and was reportedly intrigued by the possibility of using this technique, as a symbolic tool, on children. Subsequently Carl Jung encouraged Kalff to explore this possible use within the area of Jungian Psychology. The eventual founder of the therapeutic Jungian Sandplay therapy as we know it today can, therefore, be seen as Dora Kalff (Turner, 2005). Kalff was the first person to use the term Sandplay psychotherapy and added a dimension to the world technique of Lowenfeld by viewing this process of play as an expression of a client's intrapersonal worlds in symbolic form. Kalff believed that by constructing concrete images of themselves in a safe environment, clients (children) would be able to reconnect

aspects of their inner and outer selves. In her view this could in turn lead to a new “wholeness”<sup>2</sup>, marked by balance, congruence, and integration of the conscious and unconscious (Boik & Goodwin, 2000; Steinhardt, 2000; Turner, 2005; Van Dyk, 2001).

Kalff thus attempted to integrate Eastern and Western values through Sandplay psychotherapy. Jungian and many Asian traditions, on which Kalff based her work, include shared assumptions such as a belief that everyone has a fundamental internal drive towards wholeness and healing, and that clients have the capacity to transcend their current circumstances. An appreciation of symbols, metaphors and mythology is regarded as important forms of communication for clients, where the emphasis is placed on mind-body and person-environment connections. Throughout it is regarded as important to balance seemingly opposing psychic forces such as rationality and irrationality (Enns & Kasai, 2003).

However, according to Bradway (in Bradway *et al.*, 2005), interpretations are occasionally greatly influenced by theoretical opinions and subjectiveness, resulting in the view that it is not justifiable to interpret a sand tray. For this reason, although silence plays an important role in Sandplay psychotherapy, conversations that may occur during sessions cannot be excluded. However, a therapist is expected to guard against making hasty analytic interpretations and communicating such interpretations to a client. In following a deferred approach clients are usually encouraged to feel at ease when building sand tray images (Bradway *et al.*, 2005). In addition to this potential advantage, Kalff’s Jungian background supported the idea of remaining focused on the exploration of the psyche. By finding underlying meaning in difficult experiences, unconscious difficulties may be brought into consciousness. In turn this may provide a client with the opportunity of reintegrating memories of negative experiences into their thinking processes, allowing for possible healing to occur (Kalff, 1980).

Besides Kalff’s view that delayed interpretation of sand tray images was important in allowing the psyche of a client to undergo transformation towards healing, she was of the opinion that interpretation was not always required. This was due to her belief that Sandplay psychotherapy can be regarded as a self-healing process and interpretation could lead to researcher bias (Becker, 2004; Turner, 2005; Van Dyk, 2001). Kalff stated that symbols can only be partially known to an interpreter if at all, and that although symbols carrying universal meanings seem to exist, a symbol can never be precisely defined. Therefore every individual is regarded as holding a different connotation and expressing a different message through a specific symbol. The therapist can merely attempt to understand the language and message of the client, but cannot rely on any form of personal

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<sup>2</sup> Wholeness refers to an individual’s awareness of unconscious thoughts and appropriately dealing with those in their conscious lives (Boik & Goodwin, 2000; Steinhardt, 2000).

interpretation as being accurate if symbols are not discussed with clients (Daniels, 2005; Jung, 1964; Meltzer & Porat, 1997).

### **2.5.2 Application of Sandplay psychotherapy**

Several therapeutic techniques can be used to assist a child in indirectly or nonverbally expressing feelings or experiences. Amongst others these include play therapy, art therapy, music, movement therapy, and Sandplay psychotherapy (Kalff, 1980; Zinni, 1997). The purpose of Sandplay psychotherapy is to let a client play, against the background of few rules, in order to facilitate healing through the tangible experience of moving objects in sand. This kind of play includes creating images or symbols of a client's life (Fitzpatrick, 2005).

Two layers of meaning can be distinguished during Sandplay psychotherapy, namely the surface meaning and the symbolic meaning. Surface meaning refers to conscious feelings and thoughts, whereas symbolic meaning entails unconscious feelings and thoughts (Boik & Goodwin, 2000). A child is thus assumed to be able to process feelings, both consciously and unconsciously, without having to talk or discuss the sand tray (Betman, 2004). This approach generally enables clients to create order out of chaos and hurt in their inner worlds. As the internal world begins to make sense, a client can start exploring ways of behaving in accordance with experiences (Betman, 2004).

According to Enns and Kasai (2003), Sandplay psychotherapy might promote mental health and wellbeing by encouraging clients to communicate important feelings and concepts through nonverbal, symbolic means. As such, Sandplay psychotherapy can provide an opportunity for an alternative language, which can facilitate emotional expression and an awareness of things in a manner often not even understood by clients themselves. In addition other related art techniques can encourage focused attention that could facilitate "*here and now*" experiencing, as well as a mind-body unity. An experience of restoration of the self through self-discipline, relaxation, as well as mindfulness of the body and breathing patterns is often the outcome. Blocked feelings may be released, resulting in clients trusting themselves more, gaining insight into the self and behaving in a manner that encourages problem-solving (Pearson & Wilson, in Enns & Kasai, 2003).

### **2.5.3 The process of Sandplay psychotherapy**

During Sandplay psychotherapy clients work with sand in a sand tray placed waist-high to ensure that they can construct a scene comfortably. The sand tray typically measures 70 x 80 x 10 cm and is painted blue on the inside to represent water and sky. A variety of figurines and miniatures, which can include houses, animals, trees, dragons, fairies and a variety of other objects are displayed on shelves. Therapists can build their collections and include any object that might be meaningful and can allow clients to express their worlds as

completely and imaginatively as possible. The miniatures can be grouped into categories, such as animals, humans, fantasy, house, plant and furniture miniatures (Enns & Kasai, 2003; Kalf, 1980; Vaz, 2000).

The therapist introduces the client to the sand tray, miniatures and other objects and then requests the client, *via* an open-ended instruction, to build any preferred world, story, picture or scene. Water is made available in the case of a client wishing to wet the sand and create a sculpture. The therapist can add that there is no right or wrong way of attempting to build a sand tray scene. The clients can create the sand tray scene in any way they prefer (Enns & Kasai, 2003). The therapist's role is to stay non-directive and remain an observer of the way in which the client constructs, the miniatures are chosen and the way they are used. By doing this, a safe and empathic environment might be created for the client (Bradway *et al.*, 2005; Kalf, 1980).

Remaining an observer, the therapist can, according to Enns and Kasai (2003) be attentive to the manner in which the client constructs the image in the sand tray (e.g. where the client stands, what variations in the client's mood can be observed and how the body posture of the client changes). In addition, the content of the sand tray (e.g. shapes created by the client, organisation of the tray, spatial relationships, use of elements such as fire and wind, use of space and balance, and potential themes) can also provide information. However, the therapist cannot merely interpret any observations made, as it is important to gain insight into the client's interpretations and meanings.

When clients indicate that their sand tray scene is complete, the therapist can ask them to describe the construction or tell the story. Through this the therapeutic process can move from a nonverbal construction phase to verbal exploration, which can in turn facilitate conscious awareness of important unconscious emotions and issues. The focus, however, remains on self-exploration, with the therapist merely commenting, and thereby supporting the client's discoveries. A more active role might be fulfilled by the therapist, when the need arises to support the client in, for example, working through conflict. The therapist might ask the client to consider what parallels can be drawn between the scene and any personal experiences. At the end of the session, the therapist can take a photograph to preserve the scene (Enns & Kasai, 2003; Kalf, 1980).

Although the focus remains on the exploration of the self, five world expressions can be classified as clinically significant or regressive. These are namely emptiness, disorganisation, aggression accompanied by the destructive use of sand and animals devouring other animals or people, fencing with no openings or gateways and rows with no justification in reality, and worlds with no people (Grubbs, 1995). The combination of a specific theme and environment typically constitutes the setting and represents an aspect of the client's world view. Even if a scene seems to be negative it could represent a positive movement towards healing, as the client

attempts to bring elements of destructive wounding to the level of consciousness and subsequently toward resolution (Betman, 2004; Grubbs, 1995; Kalff, 1980).

Three distinct stages can generally be identified in the Sandplay psychotherapy process towards healing, namely chaos, struggle and resolution. The first stage, known as the chaos stage, is marked by emotional turmoil or being emotionally overwhelmed. During this stage the client might struggle to organise the miniatures into a scene that makes sense. A client may use too many miniatures or none at all (Carmichael, 1994; Kalff, 1980; Thompson & Rudolph, 2000). The stage of chaos usually changes into a struggle stage as the therapy progresses. At first a client might build destructive scenes with no survivors and where everything seems to be destroyed. As the sessions progress and the client heals, the scenes may, however, become more organised and less violent. This stage is often marked in terms of a hero arising to save the day or solve the crisis (Carmichael, 1994; Kalff, 1980; Thompson & Rudolph, 2000).

Following the struggle stage, a client will typically move on to the resolution stage, which is characterised by a normal and balanced world. The scenes may closely represent reality, since the conscious and unconscious polarities are often integrated at this stage. This integration represents wholeness and the client will typically express the desire to discontinue the sessions at this point in the process. Although variations occur based on the individuality of clients, the resolution stage is usually reached within eight to ten (hour long) sessions of therapy (Carmichael, 1994; Kalff, 1980; Thompson & Rudolph, 2000).

Some boundaries may, however, occur throughout the three stages, in terms of three dimensions. The external boundaries of the tray, the internal boundaries created within the scene, and the sand or base upon which the figures are placed can usually be assessed in terms of boundaries (Bowyer in Grubbs, 1995). In addition to observing how the child manages boundaries, the therapist might also observe a confrontation and uniting of opposites in the sand tray, which could represent a transition from an old attitude or behaviour to a new one. This transition might indicate that transformation is taking place. For example, a bridge being placed between previously separated parts may be interpreted as overcoming a problem by developing coping skills to handle a challenge that a client may be experiencing. The healing process can also lead to a spontaneous “*mandala*”, or highly spiritual realization, often represented in the centre of the tray and indicating a manifestation of the self (Grubbs, 1995).



#### **2.5.4 Contemplating the potential use of Sandplay psychotherapy with an adolescent who has poor self-esteem**

Sandplay psychotherapy, for the purpose of therapeutic play, is usually used with young children. In the case of adolescents and adults, it is often used as a more deliberate expression of problems or affective states (Zinni, 1997). Flahive and Ray (2007) studied the effect of group Sandplay psychotherapy on pre-adolescents with behavioural problems, but the results showed no improvement in participant behaviour. However, participants from the control group were marked by weaker scores on the Behaviour Symptoms Index, that measures problem behaviour, following the intervention, indicating that Sandplay psychotherapy might have had a protective influence.

In terms of self-esteem, Shen and Armstrong (2008) found Sandplay psychotherapy to be effective in improving the self-esteem of young adolescent girls when applied in a group setting, which provided them with an accepting peer group. Since social acceptance among peers is a contributing factor to positive self-esteem, the findings of this study, cannot merely be applied to individual contexts, and requires further exploration. My study differs from the study by Shen and Armstrong (2008), based on the individual context of therapy, without the prerequisite of peer acceptance. As such, the findings of my study might elaborate on the findings of Shen and Armstrong (2008).

In my study I viewed Sandplay psychotherapy as a potential manner of improving an adolescent's self-esteem based on Massey's (2005) view of Sandplay psychotherapy as an expressive technique which could assist a client in expressing trauma and grief that had been denied and suppressed in the past. In addition research shows that Sandplay psychotherapy could be helpful when children suffer loss and display behavioural or language and communication difficulties (Campbell, 2004). Moreover Kukard (2006) confirmed this research and found in her study that Sandplay psychotherapy could be used to emotionally support a vulnerable child who experienced a language barrier. Therefore, at the onset of my study I proposed that Sandplay psychotherapy might be potentially helpful when used in the case of adolescents who present with poor self-esteem and struggle to express themselves verbally.

Based on the findings that Kukard (2006) obtained, she concluded that Sandplay psychotherapy could be employed as intervention with a vulnerable child, for the purpose of improving the participant's relationships and social skills. At the onset of her study the six year old participant, for example, showed little social skills and would avoid making eye contact or playing with friends. Furthermore, this participant had a single meaningful relationship and would not participate in activities with helping professionals at the onset of the study. This behaviour, however, changed subsequent to the Sand tray psychotherapy intervention process, with the

participant seemingly being able to initiate, form and maintain relationships, and display socially appropriate behaviour such as making eye contact and smiling towards the end of the study (Kukard, 2006). During my initial literature review studies like these made me wonder about the potential use of Sandplay psychotherapy with older children, especially adolescents.

Grubbs (1995) describes Sandplay psychotherapy as a creative process, which can be directly linked to the inner worlds of children. Suppressed feelings can be expressed and developmental challenges or suppressed trauma may be accessed and expressed through the medium of a sand tray. For this reason, when I commenced my research, I set out to explore the possibility of the Sandplay process providing a similar opportunity for adolescents who present with negative self-esteem. I concurred with Boik and Goodwin (2000), in believing that Sandplay psychotherapy could be therapeutic for any client (no matter which life stage), especially if the client displayed the desire to heal and was willing to play in the sand. In this study the participant expressed a desire to improve her self-esteem and willingly participated in the activities with the therapist involved in my research.

Contemplating whether or not Sandplay psychotherapy might hold the potential of addressing poor self-esteem, I had to consider the contra-indications for Sandplay psychotherapy throughout my study. These included a potential resistance to Sandplay psychotherapy by the client, the possibility of an insufficiently developed maturational level, and excessive emotional energy. Furthermore, I had to keep in mind that poor ego strength, associated with psychotic dissociated or borderline clients usually cannot be supported by means of Sandplay psychotherapy. In addition I considered that this technique was not regarded as appropriate for clients with obsessive-compulsive ritualistic behaviour and thinking, that I had to remain alert to potential dangers outside the therapy office, and that I had to be on the look-out for potentially high levels of performance following the sessions (Boik & Goodwin, 2000). The client in my study showed none of the above contra-indications and the therapist could thus continue with Sandplay psychotherapy as therapeutic intervention in its initially intended format, yet with an older child than those typically involved.

## **2.6 CONCLUSION**

This chapter explains the conceptual framework from which I conducted my study and presents an overview of existing literature in my field of interest. In exploring existing literature on the theory of development during adolescence, self-esteem formation and Sandplay psychotherapy, I attempted to indicate areas for potential further research, as well as the possible contribution of this study.

In Chapter 3 I discuss the empirical aspects of the research study. Throughout I attempt to justify my methodological choices in terms of my research questions.



## CHAPTER 3

### RESEARCH DESIGN AND METHODOLOGY

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#### 3.1 INTRODUCTION

In Chapter 2 I discussed the conceptual framework of my study. I explored existing literature on adolescence, self-esteem and Sandplay psychotherapy, as background to the empirical investigation I undertook.

The discussion in Chapter 2 therefore served as the foundation of Chapter 3, in which I describe the framework for the research methodology I employed. After explaining my selected paradigm, I discuss my research design and strategies for data collection. I conclude the chapter with discussions on the trustworthiness and ethical considerations that applied to my research.

#### 3.2 MIXED METHODS APPROACH

I followed a triangulation mixed methods research approach (Creswell, Plano Clark, Gutmann & Hanson, 2003), relying on both a qualitative and quantitative component. My study can be described as a QUALITATIVE-quantitative study, conducted primarily from the interpretivist paradigm, but also informed by a post-positivist component. This approach enabled me to collect and analyse both quantitative and qualitative data simultaneously in my attempt to understand the phenomenon of interest. An in-depth understanding was made possible by the different sources of data that I could use to compare the collected data in order to produce well-validated conclusions (Creswell *et al.*, 2003).

In exploring the potential effect of Sandplay psychotherapy intervention on an adolescent's self-esteem, I firstly employed the SEI (Brown & Alexander, 1991) as quantitative measure to collect data prior to and after the intervention had been implemented (Creswell, 2005). In addition to the scores obtained on the SEI (quantitative data), I relied on qualitative data and the interpretivist paradigm. This provided me with a deeper and enriched understanding of the quantitative data obtained in terms of the manner in which the participant, in a natural everyday life setting, constructed meaning in terms of self-esteem (own abilities, self-worth and competency). Comparisons were made of the data obtained before and after the Sandplay psychotherapy intervention.

I included a qualitative component in my study as I believe that individuals create their own reality and give meaning to the events in their lives in order to make sense of their experiences (Denzin & Lincoln, 2000). In my attempt to understand the participant's reality I thus interacted with her, and observed the interactions between her and the therapist who conducted the intervention. Throughout I focused on clarifying the participant's perceptions of her experiences, views and feelings regarding the self before, during and after the Sandplay

psychotherapy process. In addition the participant's reflections with the therapist after each sand tray session assisted me in gaining insight into the participant's reality (McMillan & Schumacher, 2001; Nieuwenhuis, 2007; Struwig & Stead, 2001).

According to Ritchie and Lewis (2003) a combination of qualitative and quantitative measures implies the possibility of elaborating on the understanding of a phenomenon under study. I considered a triangulation mixed methods approach as suitable for my study (Creswell *et al.*, 2003), since the quantitative and qualitative components supplemented each other in such a way that the limitations of the one could be addressed by the strengths of the other. For example the potential limitation of Post-positivism merely focusing on selected parts of a phenomenon could be addressed by including a qualitative component, thereby obtaining a more holistic picture. Similarly the quantitative component provided for a level of objectivity that could have been lacking if I had relied only on qualitative measures (Creswell, 2005; Letourneau & Allen, 1999; Tashakkori & Teddlie, 2003).

Other advantages of a triangulation mixed methods approach within the context of my study are that I was able to obtain comparable statistical data on the participant's self-esteem and the potential change thereof following therapeutic intervention. As the SEI is a standardised test (Brown & Alexander, 1991), the results of the different categories provided valuable information about how the participant experienced herself in different contexts prior to and after completion of the intervention. As such I was able to measure the changes that occurred in terms of the participant's perception of herself by means of a statistically sound measure (Tashakkori & Teddlie, 2003; Terre Blanche & Durrheim, 2002).

In support of the results of the SEI, the qualitative measures I employed allowed for a more comprehensive interpretation of the results of the SEI, thereby providing rich descriptions of the results of the test. Triangulation was therefore possible, which implied the potential of making predictions for future use in similar cases (Brown & Alexander, 1991; Burns, 2000; Ritchie & Lewis, 2003).

### **3.3 PARADIGMATIC PERSPECTIVE**

A research paradigm can be regarded as the broad theoretical orientation of a research study, based on the fundamental assumptions that a study relies on (Leedy & Omrod, 2005; Nieuwenhuis, 2007; Seale, Gobo, Gubrium & Silverman, 2004). I combined Interpretivism (qualitative component) and Post-positivism (quantitative component) for the purpose of my study. Figure 3.1 provides a summary of what these two paradigms entail in terms of the ontology, epistemology and methodology implied by each (Cohen *et al.*, 2006;

Terre Blanche & Durrheim, 2002), as well as an overview of how I combined these two paradigms for the purpose of my study.

PARADIGM	ONTOLOGY	EPISTEMOLOGY	METHODOLOGY
INTERPRETIVISM	Internal reality of subjective experience	- Empathetic - Observer inter-subjectivity	- Interactional - Interpretive - Qualitative
POST-POSITIVISM	A single reality exists and can be predicted	Objective	Mostly experimental and manipulative methods
INTERPRETIVISM- POST-POSITIVISM	A single reality is tested and then complemented and elaborated upon by the subjective experiences of the participant	Although the therapist and researcher were empathetic and subjective, a standardised measure provided an objective score to measure their observations against	<u>Qualitative</u> - Post-modern Rosebush technique - Observations - Individual semi structured interviews - Visual data - Reflection journals <u>Quantitative</u> - SEI

**FIGURE 3.1: Paradigmatic perspective**

In my study I thus regarded reality as being primarily based on subjective experiences. Therefore I did not interpret the symbolism of any of the miniatures without taking into account the discussions that the therapist facilitated with the participant. Throughout the therapy sessions, I aimed to identify themes that could be accepted as the internal reality of the participant, the so-called windows to her soul or subconscious, based on her own input (Kalff, 1980). For this reason the therapist merely fulfilled the role of empathetic observer and did not suggest personal meanings and symbolism for the miniatures, or made leading suggestions of what the scenes could possibly entail (Nieuwenhuis, 2007). In terms of the post-positivistic paradigm I utilised when employing and interpreting the SEI, I aimed to identify single realities, by interpreting the results I obtained. In addition I relied on the qualitative data obtained to enrich my post-positivist interpretations (Cohen *et al.*, 2006).

According to Jansen (2007), Nieuwenhuis (2007) and Mayan (2001), interpretivist researchers typically focus on the meaning that individuals or communities assign to their experiences in order to understand what the particular individual or community experience. These subjective experiences are then acknowledged as the individual's or community's reality, as reality is believed to be socially constructed. By combining Interpretivism with Post-positivism I was subsequently able to confirm and enhance my interpretations of the results I obtained. In addition to the SEI scores, I therefore studied and interpreted the sand trays of the participant, against the background of discussions with her and requests to explain the sand tray scenes she had created. One reason for my choice of combining Interpretivism and Post-positivism was based on my view of people being the experts of their own lives, yet who could be influenced by subjectiveness, which could be countered by quantitative measures (Burns, 2000; Chambers, 2003).

### **3.4 CASE STUDY RESEARCH DESIGN**

In its broadest sense, a research design entails the strategy a researcher uses to plan research, select participants, obtain and analyse data. For the purpose of my study, I selected a clinical case study as research design, situated within the context of psychotherapy outcome research (Leedy & Omrod, 2005; Nieuwenhuis, 2007). A clinical case study design entails a comprehensive investigation of a limited number of cases, where the participants experience a certain phenomenon and receive a service in return for their participation in the research (Stake, 2000). In my study I had one participant who had a poor self-esteem. In participating in my study the participant received educational psychology intervention through Sandplay psychotherapy by a trained therapist. This aligns with psychotherapy outcome research, which focuses on the efficacy of psychotherapy (Terre Blanche *et al.*, 2006). In my study I was interested in the potential outcome of Sandplay psychotherapy when addressing an adolescent's poor self-esteem. The selected research design thus seemed to be suitable for my study, as it allowed for an in-depth study of the participant and her views (Seale *et al.*, 2004; Stake, 2000). My interpretations were, however, continually measured against the scores of the SEI (Brown & Alexander, 1991), which provided statistical scores.

A case study research design involves an in-depth exploration of a bounded system, based on extensive data collection (Creswell, 2002). This design can provide for a better understanding of complex social phenomena (De Vos, 2002; Nieuwenhuis, 2007). In my study the adolescent with poor self-esteem receiving therapeutic intervention constituted the bounded system which was explored by utilising both quantitative and qualitative measures.

By selecting a case study research design situated within the context of psychotherapy outcome research (Leedy & Omrod, 2005), I could rely on strengths such as potentially rich and lengthy descriptions of events

relevant to the case, and on a focus on the participant. In addition the emphasis was on specific events relevant to the case (Denzin & Lincoln, 2000; Nieuwenhuis, 2007), which enabled me to focus on the phenomenon being researched, in this case the participant's self-esteem. My involvement in the case (being a present observer) enabled me to provide an in-depth description of the research and the data collected, while good rapport between the participant and the therapist could be established through regular contact.

Another strength of a case study design is that it provided me with the opportunity to explore the potential use of a psychotherapeutic technique within the context of a specific problem (Creswell, 2002). My in-depth insight and understanding of the participant within the specific context might add to the credibility of the study as I continually considered the participant's specific meanings when analysing the data and identifying themes. This, together with the scores obtained on the SEI (Brown & Alexander, 1991), enabled me to limit researcher's bias as far as possible (Carroll & Doherty, 2003; Cohen, *et al.*, 2006; Stake, 2000).

Potential challenges that I encountered based on my choice of a clinical case study design are that the results of this case study might not be generalised and that the scope of the study was limited, merely involving one participant. However, as the purpose of this study was not to generalise the findings but rather to provide a rich and detailed description of one participant's experiences during the research process, it is my view that this should not be regarded as a limitation of the research based on its very nature. Furthermore I had to constantly guard against observer bias, which was a possibility due to my close involvement in the research process. In guarding against researcher bias I constantly aimed to ensure that the data were portrayed accurately, by requesting the participant and therapist to reflect on the sessions in a formal manner. In addition I (in the role of the researcher) reflected on both the process and content of the data collection throughout my study. Furthermore I engaged in debriefing discussions with my supervisors and measured my interpretations of the qualitative data against the results obtained on the SEI (Brown & Alexander, 1991).

Another challenge that I did not anticipate at first, yet that became a reality, relates to finding an appropriate participant without approaching someone that was not seeking intervention, as such an approach would have rendered an ethical dilemma due to the sensitive nature of the phenomenon under study. I thus had to patiently wait for an adolescent with poor self-esteem seeking intervention from me in my role as school intern psychologist. The SEI (Brown & Alexander, 1991) assisted me in this regard, since it was part of the initial assessment, confirming that the participant was indeed in need of intervention regarding poor self-esteem. In fulfilling the dual role of at first implementing the SEI as school intern psychologist and then changing my role to that of researcher, I continually relied on reflection and discussions with my supervisors to remain focused on my role as researcher. Therefore I involved an external therapist to conduct the intervention. Lastly I found the



qualitative data collection and analysis activities to be time-consuming (Babbie & Mouton, 2001; Cohen, *et al.*, 2006). On the other hand, however, extensive data collection and analysis allowed for the possibility of an in-depth understanding of the phenomenon at hand.

### 3.5 THE RESEARCH PROCESS

In Chapter 1 (Figure 1.1: Research methodology) I provided an overview of the research process. The process was initiated when a client with poor self-esteem was referred to me – initially in my role as intern psychologist at a school, but soon after our first meeting, in the role of researcher. Upon meeting the particular adolescent, I realised that she had met the selection criteria stipulated for my study. I subsequently approached the girl and her parents, requesting their participation in my study and explaining the change in my role that would occur. The parents, as well as the adolescent girl, agreed to participate in my study. After I had explained the purpose of the research, I obtained written consent from the parents and assent from the child (Refer to Appendix G). At this stage, the girl was introduced to the therapist<sup>3</sup>, who conducted the psychotherapeutic intervention in order that my role be limited to that of researcher from that stage onwards.

#### 3.5.1 Selection of the participant

I employed purposeful sampling in selecting a research participant, who could best assist me in understanding the phenomenon being investigated (Creswell, 2002). However, as mentioned before, I did not seek out a potential participant, but merely awaited an encounter with a potential participant, whom I could request to participate after she had met the requirement of poor self-esteem. For this reason, I waited for a child that sought help for poor self-esteem, instead of actively looking for a suitable participant. Although purposefully selected, the participant was chosen at the school where I conducted my internship, thereby implying a component of convenience sampling (Struwig & Stead, 2001).

The following selection criteria applied:

- The participant had to be between eleven and eighteen years old.
- The participant had to have poor self-esteem.
- The participant had to understand and speak either Afrikaans or English fluently.
- The participant and the parents had to provide their written permission for the participant to be included in the study.
- The participant had to be willing to undergo psychological intervention.

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<sup>3</sup> Ms Safia Mohamed, M.Ed. (Educational Psychology) intern

### 3.5.2 Data collection

I relied on both quantitative and qualitative data collection methods, and thus utilised multiple data sources. Quantitatively I implemented the SEI (Brown & Alexander, 1991), both prior to and following the Sandplay psychotherapy intervention. Qualitatively I relied on the post-modern Rosebush technique (Oaklander, 1988), observations, individual semistructured interviews, visual data techniques and reflection journals (Cohen *et al.*, 2006).

Due to the ethical considerations and potential challenges associated with fulfilling dual roles, I requested an independent therapist to take part in my study and conduct the intervention with the participant. The therapist was responsible for implementing the post-modern Rosebush technique (prior to and after the intervention), as well as all the Sandplay psychotherapy sessions, discussing them with the client after completing the sessions and asking reflective questions, while I fulfilled the role of observer. As such, I merely observed everything that transpired and made field notes of my observations. Although I did not actively engage with the participant during the sessions, she seemed comfortable in my presence, most probably as she knew me from school and understood the various roles that the therapist and I were fulfilling, based on my initial discussions with her.

#### 3.5.2.1 Quantative data collection: Self-esteem index (SEI)

Prior to and after conducting the Sandplay psychotherapy intervention, the participant completed the SEI (Brown & Alexander, 1991), which is a paper-based questionnaire with four 20-item scales, namely the Perception of Familial Acceptance Scale, the Perception of Academic Competence Scale, the Perception of Peer Popularity Scale, and the Perception of Personal Security Scale (Brown & Alexander, 1991). The two completed questionnaires are included in Appendix F.

The SEI is thus a norm-referenced, self-report instrument, which is designed to explore children's perceptions of their personal traits and characteristics concerning their self-esteem. This measuring instrument is regarded as appropriate for use with individuals from the age of eight years old to eighteen years eleven months. Administration takes approximately half an hour and may be completed either individually or in group context. The participant used a modified Likert-type scale to classify each item as "*Always True*", "*Usually True*", "*Usually False*" or "*Always False*" (Brown & Alexander, 1991:3).

The different scales of the SEI measure different aspects of self-esteem in different contexts. The Perception of Familial Acceptance Scale measures self-esteem at home and within the family unit, whereas the Perception of Academic Competence Scale measures self-esteem in academic and intellectual pursuits. The Perception of

Peer Popularity provides an overview of the individual's self-esteem in social situations and interpersonal relationships with peers, whereas the Perception of Personal Security Scale focuses on self-esteem as it is reflected in a person's feelings about the own physical and psychological wellbeing (Brown & Alexander, 1991).

According to Brown and Alexander (1991), the SEI can be utilised to identify children and adolescents who have poor self-esteem, to verify referrals, or to document the degree of conformity or deviance perceived by respondents themselves. In addition the SEI can assist in formulating hypotheses that could guide further evaluation, planning relevant interventions and targeting goals for change and intervention, and measuring self-esteem during research projects. I regarded the SEI as appropriate for my study, as my focus falls on an adolescent with poor self-esteem and the potential use of Sandplay psychotherapy intervention to address this. The SEI thus allowed me to quantify the participant's self-esteem both prior to and after the intervention had been completed, to compare these scores with one another and to subsequently come to conclusions in terms of the potential use and effect of Sandplay psychotherapy within this specific context.

### **3.5.2.2 Qualitative data collection and documentation**

In support of the SEI (Brown & Alexander, 1991) that was administered (by me) on two occasions, I employed multiple qualitative data collection and documentation techniques.

#### **a. Post-modern assessment: Rosebush technique**

Upon my request the therapist conducted a post-modern educational psychology assessment both prior to and after the Sandplay psychotherapeutic intervention had been completed. For this purpose I relied on a post-modern assessment technique to obtain baseline and post-intervention data in support and elaboration of the results of the SEI (Brown & Alexander, 1991). This further enabled me to compare the results of the post-intervention assessment with the baseline data I obtained in order to identify any potential changes that might have occurred following the intervention mentioned.

For the purpose of the post-modern assessments, the therapist implemented the Rosebush technique, according to guidelines suggested by Oaklander (1988). Discussions of the drawings followed after the participant had created the Rosebush during each of the two assessments, allowing me the opportunity to gain an understanding of her experiences and feelings both prior to and after the intervention had been completed. Refer to Appendix B for a detailed description of the Rosebush assessments, as well as the drawings that the participant created.

## **b. Observation, documented by means of field notes**

For the qualitative data collection component of my study, I relied on simple or passive observation while conducting interviews with the participants and observing the Sandplay psychotherapy sessions. I made field notes of my observations, assisting me in identifying patterns of behaviour within the specific research context and serving as a means of comparison with the other data collection techniques I employed (Leedy & Omrod, 2005; McMillan & Schumacher, 2001; Seale *et al.*, 2004).

According to Babbie and Mouton (2001) as well as Crabtree and Miller (1992) one of the strengths of observation as data collection method implies that as time passes, participants are usually less likely to alter their behaviour due to the observer's presence. As such the possibility of witnessing a phenomenon as it occurs can be enhanced. Observation generally provides researchers with the opportunity to gain insight into participants' verbal and nonverbal messages and any potential differences between these (Babbie & Mouton, 2001). This is not always possible when merely relying on questionnaires. In my study, I believe that observation supplemented the other qualitative data collection techniques I employed, as well as the quantitative SEI (Brown & Alexander, 1991).

However, employing observation as a data collection method also implied some challenges, such as my personal involvement which could have altered my understanding. In support of the other data collection methods I was able, however, to minimise misunderstandings and potentially biased interpretations. In addition regular debriefing sessions with my supervisors and continuously being aware of and reflecting on the possibility of biased interpretations, assisted me in minimising misinterpretations. Furthermore my presence did not seem to have an influence on the participant's behaviour as she seemed used to the situation and comfortable in it (Anderson, 2002; Babbie & Mouton, 2001).

I documented my observations by means of field notes. According to Mouton (2001) field notes can construct a historical record of the research process. This documentation process can serve as a form of quality control, adding rigour to a study (Tashakkori & Teddlie, 2003). I kept field notes on the research process, how the participant reacted to the process, which miniatures she used during Sandplay psychotherapy sessions and which emotions seemed to be in the foreground during the construction of the sand tray scenes, I also noted her facial expressions and body language that appeared to be significant. By employing simple or passive observation, I was able to remain an outside observer and not directly interact with the participant. This role as spectator assisted me in avoiding any interference with the participant's process of projection or with the progress of the therapy sessions. I found this detached perspective challenging at times, since I aimed to gain

an in-depth understanding without participating in discussions (Denzin & Lincoln, 2000; Terre Blanche *et al.*, 2006).

### **c. Individual, semistructured interviews**

I conducted interviews with both the participant and her parents prior to and after the Sandplay psychotherapy intervention in order to establish how she perceived her self-esteem, and how the parents viewed their child's self-esteem during the various stages of the research (Marshall & Rossman, 1989; Mouton, 2001). I decided on using semistructured interviews (De Vos, 2002) as I aimed to obtain information on the perceptions of both the participant and her parents, who were encouraged to express themselves freely in terms of their views and experiences. The conversations flowed from their answers, allowing us the freedom to explore the issues that came up (Mouton, 2001; Seale *et al.*, 2004). One advantage of including interviews as data collection technique is that it provided an opportunity for a more detailed description of the phenomenon under study by including various views or perspectives on the adolescent participant's self-esteem (Mayan, 2001; Mayring, 2000).

Certain challenges arose when I conducted and analysed the interviews. Firstly, I found it time-consuming to transcribe the interviews. In addition, when analysing the data, I found it difficult to interpret others' opinions within their specific contexts. The information seemed subjective and one-sided and although my interpretivist stance allowed for personal interpretations, I attempted to obtain an accurate and holistic view, presenting the perceptions and interpretations of the interviewees. I therefore triangulated the data I obtained during the interviews with the other data collected (De Vos, 2002; Leedy & Omrod, 2005).

Further challenges included practical and technical difficulties with the interviews and audio-recordings. Due to technical problems, my initial interview with the parents was not recorded. I addressed this challenge by relying on the field notes that I took during this interview. This, however, made it impossible for me to include verbatim quotations of the parents in presenting my results. Another unforeseen problem arose with the post-intervention interview, since the parents had moved to another province before the final interview and were not available for a face-to-face interview. I addressed this challenge by conducting a telephonic interview with the parents after the intervention had been completed. This, however, prevented the observation of body language and facial expressions. My field notes on the parents' interviews and the transcribed interviews with the participant are included in Appendix E.

### **d. Visual data collection and documentation techniques**

I included visual data collection and documentation techniques in the form of photographs. According to Bogdan and Biklen (2003) two categories of photographs can be distinguished in qualitative research, namely

photographs taken by other people such as the participants, and photographs taken by the researcher. I took photographs of the sand tray after each Sandplay psychotherapy session.

Photographs provided me with documentation and visual representations of what the client had constructed in the sand tray for analysis purposes. This, in combination with my field notes on the discussions that occurred between the participant and the therapist conducting the sessions, offered valuable data regarding the experiences, thoughts, progress of the participant, and process of intervention as the study progressed. This served as a way to qualitatively identify themes throughout the therapeutic process. Photographs also assisted me in remembering certain details when analysing the data (Berg, 1998; Bogdan & Biklen, 2003). In addition I was able to compare the photographs with the results of the SEI (Brown & Alexander, 1991), as obtained prior to and after the intervention.

Challenges that I had to deal with in including photographs as data collection technique firstly relate to the ethical implications of publishing them. I had to act in the best interest of the participant and protect her identity at all times. I therefore decided not to take or publish any photographs of the participant herself, and that I would merely capture the sand tray scenes (Appendix D). I obtained written permission from the participant as well as her parents to take these photographs and publish them (Bogdan & Biklen, 2003).

Technical challenges, such as the loss of digital data, were another potential danger occasionally experienced by researchers when employing this technique (Kukard, 2006). I planned for this potential danger by continually making backups of my visual data and detailed field notes during every intervention session. Finally, as the camera could act as a distraction to the participant and influenced her behaviour or creation of sand trays, I took the photographs after the sessions had been concluded and the participant had left the room.

#### **e. Reflection journals**

According to De Vos (2002) the purpose of reflection journals is to provide a researcher with a historical record of the research process, feelings and experiences of the researcher and/or participants. After each session the therapist led the participant to reflect on the psychotherapy session using semistructured questions. I (as researcher) in addition also used a reflection journal. I addressed issues such as how the sessions had been experienced, which approach had been followed, what seemed to have been helpful and what appeared to have been experienced as challenging. The therapist justified the decisions she had made throughout the study in her journal, as she recorded her ideas, questions and reactions to different sessions and situations (Mayan, 2001; McMillan & Shumacher, 2001). All reflections are included in Appendix C.

The reflection journals thus provided me with information on the research process, emotions, challenges and highlights of the Sandplay psychotherapy sessions, and served as a rich text from which themes could be derived. Furthermore it provided both me (as the researcher) and the therapist with an opportunity to reflect on potential subjectivity and become aware of the challenges and highlights we experienced. Although the reflections are subjective, it continuously raised our awareness, thereby possibly enhancing the rigour of the study. Lastly the participant was given the opportunity to communicate her experiences of the sessions, her ideas about what she had enjoyed, and her experience in terms of challenging moments (Mayan, 2001; McMillan & Shumacher, 2001).

### **3.5.3 Data analysis and interpretation**

In this section I discuss the way in which I analysed and interpreted the raw data, as well as the manner in which I integrated the qualitative and quantitative data.

#### **3.5.3.1 Quantitative data analysis and interpretation**

After obtaining the raw scores on the SEI (Brown & Alexander, 1991), I configured them to percentiles and plotted them on a profile. I then interpreted the scores as Very Low, Low, Below Average, Average, Above Average, High or Very High for each of the four subscales. According to the SEI manual (Brown & Alexander, 1991) a score is regarded as significant when it falls within the category of Very Low or Low. In analysing the quantitative data after data collection had been completed, I compared the scores of the various subscales prior to the intervention with those obtained after the intervention. I subsequently identified potential areas of improvement in the participant's self-esteem, which might have occurred as a result of the intervention (Brown & Alexander, 1991).

#### **3.5.3.2 Qualitative data analysis and interpretation**

Qualitative data analysis involved an ongoing process of bringing order, structure and meaning to the collected data (De Vos, 2002). In conducting qualitative analysis, I followed the guidelines that McMillan and Schumacher (2001) propose. As such, thematic data analysis and interpretation involved the identification of the essence, flavour or nature of the phenomenon I was investigating. It involved a process during which I repeatedly read and thought about the data I had collected in order to develop in-depth, authentic conceptualisations and an understanding of the participant's life-world. For this purpose, I relied on structured analytical techniques such as categorising, identifying, the naming of themes, and counting them. Initially, I thus sorted the content of the data into themes, after which I used a coding system to categorise the detail of the data into themes and subthemes. Finally I relied on latent coding, thereby interpreting the data within the specific research context.

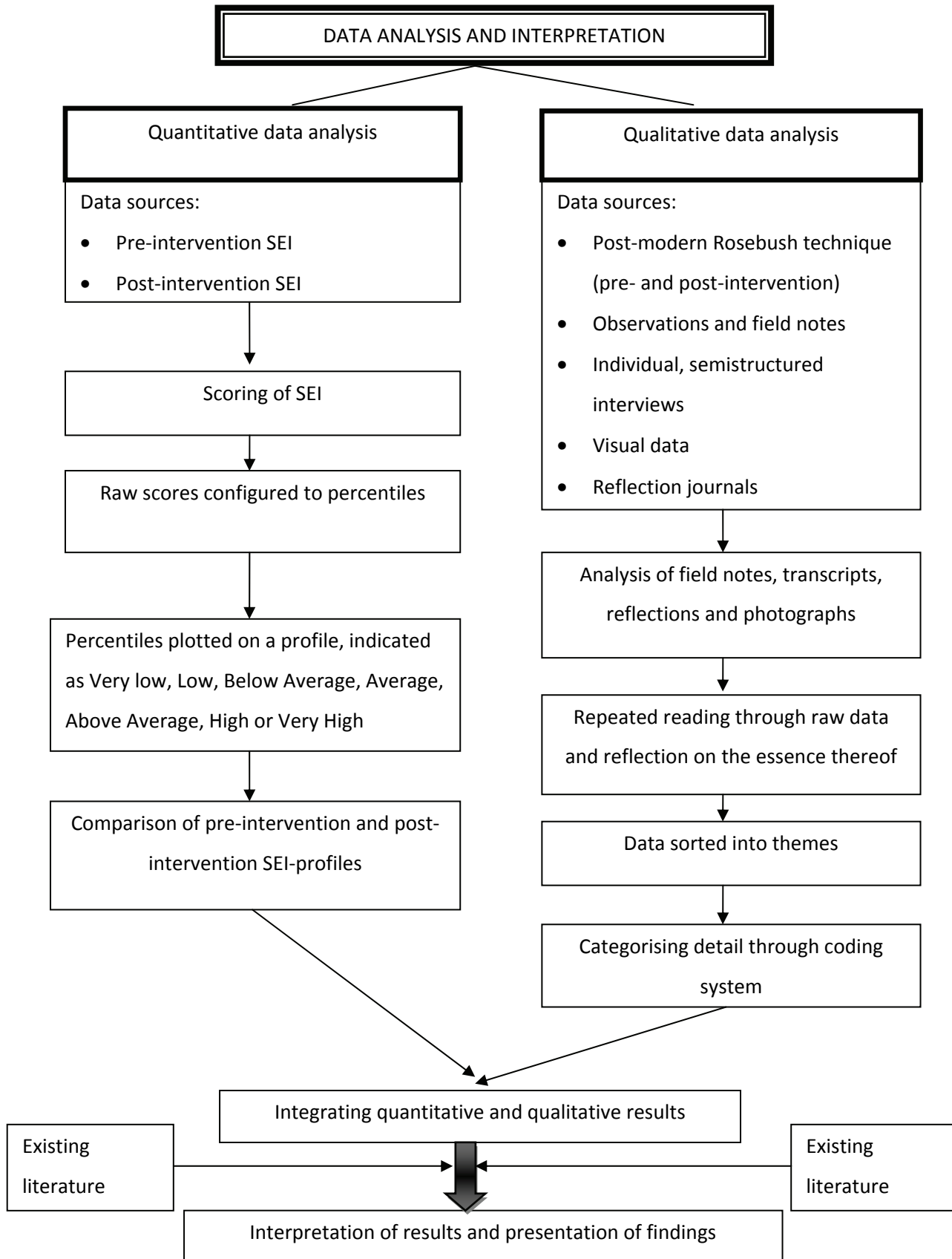
This required thorough knowledge, gained during the fieldwork, of the potentially deeper meanings of the study or the data obtained (Mayring, 2000).

### **3.5.3.3 Integration of qualitative and quantitative data**

As set out in Figure 3.2 I thematically analysed the qualitative data I had obtained. I scored and plotted the quantitative data (SEI) on a profile (Brown & Alexander, 1991), whereafter I compared the pre- and post-test scores in order to determine whether or not the participant's self-esteem had changed following the intervention. I then explored whether the qualitative and quantitative results validated each other, or not.

After the data had been analysed and compared, I interpreted the data against the background of the conceptual framework and literature discussed in Chapter 2. I present my results and discuss the findings of my study in Chapters 4 and 5.





**FIGURE 3.2: Data analysis and interpretation (Adapted from Brown & Alexander, 1991; Mayring, 2000; McMillan & Schumacher, 2001)**

### **3.6 QUALITY CRITERIA OF THE STUDY**

In an attempt to add to the rigour of my study, I attempted to meet the qualitative criteria of credibility, transferability, dependability, confirmability and authenticity. In addition the SEI allowed me to strive towards obtaining valid and reliable quantitative results.

#### **3.6.1 Quantitative criteria**

I will subsequently discuss the validity and reliability of the quantitative instrument I employed.

##### **3.6.1.1 Validity of the SEI**

Validity indicates whether or not a measuring instrument collects the data that were intended to be gathered in order to answer the research question (McMillan & Schumacher, 2001). In this study I aimed to measure the participant's self-esteem by, amongst other methods, using the SEI. The SEI was developed as a valid and theoretically sound norm-referenced measure of school-aged children's and adolescents' self-esteem (Brown & Alexander, 1991). Since the participant in my study was an adolescent at the time of my field work, for which relevant norms exist, I believe that this instrument rendered valid results of her self-esteem.

Based on the fact that the SEI is a standardised questionnaire, the scales per count have been proven to accurately measure what the instrument is intended to measure on the five percent level of confidence, as well as overall internal validity (Brown & Alexander, 1991). During the standardisation of this questionnaire, content validity, criterion-related validity and construct validity were achieved and proved. In developing the instrument, content validity was built in by accumulating a pool of well over one thousand items and then narrowing them down, according to empirical standards, to a useful size (Brown & Alexander, 1991). This ensured a broad and comprehensive representation of the content intended to be measured. Furthermore the developers examined the content of related appraisal tools and consulted with knowledgeable professionals. The final list of items was submitted to a group of professionals including professors at tertiary level psychology and in special education programs, psychologists and counsellors in private practice, and school personnel responsible for identifying and working with emotionally challenged students. These professionals recommended the items they deemed most suitable, thereby appropriately narrowing down the items to be included (Brown & Alexander, 1991).

Criterion-related validity is present when a measure can be used to predict future performance by using specified criteria (Cohen *et al.*, 2006). The SEI significantly correlates with a variety of contemporaneous measures of self-esteem, such as teacher's evaluations of socio-emotional maturity and other self-esteem or

self-concept scales and inventories (Brown & Alexander, 1991). In addition construct validity considers the way in which age, intelligence and other similar factors might influence the results (Burns, 2000). For the SEI the developers included hypotheses regarding the relationship between the test scores and age, the interrelationship of the SEI components, the ability of the test to discriminate among emotionally and behaviourally handicapped subjects, and the factor structures that are inherent in the test itself (Brown & Alexander, 1991).

### **3.6.1.2 Reliability of the SEI**

Reliability in quantitative research refers to the ability to obtain the same results when a study is duplicated. Therefore reliability indicates the stability or consistency of quantitative measures (Burns, 2000, Cohen *et al.*, 2006).

Since a standard method for administering, scoring and interpreting the SEI is provided with a standard set of administration instructions, examiners are likely to administer, score and interpret the test in the same manner every time that they use it. This implies that potential testing errors should be limited and that different administrators will probably obtain the same results when the same participant is tested. In the light of these factors the SEI can be regarded as a standardised test, with a high possibility of obtaining reliable results (Brown & Alexander, 1991).

The SEI and its scales seem sufficient to warrant the use of the instrument as a reliable measure of various aspects of self-esteem, as implied by the various subscales. As these aspects are measured beyond the five percent level of confidence, internal consistency reliability seems to be present (Brown & Alexander, 1991). Since I followed the standardised methods for administering, scoring and interpreting the questionnaire (as prescribed in the SEI-manual), I believe that another researcher would have obtained similar scores in this specific case.

### **3.6.2 Qualitative criteria**

In the next sections, I describe the qualitative criteria I strove towards in an attempt to ensure a rigorous study.

#### **3.6.2.1 Credibility**

Credibility, which can be compared with internal validity used in quantitative studies, is met when a qualitative study has been conducted in such a manner that the phenomenon is accurately identified and described. The

study should thus measure what it was intended to measure (Babbie & Mouton, 2001; Terre Blanche & Durrheim, 2002).

I aimed to increase my study's credibility in various ways. Firstly I selected a therapeutic technique (Sandplay psychotherapy), which has proved credible in other settings in the past (Pearson, 2003; Zinni, 1997). Secondly, the method of implementation, recording and analysis adhered to the recommendations made by experts such as Dora Kalff (Kalff, 1980). Thirdly, I relied upon a combination of methods of data collection, such as interviews, observations, discussions of the sand trays and the post-modern Rosebush technique, all of which contributed to my final pool of data and analysis that subsequently followed. The results could thus be confirmed or challenged by the various data sources. In addition the various sources of data potentially contributed to my in-depth understanding of the phenomenon, and therefore also to potentially credible interpretations. Finally I attempted to obtain credibility by comparing any potential change in themes throughout the sessions and by including a pre- and post-test (quantitatively), which is standardised to measure the self-esteem of the participant. Crystallisation further promoted the credibility of my study and strengthened the probability that my findings accurately reflect the participant's perceptions, feelings and thoughts regarding her self-esteem (De Vos, 2002; Key, 1997; Leedy & Omrod, 2005).

### **3.6.2.2 Transferability**

Transferability, which can be compared to the quantitative term external validity, refers to the generalisability of a study's results to the greater population (Babbie & Mouton, 2001; Seale *et al.*, 2004). In this study my aim was to obtain an in-depth understanding of the outcome of Sandplay psychotherapy in one specific case, rather than arriving at conclusions that could be generalised. As I studied one adolescent in a specific context, the results might not be a prediction of how Sandplay psychotherapy could be used in the case of other children with poor self-esteem. However, as I aimed to provide detailed descriptions of one example the findings might be transferred to children in similar contexts, applying similar methodology (Cohen *et al.*, 2006).

To improve my own understanding, which could also have enhanced the possibility of transferability, I thus utilised multiple methods to collect and record data (photographs, interviews, observations, reflection journals and the SEI). In this manner, I was able to confirm the findings or the themes that I identified by means of the various data collection methods. I also conducted my field work over an extended period of time, which included eleven individual contact sessions with the primary participant, of one hour each (Cohen *et al.*, 2006; Merriam, 2002).

### 3.6.2.3 Dependability

Dependability is used as an alternative to the criterion of reliability in quantitative studies and refers to the ability to obtain the same results when using the same methods for similar participants (Cohen *et al.*, 2006). As each research situation is, however, unique, it is unlikely that a replica of the therapeutic relationship, as well as the behaviour and emotions of the primary participant could be reproduced. The emphasis should therefore rather be placed on consistency.

Throughout I attempted to obtain results that are consistent with the data that were collected. In an attempt to increase consistency, I utilised multiple methods of data collection, which enabled me to make use of crystallisation in identifying themes and subthemes from the various data sources (Cohen *et al.*, 2006; Denzin & Lincoln, 2000). I thus relied on various forms of information, including information obtained from repeated interviews with the participant's parents, observations, and a pre- and post-assessment, which enabled me to confirm or challenge the information that I derived from the projections during the Sandplay psychotherapy sessions.

Furthermore I attempted to enhance the dependability of my study by means of prolonged engagement with the participant, observing and analysing eleven intervention sessions over a period of four months. As researcher, I kept thorough field notes of my observations, describing the processes of each Sandplay psychotherapy session. The therapist, participant and I (as researcher) kept reflection journals, in order to provide additional information on emotions, experiences, growth and challenges throughout the research process. In addition detailed descriptions and photographs of the Sandplay psychotherapy sessions, observations, and pre- and post-assessments are included in the appendices. This might provide other researchers with the opportunity to consider whether or not my research has the potential of being dependable in a similar case (Babbie & Mouton, 2001; Cohen *et al.*, 2006; McMillan & Schumacher, 2001).

Finally I consulted with experts in the field regarding my interpretations of the data (McMillan & Schumacher, 2001). These included my supervisor and co-supervisor, as well as the participant whom I regard as an expert on her own life. I was furthermore trained as an educational psychologist, enabling me to conduct and interpret assessments and interventions of children experiencing emotional difficulties. I believe that my training assisted me in accurately interpreting the data I obtained.

#### **3.6.2.4 Confirmability**

Confirmability can be described as the degree to which the findings of a study are the product of the focus of inquiry, and not of the biases of the researcher. Qualitative research, however, relies on interpretations, which imply a certain degree of subjectivity (Babbie & Mouton, 2001; Cohen *et al.*, 2006).

I aimed to be non-judgmental and neutral, and to report my findings as an authentic representation of the outcome of the investigation. I attempted to demonstrate neutrality by comparing my raw data, field notes, information from interviews, the pre- and post-assessment, and relevant literature throughout (Patton, 2002). All of the abovementioned raw data are included in the appendices and available to the readers of the final report.

Furthermore I attempted to increase the confirmability of the study by requesting critique by professionals in the field of research and Educational Psychology as my study progressed. For this purpose, I continually discussed my work, reflections, progress and interpretations with my supervisor and co-supervisor, considering their critique and comments in order to report my findings in an authentic way. I could continually measure my perceptions, in an attempt to limit researcher bias (Patton, 2002). I aimed to guard against my own perceptions and biases and discussed this with my supervisors in an attempt to minimise researcher bias and further increase confirmability. By constantly reflecting on my potential biases and prejudiced perceptions I was probably able to think more critically and remain as neutral as possible (McMillan & Schumacher, 2001).

#### **3.6.2.5 Authenticity**

Authenticity relates to the balance of different viewpoints that are presented in the data of a study. Such balance is required to be present in both the interpretations and the findings of a study in order to ensure that a “true” image of the phenomenon is depicted (Lincoln & Guba, 2000).

I included different measures in an attempt to enhance the authenticity of my study. I kept field notes throughout the research process, aiming to provide a holistic picture by acknowledging difficulties and challenges that I observed and experienced (Seale *et al.*, 2004). Furthermore I captured raw data in the form of photographs of the sand trays and included them in Appendix D in chronological order for readers to be able to follow the outcome of the sessions. Finally I relied on a mixed methods research approach in which the strengths of quantitative and qualitative methodology could complement each other (Cohen *et al.*, 2006; McMillan & Schumacher, 2001; Seale *et al.*, 2004).

### **3.7 ETHICAL CONSIDERATIONS**

Both the therapist that was involved and I (as the researcher), adhered to the ethical standards of the Health Professions Council of South Africa ([www.hpcsa.co.za](http://www.hpcsa.co.za)). Secondly, we respected research ethical guidelines, as stipulated by the Ethics Committee of the Faculty of Education, University of Pretoria ([www.up.ac.za](http://www.up.ac.za)). This included informing the participant and her parents about the research and what would be expected of them at the onset of my study. The different roles of the researcher and the therapist were explained in detail to the participant and her parents. The necessary permission to use the data collected for research purposes was obtained prior to commencing my study.

#### **3.7.1 Informed consent and assent**

According to Cohen *et al.* (2006) the following six guidelines should be followed to ensure reasonable informed consent/assent: a fair explanation of the procedures to be followed and their purpose, a description of the attendant discomforts and risks reasonably to be expected, a description of the benefits reasonably to be expected, a disclosure of appropriate alternative procedures that might be advantageous to the participants, an offer to answer any inquiries concerning procedures, and an explanation that the person was free to withdraw consent and to discontinue participation in the project at any time without prejudice to the participant. In my study I followed these guidelines and explained the proposed sections to the participants (both the adolescent and her parents) before commencing my study.

Based on my explanations and discussions, I obtained written informed assent from the participant (one adolescent), as well as consent from her parents. The procedure I employed was to present the participant and her parents with letters of consent/assent (Appendix G), explain the research, read the letters together with them, and allow them time for questions (Cohen *et al.*, 2006; De Vos, 2002). Permission from the school was also obtained to conduct the research (Appendix G). No permission was required from the Department of Education as the school is a private school.

#### **3.7.2 Safety in participation**

During my study the participant was not exposed to physical risks or harmful activities (Patton, 2002). Since the participant participated in psychological intervention, the possibility of psychological harm however existed, which I attempted to counter by the fact that the therapist who conducted the intervention, was an educational-psychologist-in-training, resulting in her being trained to identify any such potential harm and assist the participant by providing professional help in the case of any need arising. In addition I explained to the

participant that she was allowed to withdraw from the study at any time if she wished to do so. I thus strove to be honest, respectful and empathetic towards the participant at all times (Patton, 2002; Terre Blanche *et al.*, 2006; Thompson, & Rudolph, 2000).

Throughout I, as well as the therapist, worked within the limits of our competence and acted in the best interest of the participant, as formulated by the Health Professions Council of South Africa ([http://www.hpcsa.co.za/search.php?zoom\\_query=research+ethical+code](http://www.hpcsa.co.za/search.php?zoom_query=research+ethical+code)) as well as the Ethics Committee of the Faculty of Education, University of Pretoria (<http://web.up.ac.za/default.asp?ipkCategoryID=4294>).

### **3.7.3 Trust**

During the course of the study, the preparation of this mini-dissertation and any potential published outcomes the participant (or the parents) will not be subjected to any form of deceit or betrayal. As a researcher, I strove towards fostering an honest and mutually trustworthy relationship with the participants (Thompson & Rudolph, 2000). I kept in mind that trust between the participants and me was important to ensure data of high credibility, since a distrusting relationship could result in the participant not wanting to disclose perceptions and feelings she regarded as personal (Cohen *et al.*, 2006; Merriam, 2002). In such a case, I would not have been able to obtain trustworthy findings and reach sound conclusions.

### **3.7.4 Confidentiality and anonymity**

According to Burns (2000) and within the context of my study, the researcher (I), the therapist and participants are required to have a clear understanding of the confidentiality of findings prior to data collection activities. I provided an assent/consent form to the primary participant and her parents when requesting permission to use the data I obtained for research purposes. In addition I obtained permission to take and display photographs of the sand trays that the participant created, without jeopardising anonymity, and protecting her identity. Any wish of the participant to withdraw these photographs would have been respected. No photographs of the participant herself were taken or used, which furthermore ensured confidentiality, anonymity and the protection of the participant's identity (McMillan & Schumacher, 2001).

## **3.8 CONCLUSION**

This chapter provided a detailed description of the research design, paradigm and methodology I employed during my study. I justified my methodological choices, in terms of suitability for this research study and against the background of the research questions that guided my investigation. I also discussed the quality criteria and ethical considerations that applied.



Chapter 4 provides a description of my data analysis and interpretation. I then present the results of my study in terms of the themes and subthemes that emerged.



## CHAPTER 4 RESULTS OF THE STUDY

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### 4.1 INTRODUCTION

In Chapter 3 I explained my selected research design and the methodological choices I had made. My discussions included an explanation of the quality criteria I aimed to achieve and the ethical guidelines I had considered.

Chapter 4 focuses on the results of my study, in terms of the themes and subthemes that emerged. After providing an overview of the quantitative data I obtained, I discuss the results, based on qualitative data analysis, supported by the quantitative results.

### 4.2 OVERVIEW OF THE RESEARCH PROCESS AND PARTICIPANT

As background to my discussion of the results, I commence this chapter with an overview of the research process, focusing on some information on the participant. The participant had attended the high school where I completed my educational psychology internship. At the time of my study she was 16 years old and in Grade 10. In addition, the family consisted of the mother, father, older brother and younger sister. The family are white and from a middle to high economic status. The participant had no prior experiences with therapists or any form of therapy, but she as well as her parents reported that her self-esteem were poor and that they sought some assistance with this challenge she faced. I selected the participant after she had been referred to me by the school's other educational psychologist upon seeking support for poor self-esteem. Based on her meeting the selection criteria for my research I approached her and her parents with the request to take part in my study.

As part of my research I conducted an individual interview with both the participant and her parents after obtaining their informed assent/consent, in order to gain background information regarding their perceptions of the participant's self-esteem and her functioning at school and at home at the time. The interviews lasted approximately forty minutes each (Appendix E). After the initial interviews the therapist conducted a qualitative assessment with the participant<sup>4</sup>, followed by the planned Sandplay psychotherapy intervention. Prior to the pre-assessment, I explained to the participant that my role would be that of an observer, and that I would merely be present in the room while she interacted with the therapist, observing their interactions and the proceedings. The participant seemed comfortable with me observing the sessions. Despite her apparent initial surprise that

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<sup>4</sup> At that stage I had completed the SEI with the participant

the therapist was from a different cultural background than hers, she made it clear during session two that she was comfortable with this.

The Sandplay psychotherapy consisted of eleven sessions, which took place on a weekly basis and lasted approximately sixty minutes each. My role was one of silent observer while the therapist and participant interacted. I kept the research purpose in mind while making field notes. The last session entailed reflections on any possible change that might have occurred during the research process, after which the post-assessment was conducted. The assessment techniques that were employed are discussed in more detail in Chapter 2 and visual data of the assessments are included in Appendix B (Rosebush technique) and Appendix F (SEI).

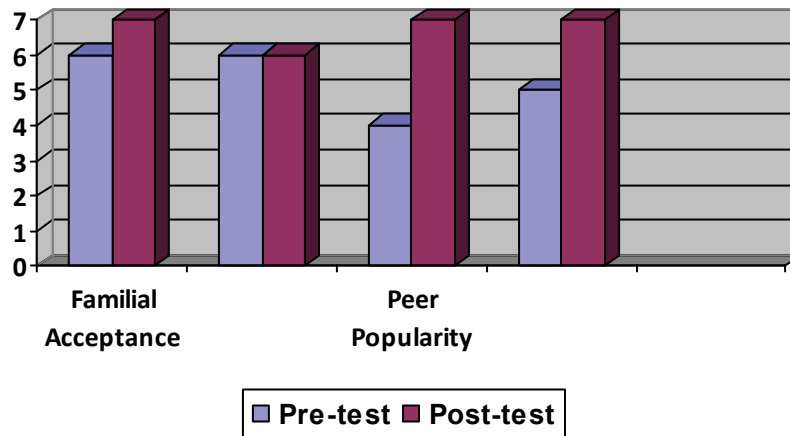
Each session seemed to take shape in accordance with the participant's needs. The flexibility of the therapist seemingly ensured that the participant's unique needs were not overlooked by rigidly planned discussions and activities. For example after the participant had voiced the need to work on social skills, the therapist incorporated discussions of social skills into the discussions on the sand trays. Refer to Appendix D for an overview and visual data of the sessions.

### 4.3 RESULTS OF THE STUDY

I commence this section by providing the results of the SEI as obtained during the pre- and post-intervention assessments (Table 4.1, reflected in Graph 4.1). The results of the separate assessments are included in Appendix F.

SEI SCALES	Pre-test		Post-Test	
Self-Esteem Quotient	65	Very Low	81	Below Average
Perception of Familial Acceptance Scale	6	Below Average	7	Below Average
Perception of Academic Competence Scale	6	Below Average	6	Below Average
Perception of Peer Popularity Scale	4	Low	7	Below Average
Perception of Personal Security Scale	5	Low	7	Below Average

**TABLE 4.1: Comparison of pre- and post intervention SEI results**



**GRAPH 4.1: Comparing pre- and post-test results of the SEI**

When comparing the pre- and post-intervention scores of the SEI, it seems evident that the participant's self-esteem had improved, following the Sandplay psychotherapy intervention. Although the categories remained unchanged on both the Familial Acceptance and Academic Competence scales, the participant's scores improved. In addition, both the Peer Popularity and Personal Security scales improved by one category - from Low to Below Average. Furthermore the participant's overall Self-Esteem Quotient improved from 65 to 81, which indicates an improvement of two categories. Although the participant's self-esteem seemingly improved significantly, her scores still measured Below Average, thus indicating room for further improvement.

Three main themes emerged, subsequent to qualitative data analysis, which were supported by the results of the SEI. Figure 4.1 provides an overview of the themes and related subthemes. The inclusion and exclusion criteria of the identified themes and subthemes are provided in Table 4.2.

<b>THEME 1:</b> <b>Changes in self-esteem</b>	<b>THEME 2:</b> <b>Changes in emotional domain of development</b>	<b>THEME 3:</b> <b>Changes in social domain of development</b>
↓	↓	↓
<b>Subtheme 1.1:</b> From limited to age-appropriate self-knowledge	<b>Subtheme 2.1:</b> From wanting to escape to feeling more content with her situation	<b>Subtheme 3.1:</b> From limited to age-appropriate social skills
<b>Subtheme 1.2:</b> From feelings of inferiority to feelings of self-worth	<b>Subtheme 2.2:</b> From feeling academically pressured to feeling more safe and secure	<b>Subtheme 3.2:</b> From avoiding conflict to being more assertive
<b>Subtheme 1.3:</b> From uncertainty in unknown situations to facing the unknown	<b>Subtheme 2.3:</b> From uncertainty about the future to having a positive future perspective	<b>Subtheme 3.3:</b> From a need for support and acceptance to feeling accepted and ready to establish relationships

**FIGURE 4.1: Overview of emerged themes and subthemes**

THEMES	INCLUSION CRITERIA	EXCLUSION CRITERIA
<b>THEME 1: Changes in self-esteem</b>		
Subtheme 1.1: From limited to age-appropriate self-knowledge	Any references to self-knowledge	Any references to academic knowledge
Subtheme 1.2: From feelings of inferiority to feelings of self-worth	Any references to feelings related to the value the participant placed on herself	Any reference to feelings other than those of value and self-worth
Subtheme 1.3: From uncertainty in unknown situations to facing the unknown	Any references to feelings and behaviour when faced with unknown situations	Any references to feelings and behaviour in familiar situations
<b>THEME 2: Changes in emotional domain of development</b>		
Subtheme 2.1: From wanting to escape to feeling more content with her situation	Any references to feelings of anxiety and satisfaction regarding the participant's life situation	Any references to feelings other than anxiety or satisfaction with her life
Subtheme 2.2: From feeling academically pressured to feeling more safe and secure	Any references to feelings related to academic pressure	Any references to feelings of pressure other than academic pressure
Subtheme 2.3: From uncertainty about the future to having a positive future perspective	Any references to feelings regarding the future	Any references to feelings regarding the present or past
<b>THEME 3: Changes in social domain of development</b>		
Subtheme 3.1: From limited to age-appropriate social skills	Any references to social skills and the implementation thereof	Any references to skills other than social skills
Subtheme 3.2: From avoiding conflict to being more assertive	Any references to dealing with conflict and being assertive	Any references to conflict yet not referring to avoiding or handling conflict
Subtheme 3.3: From a need for support and acceptance to feeling accepted and ready to establish relationships	Any references to a need for love, support and acceptance by others	Any references to feelings other than those of love, support and acceptance

**TABLE 4.2: Inclusion and exclusion criteria**

#### 4.3.1 Theme 1: Changes in self-esteem

Based on my analysis of the data I obtained the participant's self-esteem seemingly improved as the intervention progressed. Three subthemes emerged.

##### 4.3.1.1 Subtheme 1.1: From limited to age-appropriate self-knowledge

At the onset of my study I observed the participant as primarily focused on her perceived weaknesses. For example in the initial interview with the participant she made the following comments, which indicate that she

held both accurate and skewed perceptions about herself: “My self-esteem is low in general<sup>5</sup>”, “I feel I am dumb and not pretty and yes, there are various things about myself that I would like to change<sup>6</sup>”, “My face and my temper. I would have liked to be prettier<sup>7</sup>”, “I’m an introvert<sup>8</sup>”, and: “I only have a close circle of friends<sup>9</sup>” (Appendix E: Interview with participant [14 September 2009, p. 2-3]).

The participant initially expressed the wish to be more like her sister. It seemed as if she measured herself against her sister and felt inferior. She gave specific examples during our initial interview, such as: “Sometimes I wish I could be more of an extrovert, since it can be negative to be an introvert in some instances, such as at a party or on holiday when you need to make new friends. My sister would be able to do it immediately<sup>10</sup>” (Appendix E: Interview with participant [14 September 2009, p. 3]). In addition, she mentioned that she tended to: “have too high expectations of myself and then I get cross with myself when I feel that I don’t get the mark that I feel I can get<sup>11</sup>” (Appendix E: Interview with participant [14 September 2009, p. 3]). She did, however, display an awareness of how to deal with her emotions when she reported that “also like writing poetry to release my emotions. Or I cry alone in my bed and shout into my pillow<sup>12</sup>” (Appendix E: Interview with participant [14 September 2009, p. 3]).

During the first Sandplay psychotherapy session I observed the participant as being cooperative yet reserved and hesitant to draw similarities between the sand tray scene and her own life (Appendix A: Field notes, Session 1 [21 September 2009]). The therapist described her cooperation by saying that “she did display a willingness to engage as well as the ability to be flexible and adaptable. She readily expanded her sandplay scene as we explored it, adding figures and detail. This may have indicated her willingness to grow and expand her own exposure” (Appendix C: Therapist reflection, Session 1 [21 September 2009, p. 18]). During Session 2, however, the participant seemed to become more at ease with the situation and although she was not able to immediately identify something she could learn from the session, the therapist stated: “I also feel that the manner in which it had been explored provoked her into some personal reflection and introspection, be it to a

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<sup>5</sup> Translated into English for dissertation purposes from: “My selfbeeld is oor die algemeen baie laag.”

<sup>6</sup> Translated into English for dissertation purposes from: “Ek voel ek is dom en nie mooi nie en ja, daar is verskriklik baie goed aan myself wat ek sal wil verander.”

<sup>7</sup> Translated into English for dissertation purposes from: “My gesig en my humeur. Ek sou graag mooier wou gewees het.”

<sup>8</sup> Translated into English for dissertation purposes from: “Eks ‘n introvert.”

<sup>9</sup> Translated into English for dissertation purposes from: “Ek het net ‘n *close* sirkel van vriende.”

<sup>10</sup> Translated into English for dissertation purposes from: “Partykeer wens ek, ek was meer ‘n ekstrovert, want in party gevalle kan dit negatief wees om ‘n introvert te wees soos by ‘n partytjie of op vakansie as jy nuwe vriende moet maak. My sussie sal dit dadelik kan doen.”

<sup>11</sup> Translated into English for dissertation purposes from: “stel ook te hoë standarde aan myself en ek is kwaad vir myself as ek nie die punt kry wat ek voel ek kan nie.”

<sup>12</sup> Translated into English for dissertation purposes from: “hou ek ook daarvan om gedigte te skryf om my emosies uit te kry. Of ek huil alleen op my bed en skree in my kussing.”

minor degree” (Appendix C: Therapist reflection, Field notes, Session 2 [5 October 2009, p. 19]). Against the background of the participant mentioning the characteristics that she admired throughout the therapy process, such as a “good sense of humour and the other one is a pleasant person<sup>13</sup>” (Appendix A: Field notes, Session 2 [5 October 2009, p. 4]), she seemed surprised in Session 6 to realise that she in fact possessed several of these characteristics.

From Session 3 onwards, the participant thus seemed to become more aware of herself and her personal traits, saying things like:

- “it is interesting to see how my mindset changed from what I wanted to do to what I did in the end<sup>14</sup>” (Appendix C: Participant reflection, Session 3 [12 October 2009, p. 2]).
- “It taught me that my head works in an interesting way, I can start with one thing and end up with something else, which is still okay. It is like anything I do in life. I can change my mind and get another idea and it could still be good<sup>15</sup>” (Appendix C: Participant reflection, Session 3 [12 October 2009, p. 3]).
- “You have to be happy with what you’ve got, because you can’t change it, even if you want to<sup>16</sup>” (Appendix C: Participant reflection, Session 4 [19 October 2009, p. 3]).
- “I am shy, reserved, soft-hearted, sometimes I’ve got a good sense of humour<sup>17</sup>” (Appendix C: Participant reflection, Session 6 [2 November 2009, p. 4]).
- “I’ve got a good sense of humour, I’m giving, in general I’m good with kids, sometimes I’m patient...I’ve learnt a lot about myself, I just have to remember it<sup>18</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 16]).
- “I’ve learnt a few things, like that nonverbal communication is actually very important. Some fears feels huge, but they aren’t really<sup>19</sup>” (Appendix C: Participant reflection, Session 9 [19 November 2009, p. 5]).

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<sup>13</sup> Translated into English for dissertation purposes from: “goeie sin vir humor en die ander een is baie gaaf.”

<sup>14</sup> Translated into English for dissertation purposes from: “dit is interessant om te sien hoe my *mindset* verander het van wat ek wou doen tot wat ek toe gedoen het.”

<sup>15</sup> Translated into English for dissertation purposes from: “dit het my geleer my kop werk interessant, ek kan met een ding begin en met iets anders eindig en dan is dit ook okay. Soos as ek enige iets in die lewe doen, kan ek my *mind* verander en ‘n ander idee kry en dit kan nogsteeds goed wees.”

<sup>16</sup> Translated into English for dissertation purposes from: “Dat jy moet gelukkig wees met wat jy het, want jy kan dit nie verander nie al wil jy.”

<sup>17</sup> Translated into English for dissertation purposes from: “Ek is skaam, teruggetrokke, saggeaard, partykeer het ek ‘n goeie sin vir humor, ja.”

<sup>18</sup> Translated into English for dissertation purposes from: “Ek’t ‘n goeie sin vir humor, ek’s *giving*, ek’s oor die algemeen goed met kinders, ek het partykeer geduld...Ek het nou nogal baie van myself geleer, ek moet dit net onthou”

<sup>19</sup> Translated into English for dissertation purposes from: “Ek het soos ‘n paar goed bygeleer soos dat nie-verbale kommunikasie eintlik baie belangrik is. Party *fears* voel groot, maar dit is nie regtig nie.”



- “I would...like to have a better self-esteem, but not an ego. I want to keep my caring side<sup>20</sup>” (Appendix A: Field notes, Session 9 [19 November 2009, p. 23]).

The therapist regarded Session 4 as “a major turning point in the client’s progress. Her play in this session indicated that she is approaching a point where she is ready to face the most urgent issues that she’s facing/experiencing. During the introductory talk, she voluntarily shared information about her personal experiences (a dream she had) and discussed it. It was the first time that she had been willing to open up and share such experiences” (Appendix C: Therapist reflection, Session 4 [19 October 2009, p. 20]). I noted that: “It was noticeable that the participant narrowed the circle even more today by depicting the inside of a house<sup>21</sup>” (Appendix C: Researcher reflection, Session 4 [19 October 2009, p. 10]). During this session, the participant shared information about her personal experiences and seemed willing to discuss these, opening up to the therapist for the first time. The therapist noted: “On more than one occasion the client voluntarily took the discussion onto a more direct level, linking the discussion to real life events and experiences, particularly those involving her family. Noticing this trend I engaged her and attempted to link the discussion to reality and her experiences. She responded very well to this by engaging and sharing experiences and even her feelings!” (Appendix C: Therapist reflection, Session 4 [19 October 2009, p. 21]).

During Sessions 5 to 7, I also observed an increased awareness and insight by the participant into her own abilities, as well as an increased personal awareness of her problems and possible solutions. Examples of my observations include: “She displayed a heightened awareness of herself and insight about her abilities. She realises, for example, that she was able to adapt in new situations previously and will be able to do it again now<sup>22</sup>” (Appendix C: Researcher reflection, Session 5 [29 October 2009, p. 11]), “She seems to have an improved awareness of herself, her problems and her character and how this correlates or differ from her ideal self<sup>23</sup>” (Appendix C: Researcher reflection, Session 6 [2 November 2009, p. 11]), and: “An awareness of her positive characteristics seem to take place as a result of the therapeutic intervention<sup>24</sup>” (Appendix C: Researcher reflection, Session 7 [11 November 2009, p. 12]). The therapist confirmed my ideas and mentioned: “I was pleasantly surprised by the confidence with which she stated her request for assistance in

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<sup>20</sup> Translated into English for dissertation purposes from: “Ek wil...dalk so bietjie beter selfbeeld, maar nie ‘n ego nie. Soos my *caring side* wil ek behou”

<sup>21</sup> Translated into English for dissertation purposes from: “Dit was opmerklik dat die deelnemer vandag die kring selfs nouer getrek het en die binnekant van ‘n huis uitgebeeld het.”

<sup>22</sup> Translated into English for dissertation purposes from: “Sy toon ook ‘n verhoogde bewuswording van haarself en insig oor haar vermoëns. Sy besef byvoorbeeld nou dat sy al voorheen kon aanpas in ‘n nuwe situasie en dit nou weer sal kan doen.”

<sup>23</sup> Translated into English for dissertation purposes from: “Sy blyk ook ‘n verbeterde bewustheid van haarself, haar probleme en karakter te hê en hoe dit ooreenstem of verskil met haar ideale self.”

<sup>24</sup> Translated into English for dissertation purposes from: “‘n Bewuswording van haar positiewe eienskappe blyk plaas te vind as gevolg van die terapeutiese intervensie.”

this regard, as it indicated some degree of introspection on her part” (Appendix C: Therapist reflection, Session 5 [29 October 2009, p. 22]).

In addition to the apparent increased awareness, the participant seemingly experienced changed perceptions of herself as the intervention/study progressed. For example, during the initial interview with the participant she expressed the wish to be more of an extrovert, stating that: “Sometimes I wish that I was more of an extrovert, because in certain instances it can be negative to be an introvert<sup>25</sup>” (Appendix E: Interview with participant [14 September 2009, p. 3]). In Session 7, however, she admitted that she had changed her “view” and mentioned that: “I think both are unique and evenly good. It is just more difficult to be an introvert if you have to make friends or so<sup>26</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 17]). After Session 10, the therapist noted that the growth and maturity of the participant’s self-awareness, self-knowledge and self-concept was “visible in the manner in which she interacts and engages in the therapy situation” (Appendix C: Therapist reflection, Session 10 [26 November 2009, p. 27]). In addition the therapist noted that: “The objects she chose and the explanation that she gave for her choices showed that she saw herself as a naïve and less strong individual at the start of this therapy process. However, she was able to identify the areas that she felt she grew in. These areas of growth that she identified in herself reflected the same areas that I had identified as growth areas in her. I was thus pleased with her self-awareness and perception” (Appendix C: Therapist reflection, Session 11 [1 December 2009, p. 28]).

The participant’s apparent improved self-knowledge was further confirmed by the Rosebush technique which seemed to indicate an improved level of self-worth as well as improved self-knowledge when comparing the participant’s Rosebushes prior to and after the intervention had been completed. In discussing the post-intervention Rosebush and when asked whether there was anything on the Rosebush not to be liked, the participant answered: “No, nothing<sup>27</sup>” (Appendix B: Post-modern Rosebush technique, Post-intervention [1 December 2009, p. 4]). Figure 4.2 and 4.3 provide an overview of the participant’s Rosebushes, created prior to and post-intervention.

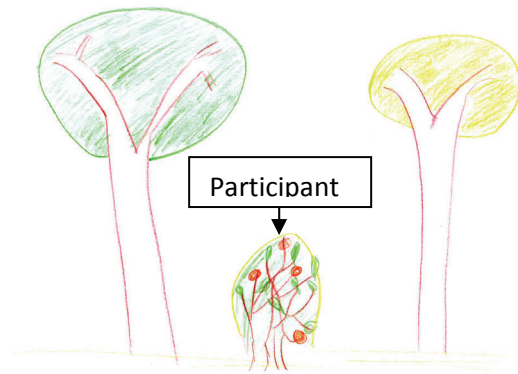
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<sup>25</sup> Translated into English for dissertation purposes from: “Partykeer wens ek, ek was meer ‘n ekstrovert, want in party gevalle kan dit negatief wees om ‘n introvert te wees”

<sup>26</sup> Translated into English for dissertation purposes from: “Ek dink altwee is uniek en hulle is ewe goed. Dit is net partykeer moeiliker om ‘n introvert te wees as jy moet vriende maak en so.”

<sup>27</sup> Translated into English for dissertation purposes from: “Nee, niks nie.”

① Voor intervensie



**FIGURE 4.2: Participant's Rosebush prior to the intervention, depicting her as small, with few leaves (Appendix B)**

② Na intervensie



**FIGURE 4.3: Participant's Rosebush after the intervention had been completed (Appendix B)**

Finally, the participant's father also reported that the participant "is more at ease with herself and less inclined to get caught up with what she cannot do, like in the past<sup>28</sup>" (Appendix E: Interview with parents [20 February 2010, p. 10]). In further support, the SEI indicated an improvement on the Perception of Personal Security Scale by one category and on the Self-esteem quotient by two categories, confirming the participant's apparent improved self-knowledge (Appendix F).

#### 4.3.1.2 Subtheme 1.2: From feelings of inferiority to feelings of self-worth

Initially I observed that the participant felt inferior and doubted herself and her abilities. She seemed to view herself as unattractive and expressed the desire to be prettier and more of an extrovert. In the initial interview she stated: "I feel like I am unintelligent and ugly, yes, there are a lot of things about myself that I would like to change<sup>29</sup>" (Appendix E: Interview with participant [14 September 2009, p. 2]). Several comments made by the participant's parents during my initial interview with them confirmed their view that the participant had experienced feelings of inferiority at that time. The mother, for example, stated that the participant was a typical middle child who sometimes just "floats around<sup>30</sup>" (Appendix E: Field notes of interview with parents [10 September 2009, p. 8]) and tends to get lost between the other members of the family. This view was confirmed by the participant when she compared herself with her younger sister, reporting that, when she fared

<sup>28</sup> Translated into English for dissertation purposes from: "is gemakliker met haarself en word minder as in die verlede vasevang in wat sy nie kan doen nie."

<sup>29</sup> Translated into English for dissertation purposes from: "Ek voel ek is dom en nie mooi nie en ja, daar is verskriklik baie goed aan myself wat ek sal wil verander."

<sup>30</sup> Translated into English for dissertation purposes from: "float net rond."

poorly in a test, she thought: “I’m unintelligent and other people also tell me that. Like my sister<sup>31</sup>” (Appendix E: Interview with participant [14 September 2009, p. 2]).

The participant's parents elaborated that she would, for example, be oversensitive and experience a suggestion as criticism, reportedly resulting in her opinion that she was not good enough. In my field notes, I recorded this perception: “Her mother explains that the participant experiences any reprimand from her parents as critique<sup>32</sup>” (Appendix E: Field notes of interview with parents [10 September 2009, p. 8]). This view was further confirmed during the first few intervention sessions when I observed that the participant’s sand scenes were representing feelings of inferiority, with some characters often being described as introverts that struggled to cope or make friends (Appendix A: Field notes, Session 2 [5 October 2009], Session 5 [29 October 2009], Session 6 [2 November 2009]).

However, the participant appeared to increasingly display confidence as the intervention process progressed. By the seventh session, she noted that although she was an introvert and regarded it as being more difficult at times than being an extrovert, “I think that both is unique and equally good<sup>33</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 17]). At the end of the ninth session during her reflection, the participant mentioned that: “I don’t know what it is, but there is just this amazing change and I feel much more confident<sup>34</sup>” (Appendix C: Participant reflection, Session 9 [19 November 2009, p. 5]). During my final interview with the parents, they added that the participant’s self-esteem had improved and that she was more at ease with herself at that stage, the father stating that her “self-esteem has definitely improved<sup>35</sup>” (Appendix E: Interview with parents [20 February 2010, p. 10]).

In support of this result, the therapist noted in her reflections that the participant seemed to be more confident and to believe more in herself and her own ability as the intervention progressed (Appendix C: Therapist reflection, Session 5 [29 October 2009], Session 7 [11 November 2009], Session 10 [26 November 2009] and Session 11 [1 December 2009]). In my observations I noted that by the ninth and tenth sessions a distinct improvement in the participant’s self-confidence and self-worth could be detected, stating that “as if the participant acts with more confidence<sup>36</sup>” (Appendix C: Researcher reflection, Session 9 [19 November 2009, p. 13]), and: “The participant shows a willingness to improve her social skills and it seems that it is already

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<sup>31</sup> Translated into English for dissertation purposes from: “dom en as mense dit ook vir my sê. Soos my sussie”

<sup>32</sup> Translated into English for dissertation purposes from: “Haar moeder vertel verder dat die deelnemer enige teregwydings van haar ouers ervaar as kritiek.”

<sup>33</sup> Translated into English for dissertation purposes from: “ek dink altwee is uniek en hulle is ewe goed”

<sup>34</sup> Translated into English for dissertation purposes from: “ek weet nie wat dit is nie, maar daar is net soos hierdie *amazing* verandering en ek voel net baie meer *confident*.”

<sup>35</sup> Translated into English for dissertation purposes from: “selfbeeld het beslis verbeter”

<sup>36</sup> Translated into English for dissertation purposes from: “asof die deelnemer met meer selfvertroue optree.”

happening, just like her self-esteem seems to improve<sup>37</sup> (Appendix C: Researcher reflection, Session 10 [26 November 2009, p. 14]). In further support, the SEI confirmed that the participant's self-esteem improved after the intervention had been completed (Refer to Table 4.1). The Perception of Personal Security Scale improved from Low to just Below average while the overall self-esteem quotient improved by two categories (Appendix F). The Rosebush technique furthermore confirmed feelings of improved self-worth (Appendix B).

#### 4.3.1.3 Subtheme 1.3: From uncertainty in unknown situations to facing the unknown

During my first interview with the parents, they shared their belief that the participant possessed great potential, but that she apparently easily disappeared in a crowd because of her perceived poor self-esteem: "The father describes the participant's self-esteem as poor and explains that this can sometimes lead to her disappearing amongst the other members of the family<sup>38</sup>" (Appendix E: Field notes of interview with parents [10 September 2009, p. 7]). I also observed the participant as anxious and unsure of herself when presented with a new and unknown situation at the onset of my study. During the first meeting when the participant was introduced to the therapist and Sandplay psychotherapy, both unfamiliar to her, I noted: "She seemed unsure as to how she should go around with the sand tray and miniatures. As such, she picked up the jail's roof and used it as is when she saw that it was loose, instead of picking up the rest of the building<sup>39</sup>" (Appendix C: Researcher reflection, Session 1 [21 September 2009, p. 8]). The therapist confirmed my observation in her reflection notes: "it was clear that the client was nervous and slightly anxious" (Appendix C: Therapist reflection, Session 1 [21 September 2009, p. 17]).

During the first session the participant seemed to use miniatures without considering their use beforehand. This apparent impulsive use of the miniatures at hand, led to the participant excluding several other miniatures. The therapist noted that: "some of the figures that the client had chosen were not well thought out", and: "she came across as reluctant and uncertain...The client chose to use minimal figures and did not explore the available figures extensively" (Appendix C: Therapist reflection, Session 1 [21 September 2009, p. 17]). After this session, it appeared as if the participant planned the next two sessions before coming to therapy: "It appears as if she thought of and planned a possible scene to some extent<sup>40</sup>" (Appendix C: Researcher reflection, Session 2 [5 October 2009, p. 9]). However, as Session 3 progressed, she seemingly altered her plan and built something

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<sup>37</sup> Translated into English for dissertation purposes from: "Die deelnemer toon 'n bereidwilligheid om haar sosiale vaardighede te verbeter en dit blyk ook dat dit reeds aan die gebeur is, net soos haar selfbeeld blyk te verbeter."

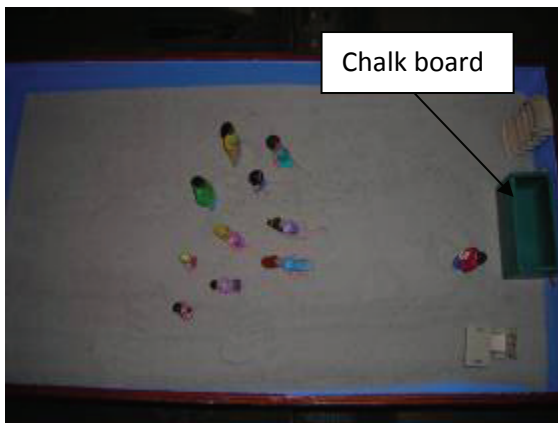
<sup>38</sup> Translated into English for dissertation purposes from: "Die vader beskryf die deelnemer se selfbeeld as laag en vertel dat dit soms veroorsaak dat sy wegraak tussen die ander lede in die gesin."

<sup>39</sup> Translated into English for dissertation purposes from: "Sy het onseker omgegaan met die sandboks en voorwerpe. So het sy onder andere die tronk se dak opgetel en net so gebruik toe sy sien hy is los, in plaas van om die res van die gebou ook op te tel."

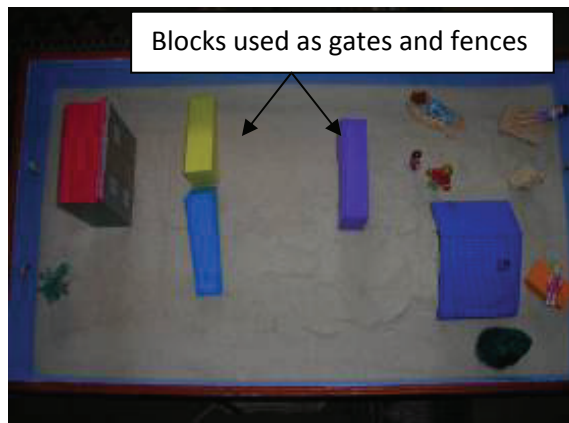
<sup>40</sup> Translated into English for dissertation purposes from: "Dit wil voorkom asof sy vooraf aan 'n moontlike toneel wat sy kon bou gedink het en hom in 'n mate beplan het."

else. The participant stated: “It is interesting to see how my mindset changed from what I wanted to do to what I actually did<sup>41</sup>” (Appendix C: Participant reflection, Session 3 [12 October 2009, p. 2]).

As the sessions progressed, I thus observed the participant becoming more sure of herself, exploring the available figures more extensively and seemingly choosing each miniature with a specific function in mind (Appendix A: Field notes, Session 4 [19 October 2009], Session 5 [29 October 2009], Session 7 [11 November 2009], Session 8 [16 November 2009], Session 9 [19 November 2009], Session 10 [26 November 2009] and Session 11 [1 December 2009]). Pictures 4.1 and 4.2 indicate how the participant used miniatures for alternative functions.



**PICTURE 4.1: House used as a chalk board**  
(Sessions 5 [29 October 2009])



**PICTURE 4.2: Blocks used as gates and fences**  
(Session 10 [26 November 2009])

The therapist noted after Session 3: “During this session she displayed a willingness to explore her sand-building even more than she previously had” (Appendix C: Therapist reflection, Session 3 [12 October 2009, p. 19]). In support of the qualitative data obtained, the SEI’s results indicated an improvement in the participant’s self-esteem in social contexts (Table 4.1), confirming the observed confidence in unfamiliar contexts, as the Perception of Peer Popularity Scale improved by one category (Appendix F).

In addition the therapist noted that “growth and maturity of the client’s self-awareness, self-knowledge and self-concept is visible in the manner in which she interacts and engages in the therapy situation” (Appendix C: Therapist reflection, Session 10 [26 November 2009, p. 27]), while the participant’s father noted an improvement in her ability and willingness to face and adapt to new situations after the intervention had been completed: “She seems to be up to new experiences and goes through trouble to make new friends<sup>42</sup>”

<sup>41</sup> Translated into English for dissertation purposes from: “Dit is interessant om te sien hoe my *mindset* verander het van wat ek wou doen tot wat ek toe gedoen het.”

<sup>42</sup> Translated into English for dissertation purposes from: “Sy sien kans vir nuwe ervaringe en doen moeite om nuwe vriende te maak.”

(Appendix E: Interview with parents [20 February 2010, p. 10]). My analysis of the participant's post-intervention Rosebush further confirmed her apparent increased feelings of confidence in unfamiliar situations (Appendix B).

### **4.3.2 Theme 2: Changes in emotional domain of development**

Based on the raw data I obtained, the participant's relationship and social skills seemingly improved towards the end of the intervention. The post-assessment confirmed the improvement.

#### **4.3.2.1 Subtheme 2.1: From wanting to escape to feeling more content with her situation**

During Session 1 the participant displayed the wish to escape her current situation to a more relaxed environment with minimal stress, by creating a desolated island scene and explaining: "It is an island and it is far away from everything and relaxed<sup>43</sup>" (Appendix A: Field notes, Session 1 [21 September 2009, p. 2]). In the next session, cars being directed to the airport by road signs to go on holiday confirmed this apparent need to escape. The participant described her sand tray scene: "This taxi in the corner is on its way to the airport and this one takes people to the hotel<sup>44</sup>" (Appendix A: Field notes, Session 2 [5 October 2009, p. 4]). The participant explained her feelings by highlighting the contrast that the scene she completed had with her own life by saying: "It is peaceful on the island, but my life is full of haste and a lot of fighting. I don't know how to get the peacefulness in my life yet<sup>45</sup>" (Appendix A: Field notes, Session 1 [21 September 2009, p. 3]). She furthermore expressed the wish that: "I would also like to be so calm and have such peacefulness in my life<sup>46</sup>" (Appendix C: Participant reflection, Session 1 [21 September 2009, p. 2]).

During Session 3 the need for a more relaxed environment, where there is no "rush" and where she could get away from everything and everyone was again emphasised by the participant (Appendix A: Field notes, Session 3 [12 October 2009]). By this time I observed an increased self-awareness of the participant's need to escape from the feelings of tension she seemed to experience at that stage. In support of my observation, the participant shared a dream she had about snakes attacking a man, with the man being helpless and unable to free himself. She reportedly discussed this with her father who suggested that it might be linked to her feeling anxious about the upcoming examinations. After a discussion with the therapist about this, the participant confirmed that she was very anxious about the examinations and her academic performance. She indicated that

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<sup>43</sup> Translated into English for dissertation purposes from: "Dis 'n eiland en is ver weg van alles en ontspanne."

<sup>44</sup> Translated into English for dissertation purposes from: "Hierdie taxi in die hoek is oppad lughawe toe en hierdie taxi vat mense na die hotel toe."

<sup>45</sup> Translated into English for dissertation purposes from: "Dit is rustig op die eiland, maar my lewe is 'n gejaag en gebaklei. Ek weet nog nie hoe om die rustigheid in my lewe te kry nie".

<sup>46</sup> Translated into English for dissertation purposes from: "Dat ek ook so rustig wil wees en sulke rustigheid in my lewe wil hê."

she would have preferred it if these feelings could merely disappear, stating: “I wish these feelings could just disappear<sup>47</sup>” (Appendix A: Field notes, Session 4 [19 October 2009, p. 7]). The therapist reflected: “Her input and comments during our discussion during this therapy session indicated that the client may have a distinct need for calm, peaceful and tranquil environments” (Appendix B: Therapist reflection, Session 5 [29 October 2009, p. 22]).

As the therapy progressed, coping mechanisms to deal with tension were identified during the Sandplay sessions. The participant seemingly became aware of the usefulness of such coping mechanisms, starting to explore ways of accessing these by means of discussions of the sand trays with the therapist. The participant indicated that potential ways of dealing with tension and anxiety included listening to music, taking time to reflect and being alone to rest. She stated: “to use these coping tools to become relaxed, like listening to my music, or to sleep or to sit and think for a bit<sup>48</sup>” (Appendix A: Field notes, Session 6 [2 November 2009, p. 14]). During this particular session, the participant also indicated that the family’s decision to relocate to another town was final and that this decision apparently added to her anxiety. According to the therapist the participant “seemed almost desperate as she conveyed the news, giving the impression that she was looking to be consoled” (Appendix C: Therapist reflection, Session 6 [2 November 2009, p. 23]). The participant seemingly knew that this could imply a major adjustment for her and asked for assistance in developing her social skills in order to assist her in adjusting to the new environment and making friends: “I think that it is going to be a big adjustment<sup>49</sup>” (Appendix A: Field notes, Session 5 [29 October 2009, p. 9]). I observed the participant as being both excited and scared about this development in her life: “The participant seems to be excited and stressed about their relocation<sup>50</sup>” (Appendix C: Researcher reflection, Session 5 [29 October 2009, p. 11]).

During the final intervention sessions a change however seemed apparent, as the participant more often referred to the environment in the sand tray scenes in a positive manner, as demonstrated in Picture 4.3.

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<sup>47</sup> Translated into English for dissertation purposes from: “Ek wens hierdie gevoelens kon net verdwyn.”

<sup>48</sup> Translated into English for dissertation purposes from: “hierdie *coping tools* van my gebruik om rustig te raak, soos om my musiek te luister of te slaap of bietjie te sit en dink.”

<sup>49</sup> Translated into English for dissertation purposes from: “Ek dink dit gaan ‘n groot aanpassing wees.”

<sup>50</sup> Translated into English for dissertation purposes from: “Die deelnemer blyk opgewonde en gestres te wees oor hulle trek.”





**PICTURE 4.3: Positive and playful environment (Session 7 [11 November 2009])**

In her scenes the participant also increasingly started to include some coping mechanisms such as music, as the intervention progressed. Although she appeared to still experience tension towards the second half of the intervention, she seemed more prepared to deal with such feelings and not run away from them, as I noted: “It seems as if she is prepared to deal with conflict<sup>51</sup>” (Appendix C: Researcher reflection, Session 8 [16 November 2009, p. 13]).

The participant’s post-intervention Rosebush confirmed these results when she described the surroundings of the bush as being much more comfortable, nurturing and ideal after the intervention had been completed than before. She described it as follows: “It is very green surroundings, a few of the other bushes are close to each other. And there is grass surrounding him<sup>52</sup>” (Appendix B: Rosebush technique post-intervention [1 December 2009, p. 4]). The SEI scores further confirmed the participant’s enhanced levels of contentment, as the scales Perception of Peer Popularity, Perception of Personal Security and Perception of Familial Acceptance all increased (Table 4.1) following the Sandplay psychotherapy intervention (Appendix F).

#### **4.3.2.2 Subtheme 2.2: From feeling academically pressured to feeling more safe and secure**

At the onset of the study, the parents indicated the view that the participant was academically strong. In my field notes I summarised their perception: “The parents both agree that they feel that she is academically strong<sup>53</sup>” (Appendix E: Field notes of interview with parents [10 September 2009, p. 9]). Although the participant did not seem to believe this of herself, she also reported her awareness of her parents thinking that she was academically strong. She mentioned that they continuously told her to study harder as she was able to perform

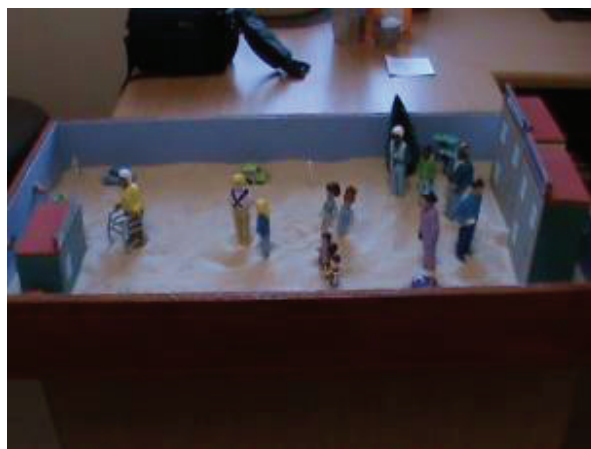
<sup>51</sup> Translated into English for dissertation purposes from: “Dit lyk asof sy bereid is om konflik te hanteer.”

<sup>52</sup> Translated into English for dissertation purposes from: “Dis ‘n baie groen omgewing, so paar ander bossies naby aan mekaar. En daar is gras om hom.”

<sup>53</sup> Translated into English for dissertation purposes from: “Die ouers stem beide saam dat hulle voel sy is akademies sterk”

better, seemingly experiencing this as pressure with which she did not wish to deal. During the initial interview the participant said: “I think they probably think well of my abilities, but they will put a lot of pressure on me, because they will say that I can do better in my subjects and that I should study harder. This is not nice<sup>54</sup>” (Appendix E: Interview with participant [14 September 2009, p. 4]).

The sand tray scenes that the participant built also demonstrated feelings of being threatened, for example during Session 2, when the participant had identified the source of the mother and daughter’s fights as the mother who was unhappy about the daughter’s marks. She stated that the mother and daughter “sometimes fight about things such as friends and school like, for example, her marks that are dropping<sup>55</sup>” (Appendix A: Field notes, Session 2 [5 October 2009, p. 5]), and: “The daughter would like the mother to stop hammering on her marks<sup>56</sup>” (Appendix A: Field notes, Session 2 [5 October 2009, p. 5]). During Session 3, the participant mentioned that the girl did not like the mother to be so strict with her with regard to her marks: “she doesn’t like it that her mother is so strict with her marks and so on<sup>57</sup>” (Appendix A: Field notes, Session 3 [12 October 2009, p. 6]). In support, I observed the participant to have built a protective scene as part of Session 2, noting: “It was noteworthy that all the people were placed in the middle of the sand tray and protectively surrounded with buildings, trees, cars and stop signs<sup>58</sup>” (Appendix C: Researcher reflection, Session 2 [5 October 2009, p. 9]). Picture 4.4 provides a visual image of the specific scene.



**PICTURE 4.4: Miniatures surrounding the people in a sand tray scene (Session 2 [5 October 2009])**

<sup>54</sup> Translated into English for dissertation purposes from: “Ek dink hulle dink seker goed van my vermoëns, maar hulle sal soos baie druk op my sit, want hulle sal sê ek kan beter doen in my vakke en ek moet harder leer. Dit is nie lekker nie.”

<sup>55</sup> Translated into English for dissertation purposes from: “baklei partykeer oor goed soos vriende en skoolwerk soos byvoorbeeld haar punte wat besig is om af te gaan.”

<sup>56</sup> Translated into English for dissertation purposes from: “Die dogter sal wil hê die ma moet ophou hamer op haar punte.”

<sup>57</sup> Translated into English for dissertation purposes from: “sy hou nie daarvan dat haar ma te streng is met haar punte en so nie.”

<sup>58</sup> Translated into English for dissertation purposes from: “Dit is opmerklik dat die mense almal in die middel van die sandboks gepak is met die geboue, bome, karre en stoptekens wat beskermend reg rondom hulle gepak is.”

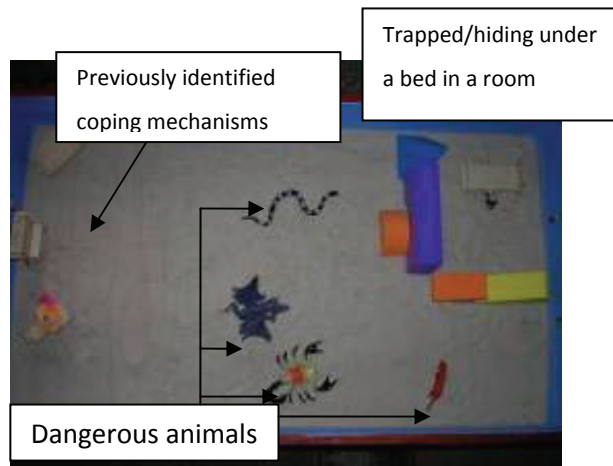
The participant's apparent initial feelings of being threatened were further evident in remarks such as the following:

- “trapped in a room and the snakes symbolises my thoughts that are everywhere and confusing<sup>59</sup>” (Appendix A: Field notes, Session 6 [2 November 2009, p. 12]).
- Name of the scene: “Under pressure” (Appendix A: Field notes, Session 6 [2 November 2009, p. 14]).
- “It’s just sort of a girl that is very scared of stuff<sup>60</sup>” (Appendix A: Field notes, Session 9 [19 November 2009, p. 20]).

Pictures 4.5 and 4.6 demonstrate the participant's attempts to be protected or escape from threatening situations.



**PICTURE 4.5: An underground prison with a guard (Session 1 [21 September 2009])**



**PICTURE 4.6: A girl trapped under the bed by scary creatures (Session 9 [19 November 2009])**

Although the participant repeated themes of being threatened throughout the study, the scenes she created started to include the possibility of removing threats towards the end of the study. For example during Session 6 gaps were left between the walls in the created scene, for the snakes to move away, as the participant explained: “There are gaps that I left there to get out<sup>61</sup>” (Appendix A: Field notes, Session 6 [2 November 2009, p. 12]). During a later session, she explained that a hero had saved a girl that was trapped under her bed by monstrous miniatures, stating that: “I think he lifts the bed up<sup>62</sup>” (Appendix A: Field notes, Session 9 [19 November 2009, p. 21]). The participant also identified ways in which to communicate her academic goals to her parents as the intervention progressed, instead of just viewing their comments as criticism and pulling away,

<sup>59</sup> Translated into English for dissertation purposes from: “trapped in ‘n kamer en die slange simboliseer my gedagtes wat net oral en deurmekaar.”

<sup>60</sup> Translated into English for dissertation purposes from: “Dis net soos soort van ‘n meisie wat baie bang is vir *stuff*.”

<sup>61</sup> Translated into English for dissertation purposes from: “Daar is gaatjies wat ek daar gelos het om uit te kom.”

<sup>62</sup> Translated into English for dissertation purposes from: “Ek dink hy lig die bed op.”

stating: ““Then I can tell my parents: listen, I know that you think I can do better, but I set myself a goal and I reached it, so I am happy with it<sup>63</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 26]).

During Session 10 the participant seemed to start setting some boundaries in her personal life, such as not believing everybody’s comments, disregarding untruths and studying the intention of truthful comments in order to decide whether or not she was going to incorporate them in her frame of reference. In this regard she stated that: “Then probably yes, because you don’t have to agree<sup>64</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 27]). In the therapist’s reflection notes, she remarked that: “The discussion on constructive and destructive criticism seemed particularly beneficial to the client” (Appendix C: Therapist reflection, Session 10 [26 November 2009, p. 26]).

During the post-assessment the participant described her Rosebush as much stronger and being situated in nurturing circumstances, as opposed to her initial Rosebush that reportedly stood almost alone and was more vulnerable to outside threats (Appendix B). Furthermore, the SEI indicated an improvement on the Perceived Familial Acceptance Scale and the Perceived Academic Competence Scale despite the scales not improving an entire category (Table 4.1). The SEI scores can therefore be considered as supportive of the qualitative results I obtained (Appendix F).

#### **4.3.2.3 Subtheme 2.3: From uncertainty about the future to having a positive future perspective**

From the onset of the study it appeared as if the participant had dreams and future aspirations of being successful, but that she felt uncertain about her ability to reach these dreams. Being successful in her career, earning ample money and being happily married were often the future dreams of the main character in the sand tray with which she identified. During Session 3 she described one of the character’s future aspirations as follows: “To be a successful business woman, like a lawyer type of thing, with a lot of money and happily married<sup>65</sup>” (Appendix A: Field notes, Session 3 [12 October 2009, p. 7]). The participant appeared to value the attendance of a good school and receiving a high level of education in order to be successful in future, often mentioning this when she explained a character’s circumstances: “It helps him that he can get a good education and go to a good school, because they make a lot of money now<sup>66</sup>” (Appendix A: Field notes, Session 4 [19 October 2009, p. 9]), and in the next session: “In five years time they will probably study at universities and after

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<sup>63</sup> Translated into English for dissertation purposes from: “Dan kan ek vir my ouers sê: luister ek weet jul dink ek kan beter, maar ek’t ‘n *goal* gestel en ek het dit bereik so ek is gelukkig daarmee.”

<sup>64</sup> Translated into English for dissertation purposes from: “Dan seker ja, want jy hoef nie saam te stem nie.”

<sup>65</sup> Translated into English for dissertation purposes from: “Om ‘n suksesvolle besigheidsvrou te wees, soos ‘n prokureur tipe ding, met baie geld en *happily married*.”

<sup>66</sup> Translated into English for dissertation purposes from: “Dit help dat hy ‘n goeie *education* kan kry en na ‘n goeie skool toe kan gaan, want hulle maak mos nou baie geld.”

ten years they will work et cetera. Everybody will be successful<sup>67</sup>” (Appendix A: Field notes, Session 5 [29 October 2009, p. 10]). The participant’s mother confirmed the participant’s future aspirations to attend tertiary education during the initial interview when she said that the participant loved children and was considering a career in education (Appendix E: Field notes of interview with parents [10 September 2009, p. 8]).

Despite the positive aspirations that the participant expressed during initial sessions, she seemingly displayed a fear of the future and an uncertainty whether or not she would be able to attend a university and find a good occupation. She described her fear of being able to attend a university as follows: “I think she will say yes, but that there will be certain things that can keep her from reaching her goals, like marks, requirements for admission or to get accepted into the hostel if you live far away for instance<sup>68</sup>” (Appendix A: Field notes, Session 9 [19 November 2009, p. 20]).

However, the participant gradually seemed to display the belief that the problems she was experiencing that could prevent her from succeeding in future, could be solved: “probably not everything at once, because then it’s just confusing, but one at a time can work<sup>69</sup>” (Appendix A: Field notes, Session 6 [2 November 2009, p. 14]). During Session 6, when asked how the snakes which represented her problems, could be removed if they were surrounded by walls, she noted that: “There are gaps that I left there to get out<sup>70</sup>”, thereby seemingly suggesting that her problems could be addressed (Appendix A: Field notes, Session 6 [2 November 2009, p. 12]).

The participant’s future perspective was further demonstrated in terms of her experiences of the family’s plan to move to another town. As the sessions progressed the participant seemed to become more excited about the move to a new town and school, making comments such as: “where I am going to, also had a swimming pool, a few tennis and netball courts<sup>71</sup>”, and: “I will try to play hockey again<sup>72</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 15]). A few sessions later when asked to visualise a new situation and describe how it made her feel, the participant answered that: “Still a little scared, but not that much, excited and happy<sup>73</sup>” (Appendix A: Field notes, Session 9 [19 November 2009, p. 23]). The therapist’s reflections confirms increased levels of hope for the future, as she stated: “During this session the client indicated a positive prognosis” (Appendix C:

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<sup>67</sup> Translated into English for dissertation purposes from: “Oor vyf jaar sal van hul seker swot by universiteite en na tien jaar sal hulle werk ensovoorts. Almal sal suksesvol wees”

<sup>68</sup> Translated into English for dissertation purposes from: “Ek dink sy sal sê ja maar daar is sekere goed wat haar kan keer soos punte, toelatingsvereistes of om soos plek in ‘n koshuis te kry byvoorbeeld as jy ver bly.”

<sup>69</sup> Translated into English for dissertation purposes from: “seker nie alles op een slag nie, want dan voel dit te deurmekaar, maar so een-een kan werk.”

<sup>70</sup> Translated into English for dissertation purposes from: “Daar is gaatjies wat ek daar gelos het om uit te kom”

<sup>71</sup> Translated into English for dissertation purposes from: “waarnatoe ek nou gaan het ook ‘n swembad, paar tennisbane en netbalbane”

<sup>72</sup> Translated into English for dissertation purposes from: “Ek sal weer probeer hokkie speel”

<sup>73</sup> Translated into English for dissertation purposes from: “Nog bietjie bang, maar nie so baie nie, opgewonde en bly.”

Therapist reflection, Session 4 [19 October 2009, p. 22]), and later: “the client was notably optimistic” (Appendix C: Therapist reflection, Session 9 [19 November 2009, p. 26]). In addition, I observed the participant to increasingly engage with her future aspirations by, for example, during Session 10 suggesting that she would write down her goals in order to make her dreams easier to achieve. I noted that: “It seems as if the participant more readily takes risks and initiative like suggesting to go and write down her goals<sup>74</sup>” (Appendix C: Researcher reflection, Session 10 [26 November 2009, p. 14]). In addition, during the post-assessment, the participant described her Rosebush as a “relatively strong bush<sup>75</sup>” (Appendix B: Rosebush technique post-intervention [1 December 2009, p. 4]), suggesting the possibility for future survival of the bush.

In terms of the quantitative data I obtained, the Perception of Academic Competence Scale on the SEI indicated a minor improvement on the raw scores. The category, however, stayed the same and the improvement on this specific scale therefore does not seem to be significant (refer to Table 4.1). Yet, the overall improvement of the self-esteem quotient could possibly confirm a more positive outlook on the future and future possibilities (Appendix F).

### **4.3.3 Theme 3: Changes in social domain of development**

Based on the results I obtained, it appeared as if the participant experienced difficulties with regard to confrontation and conflict at the onset of my study. However, as the study progressed, her conflict resolution skills seemed to improve. Two subthemes emerged, namely an increase in assertiveness and decreased feelings of being threatened.

#### **4.3.3.1 Subtheme 3.1: From limited to age-appropriate social skills**

Based on the raw data I obtained, it appeared as if the participant’s actualised social skills at the onset of my study were lacking to an extent that they had had a negative influence on her relationships. During my initial interview with the parents I noted: “According to her parents the fact that she sometimes seems to be ostracised did not bother her when she was younger, but now it bothers her a lot<sup>76</sup>” (Appendix E: Field notes of interview with parents [10 September 2009, p. 8]). In addition, I noted in my field notes that: “The father adds that he feels that a lack of emotional intelligence is a problem and could possibly be the reason for the participant’s problems with socially acceptable behaviour<sup>77</sup>” (Appendix E: Field notes of interview with parents [10 September 2009, p.

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<sup>74</sup> Translated into English for dissertation purposes from: “Dit wil ook voorkom asof die deelnemer meer geredelik waag en inisiatief neem, soos om byvoorbeeld self voor te stel om haar doelwitte te gaan neerskryf.”

<sup>75</sup> Translated into English for dissertation purposes from: “redelike sterk bossie”

<sup>76</sup> Translated into English for dissertation purposes from: “Volgens haar ouers het die feit dat sy soms verstoot word haar nie gepla toe sy kleiner was nie, maar dit pla haar nou baie.”

<sup>77</sup> Translated into English for dissertation purposes from: “Die vader voeg by dat hulle voel dat Emosionele Intelligensie ‘n probleem is en moontlik die oorsaak kan wees van die deelnemer se probleme met sosiaal gepaste gedrag.”

8]). The participant acknowledged this aspect and showed both a need for significant friendships and a desire to improve her social skills. When she heard about the possibility of them moving away, she made the following request to the therapist: “would you help me to develop some people skills, because I’m afraid that I won’t make any friends<sup>78</sup>” (Appendix A: Field notes, Session 5 [29 October 2009, p. 9]).

Furthermore during the initial interview, the parents commented that one of their primary concerns related to the possibility that the participant would seek protection from her younger sister at school, when the latter joined the participant in high school the following year. The parents seemed to relate their concern to the participant’s perceived lack of social skills, as I noted: “The mother explains that she also feels that the participant occasionally display socially inappropriate behaviour<sup>79</sup>” (Appendix E: Field notes of interview with parents [10 September 2009, p. 7]), and: “The parents feel that this type of socially inappropriate behaviour can further contribute to her being rejected socially<sup>80</sup>” (Appendix E: Field notes of interview with parents [10 September 2009, p. 8]). The parents’ concern was confirmed by the participant during Session 5 when she openly admitted that she lacked people skills and wanted some help in obtaining such skills, stating that she was “afraid that I won’t make any friends<sup>81</sup>” at the new school she would be attending (Appendix A: Field notes, Session 5 [29 October 2009, p. 9]).

During Session 3 the participant used the scenes in the sand tray to start exploring ways in which she could reach out, make friends and build relationships. In the discussion of this specific scene she said, for example, that “she invited a few friends<sup>82</sup>”. She also mentioned that she would like to “chill” with her friends over weekends. She continued to mention who she would invite and why, exploring the practical application of social skills (Appendix A: Field notes, Session 3 [12 October 2009, p. 7]). I further noted: “socially reaches out in terms of what is depicted in the scene<sup>83</sup>” (Appendix C: Researcher reflection, Session 3 [12 October 2009, p. 10]).

Towards the end of Session 5 the participant seemed to identify with a shy character in a well-known fiction book, namely Bella Swan in *Twilight*, providing constructive advice to the character who reportedly also moved to a new town and school. She mentioned that if she could give the character advice it would be as follows: “I

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<sup>78</sup> Translated into English for dissertation purposes from: “sal juffrou my help om *people skills* te leer, want ek is bang ek maak nie vriende nie.”

<sup>79</sup> Translated into English for dissertation purposes from: “Die moeder noem dat sy verder voel dat die deelnemer soms sosiaal onvanpaste gedrag toon.”

<sup>80</sup> Translated into English for dissertation purposes from: “Die ouers voel hierdie tipe sosiaal onvanpaste gedrag lei ook daartoe dat sy sosiaal verstoot word.”

<sup>81</sup> Translated into English for dissertation purposes from: “bang ek maak nie vriende nie.”

<sup>82</sup> Translated into English for dissertation purposes from: “sy het ‘n paar vriendinne genooi.”

<sup>83</sup> Translated into English for dissertation purposes from: “sosiaal uitreik in terme van wat uitgebeeld word in die toneel.”

would tell her to just be herself because it is easier and better that way and you will make friends eventually<sup>84</sup> (Appendix A: Field notes, Session 5 [29 October 2009, p. 11]). The participant drew a parallel with her own life and explained: “was in a few primary schools and each time I had to make new friends again<sup>85</sup>”. She appeared to realise that she had been successful before and that she could possibly be successful again, stating “Yes, I probably was successful<sup>86</sup>”, and: “Yes, maybe I can be again<sup>87</sup>” (Appendix A: Field notes, Session 5 [29 October 2009, p. 11]).

The participant seemed to build on this realisation in the following sessions, taking responsibility for improving her social skills, maintaining old friendships and making new friends. For example, she reported: “I’ve got everyone’s e-mail addresses<sup>88</sup>” (Appendix A: Field notes, Session 6 [2 November 2009, p. 12]), and discussed strategies to approach new people and talk to them: “like to also talk to her and so on<sup>89</sup>”, and: “I also have to try and talk to other people<sup>90</sup>” (Appendix A: Field notes, Session 6 [2 November 2009, p. 13]). She appeared to incorporate the use of coping tools in an attempt to calm her down in her future plans and discussions, stating: “I can list the pros and cons mentally or on a piece of paper and then I can also use my coping tools to calm myself, like listening to music, or to sleep a while or to just sit and think some<sup>91</sup>” (Appendix A: Field notes, Session 6 [2 November 2009, p. 14]).

Towards the end of the intervention, the participant made the following comments, which could indicate that she had seemingly developed some age-appropriate social skills:

- “I think in a way I saw how I can get through these challenges and break them up into smaller pieces for myself<sup>92</sup>” (Appendix C: Participant reflection, Session 6 [2 November 2009, p. 4]).
- “You can probably use the things you are interested in to meet new people and make friends...I think if you know yourself, you will have a better idea of where you will fit in and then you can make friends<sup>93</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 15]).

<sup>84</sup> Translated into English for dissertation purposes from: “Ek sou maar vir haar gesê het wees net jouself, dit is altyd makliker en beter en jy maak tog later vriende.”

<sup>85</sup> Translated into English for dissertation purposes from: “was in ‘n paar laerskole en ek moes elke keer weer nuwe vriende maak.”

<sup>86</sup> Translated into English for dissertation purposes from: “Ja, ek was seker suksesvol”

<sup>87</sup> Translated into English for dissertation purposes from: “Ja, dalk kan ek weer wees.”

<sup>88</sup> Translated into English for dissertation purposes from: “ek het almal se *e-mail* adresse.”

<sup>89</sup> Translated into English for dissertation purposes from: “soos om terug met haar te gesels en so.”

<sup>90</sup> Translated into English for dissertation purposes from: “moet ek maar ook probeer gesels met ander.”

<sup>91</sup> Translated into English for dissertation purposes from: “Ek kan soos die voor en nadele van als *mentally* of op ‘n papier op skryf dan kan ek ook hierdie *coping tools* van my gebruik om rustig te raak, soos om my musiek te luister of te slaap of bietjie te sit en dink.”

<sup>92</sup> Translated into English for dissertation purposes from: “Ek dink ek het soos op ‘n manier gesien hoe ek deur hierdie *challenges* kan kom en dit vir myself soort van kleiner kan maak.”



- “I will ask what the problem is, listen to everyone’s side of the story and then reach my own conclusion<sup>94</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 16]).
- When asked what she could learn from Session 7 she replied: “A lot. Like what I can do to make friends and how to solve problems<sup>95</sup>” (Appendix C: Participant reflection, Session 7 [11 November 2009, p. 4]).

In terms of improved social skills, the therapist stated: “By the time she left she seemed more relaxed and had a sense of being more equipped to handle the challenges that lay ahead of her, specifically in terms of her family’s upcoming trek to Cape Town” (Appendix C: Therapist reflection, Session 6 [2 November 2009, p. 24]). With the above social skills in the process of being developed, the participant appeared to start relying on and more often interacting with others. By that time the family had visited the town they were moving to, arranged a house and applied to a local school. The participant explained: “There is a girl that promised to help me find my way at first and there are two from my grade here that are also going there from next year on<sup>96</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 14]). The participant reported that she had reached out to these children and that she felt comforted by the fact that she would know someone in the new environment. I noted that the participant furthermore “showed insight into several problem-solving strategies, as well as the skills that she possessed or would like to develop<sup>97</sup>” (Appendix C: Researcher reflection, Session 7 [11 November 2009, p. 14]).

Both the participant and the therapist noted at the end of Session 7 that the participant had learnt helpful skills that could assist her in adapting to the new environment and making friends at her new school. The therapist was of the opinion that “the client was able to reason out all the steps on her own, indicating that she had good problem-solving skills. However, going through this process was very useful in making her aware of her skills. She seemed pleased with herself when she was able to go through the problem-solving steps on her own” (Appendix C: Therapist reflection, Session 7 [11 November 2009, p. 25]). In addition to the observed improved problem-solving skills, I observed that the participant seemed to take risks more readily towards the end of the study. Of her own accord she, for example, contacted a girl in the Cape by sending her a message on

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<sup>93</sup> Translated into English for dissertation purposes from: “Jy kan seker die goed waarin jy belangstel soos gebruik om nuwe mense te ontmoet en vriende te maak...Ek dink as jy jouself ken weet jy beter waar jy inpas en kan jy vriende maak.”

<sup>94</sup> Translated into English for dissertation purposes from: “Ek sal vra, wat is die probleem en maar eers elkeen se storie hoor en dan tot my eie *conclusion* kom.”

<sup>95</sup> Translated into English for dissertation purposes from: “Baie. Soos wat ek kan doen om vriende te maak en probleme op te los.”

<sup>96</sup> Translated into English for dissertation purposes from: “Daar is ‘n meisie wat gesê het sy sal my help om my weg te vind aanvanklik en daar gaan twee van my graad van hier ook van volgende jaar af soontoe.”

<sup>97</sup> Translated into English for dissertation purposes from: “insig getoon in verskeie probleemoplossingsvaardighede, sowel as vaardighede waaroor sy beskik of sal wil ontwikkel.”

Facebook<sup>98</sup>. I reflected that: “I am glad that she again made contact with the girl from the Cape who was going to help her to adapt<sup>99</sup>” (Appendix C: Researcher reflection, Session 8 [16 November 2009, p. 13]). In support, the participant stated: “I kind of practised yesterday, as my father and I went to the pet shop and I talked to the woman there<sup>100</sup>” (Appendix A: Field notes, Session 9 [19 November 2009, p. 21]).

During Session 8 the therapist aimed to increase the participant’s awareness of nonverbal cues during interaction in an attempt to improve her insight into social situations. The meaning of the miniatures’ body language was explored as well as the possible meaning of their words when paired with body language. A discussion on criticism and how she experienced criticism followed. The participant drew a parallel with her own life and stated: “I think it is destructive, because I feel like I am not good enough and that I have to prove myself to them to be good enough<sup>101</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 26]). At the end of Session 10 the participant expressed a new view of criticism, mentioning that: “It can probably be positive, because it can help you to better set your goals<sup>102</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 27]), and: “I like it that I could learn that all kinds of criticism aren’t always bad and that I can actually decide whether it is bad or not<sup>103</sup>” (Appendix C: Participant reflection, Session 10 [26 November 2009, p. 6]).

The therapist confirmed the apparent acquisition of social skills by stating that: “I initiated a discussion to enquire regarding the value of being able to access social/nonverbal cues. I was satisfied that she had previously understood the concept and am convinced that if she makes an effort to put all the social skills that we explored into practice that these will become a habit and a part of her style of interaction” (Appendix C: Therapist reflection, Session 10 [26 November 2009, p. 27]). In addition the participant reportedly felt more positive and less scared about the move, towards the end of the study. She seemed confident that she could stay in touch with her current friends (Appendix A: Field notes, Session 10 [26 November 2009]). Throughout the research process it seemed as if the participant acquired additional social skills and gradually started to practice them in real-life situations. The participant, for example, described how she had reached out to another

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<sup>98</sup> Facebook is a social networking website. Users can add people as friends and send them messages, and update their personal profiles to notify friends about themselves.

<sup>99</sup> Translated into English for dissertation purposes from: “Ek is bly sy het op haar eie weer kontak gemaak met die meisie van die Kaap wat haar gaan help met die aanpassing.”

<sup>100</sup> Translated into English for dissertation purposes from: “Ek’t dit gister soos *kind off* geoefen, want ek en my pa was by die *pet shop* en toe praat ek met die vrou daar.”

<sup>101</sup> Translated into English for dissertation purposes from: “Ek dink dis *destructive*, want ek voel soos asof ek nie goed genoeg is nie en ek moet myself bewys om goed genoeg vir hulle te wees.”

<sup>102</sup> Translated into English for dissertation purposes from: “Dit kan seker positief wees, want dit kan jou help om jou doelwitte beter te stel.”

<sup>103</sup> Translated into English for dissertation purposes from: “Ek hou daarvan dat ek kon leer dat alle kritiek nie noodwendig slegte kritiek is nie en mens kan *actually* kyk of dit sleg is of nie.”

girl in her new school who intended to help her settle towards the second half of the intervention, as noted by me: “She is now putting her skills into practice!<sup>104</sup>” (Appendix C: Researcher reflection, Session 7 [11 November 2009, p. 12]).

After the relocation the father reported that the participant: “handled the move to Stellenbosch and the adaption in her new school with more confidence than we expected her to. She is definitely more assertive than in the past. She is open for new experiences and makes an effort to make new friends<sup>105</sup> (Appendix E: Interview with parents [20 February 2010, p. 10]). The parents did, however, mention that the participant still struggled to differentiate between positive and negative criticism by stating: “She struggles to integrate the positive feedback we provide and tends to experience reprimands from us as negative criticism<sup>106</sup>” (Appendix E: Interview with parents [20 February 2010, p. 11]). Furthermore the Rosebush that the participant created after the intervention had been completed was surrounded by other bushes, possibly suggesting an improved confidence in social situations (Appendix B). Since the acquisition of social skills might have an influence on the development of self-esteem, the improved self-esteem scores on the SEI could suggest a possible improvement of the participant’s social skills, more specifically in terms of the Perception of Peer Popularity Scale and the Perception of Familial Acceptance Scale as these scales include items related to socially acceptable behaviour (Appendix F).

#### **4.3.3.2 Subtheme 3.2: From avoiding conflict to being more assertive**

Throughout the therapy process, the therapist and I observed that the participant preferred a tranquil environment with no conflict. In most of her sand tray scenes the characters would be happy, no conflict would occur, characters would be conforming, understanding, willing to compromise and so-called people pleasers. The therapist noted: “The interesting aspect of the client’s choice in this regard is that she described this character as one who would readily compromise her own needs for those of others, thus a very appeasing character” (Appendix C: Therapist reflection, Session 5 [29 October 2009, p. 23]). The participant, for example, described settings and characters as: “Everyone will be successful<sup>107</sup>”, “I don’t have a favourite<sup>108</sup>” (Appendix A: Field notes, Session 5 [29 October 2009, p. 10]), and: “It is a friendly environment<sup>109</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 15]). It seemed as if she would rather avoid conflict than confront someone or

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<sup>104</sup> Translated into English for dissertation purposes from: “Sy pas haar vaardighede nou toe!”

<sup>105</sup> Translated into English for dissertation purposes from: “verhuising na Stellenbosch en die inskakeling in haar nuwe skool met meer selfvertroue aangepak as wat ons verwag het dat sy sal doen. Sy is beslis ook meer selfgeldend as in die verlede. Sy sien kans vir nuwe ervaringe en doen moeite om nuwe vriende te maak.”

<sup>106</sup> Translated into English for dissertation purposes from: “Sy sukkel om al die positiewe terugvoer wat ons vir haar gee te integreer en neig om regstellings van ons kant as negatiewe kritiek te beleef.”

<sup>107</sup> Translated into English for dissertation purposes from: “Almal sal suksesvol wees”

<sup>108</sup> Translated into English for dissertation purposes from: “Ek het nie ‘n gunsteling nie.”

<sup>109</sup> Translated into English for dissertation purposes from: “Dis ‘n vriendelike omgewing”

stand on her rights, as implied in a statement made by her mother, which I documented: “She mentions that the participant would rather avoid conflict and when a situation results in conflict, she is of the opinion that the participant is not able to handle the conflict effectively and then loses herself by shouting to the person<sup>110</sup>” (Appendix E: Field notes of interview with parents [14 September 2009, p. 9]). In addition the participant said that: “like when my parents and I fight, then I just turn away if I don’t want to fight anymore<sup>111</sup>” (Appendix A: Field notes, Session 9 [19 November 2009, p. 22]). This tendency seemed to change as the intervention progressed, upon which the participant remarked: “Like, don’t be afraid to give your opinion and to stand up for what you believe in<sup>112</sup>” (Appendix A: Field notes, Session 8 [16 November 2009, p. 19]).

At the beginning of the study, the participant made several references to the conflict that she was seemingly experiencing in her life at that stage, for example: “it’s the same as in my life where a few people have to live together with each other’s differences<sup>113</sup>” (Appendix A: Field notes, Session 1 [21 September 2009, p. 3]), and: “This girl can be very egocentric at times...Her friend would want her to rather say something like, I did okay<sup>114</sup>” (Appendix A: Field notes, Session 2 [5 October 2009, p. 4]). During Session 5, however, the therapist noted that the participant’s “assertiveness, as well as her independent and proactive thinking became prominent factors in shaping her therapeutic journey...From the scene that she built and our consequent discussion a common theme that emerged was her dislike for confrontation within social situations, as well as her reluctance to act as or have a leader figure within groups. Her input and comments during our discussion during this therapy session indicated that the client may have a distinct need for calm, peaceful and tranquil environments that accommodate all role-players as equals and permit equality” (Appendix C: Therapist reflection, Session 5 [29 October 2009, p. 22]). The therapist challenged the participant to constructively address conflict and asked the participant whether she thought she could stand up for herself, upon which the participant responded: “Not really<sup>115</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 25]). However, as Session 10 progressed the participant agreed that she was going to practice assertiveness in conflict situations with her sister, stating that: “Yes, okay, that sounds good<sup>116</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 25]). In addition the participant identified some strategies to address conflict relating to academic

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<sup>110</sup>Translated into English for dissertation purposes from: “Sy noem dat die deelnemer eerder konflik sal vermy en indien dit op ‘n konfliksituasie uitloop, voel sy die deelnemer kan dit nie effektief hanteer nie en verloor haarself dikwels deur dan op die persoon te skree.”

<sup>111</sup>Translated into English for dissertation purposes from: “soos as ek en my ouers stry dan draai ek weg as ek nou nie meer wil stry nie.”

<sup>112</sup>Translated into English for dissertation purposes from: “Soos moenie bang wees om jou opinie te gee en op te staan vir waarin jy glo nie.”

<sup>113</sup>Translated into English for dissertation purposes from: “dieselfde as in my lewe, soos waar ‘n paar mense maar moet saamleef met mekaar se verskille.”

<sup>114</sup>Translated into English for dissertation purposes from: “Hierdie meisie kan partykeer baie egosentries wees...Haar vriendin sal wil hê sy moet eerder iets sê soos “Ek’t okay gedoen”.

<sup>115</sup>Translated into English for dissertation purposes from: “Nie eintlik nie”

<sup>116</sup>Translated into English for dissertation purposes from: “Ja, okay, dit klink goed”

performance with her parents, in such a way that both parties could feel satisfied, such as: “Then I can tell my parents: listen, I know that you think I can do better, but I set myself a goal and I reached it, so I am happy with it<sup>117</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 26]), and: “I think they will be happy because I handle it more maturely and then we probably won’t fight about it<sup>118</sup>” (Appendix A: Field notes, Session 10 [26 November 2009, p. 27]).

I thus observed the participant as becoming more confident and in turn more capable of being assertive as opposed to avoiding conflict towards the end of the study. She seemed able to identify effective strategies for addressing conflict and not feeling threatened about it, as I noted in my reflections: “Areas that seem to be addressed positively in this session are especially the themes of constructive and destructive critique, as well as handling conflict in which she discussed effective strategies to handle it<sup>119</sup>” (Appendix C: Researcher reflection, Session 10 [26 November 2009, p. 14]). In addition, the quantitative data indicated positive improvement on the SEI’s Perception of Personal Security Scale, implying that the participant was possibly more equipped to be assertive post-intervention (Table 4.1), since she appeared to believe in herself more (Appendix F). The Rosebush technique also indicated an improvement in the strength of the bush, which might be interpreted as increased levels of assertiveness and self-esteem (Appendix B). Despite my observation, the results obtained and the apparent newly acquired knowledge to resolve conflict, the parents, however, reported that the participant needed to become even more assertive in interaction with her sister, up to the end of the study: “still needs to learn to become a lot more assertive without losing her grace in the several quarrels<sup>120</sup>” (Appendix E: Interview with parents [20 February 2010, p. 11]).

#### **4.3.3.3 Subtheme 3.3: From a need for support and acceptance to feeling accepted and ready to establish relationships**

Although the participant’s parents described themselves as supportive of a healthy family system during the initial interview: “The parents declared that they were eager to receive feedback and the father stated that they were prepared to work on the family system<sup>121</sup>” (Appendix E: Field notes of interview with parents [10 September 2009, p. 7]), the participant seemed to hold a different view of her parents at the onset of my study.

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<sup>117</sup> Translated into English for dissertation purposes from: “Dan kan ek vir my ouers sê: luister ek weet jul dink ek kan beter, maar ek’t ‘n *goal* gestel en ek het dit bereik so ek is gelukkig daarmee.”

<sup>118</sup> Translated into English for dissertation purposes from: “Ek dink hul sal bly wees oor ek dit meer volwasse hanteer en dan sal ons dalk nie baklei daaroor nie.”

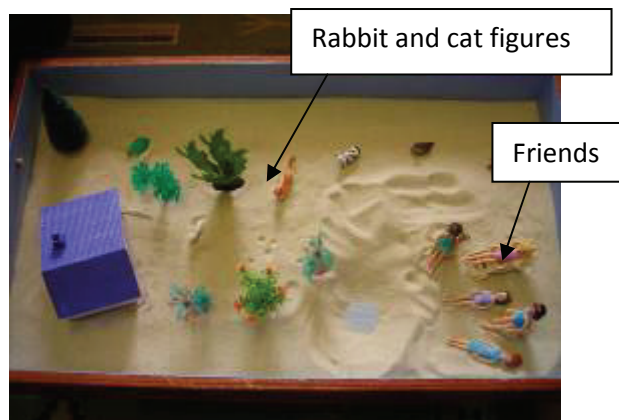
<sup>119</sup> Translated into English for dissertation purposes from: “Areas wat positief aangespreek blyk te wees in hierdie sessie is veral die temas van opbouende en afbrekende kritiek, sowel as konflikhantering waarin sy effektiewe hanteringsstrategieë bespreek het.”

<sup>120</sup> Translated into English for dissertation purposes from: “sal hier nog heelwat meer selfgeldend moet leer wees sonder om telkens haar “ordentlikheid” in die talle onderonsies te verloor.”

<sup>121</sup> Translated into English for dissertation purposes from: “Die ouers verklaar dat hul ywerig is om terugvoer te ontvang en die vader noem dat hul bereid is om aan die gesinsisteen te werk”

During the initial interview I conducted with her, she said: “I would like more support from them<sup>122</sup>” (Appendix E: Interview with participant [14 September 2009, p. 4]). She did, however, identify her older brother as a source of support and as someone she could discuss challenges with that she did not feel comfortable sharing with her parents, saying: “It still feels like I can talk to him about stuff that I cannot discuss with my parents<sup>123</sup>” (Appendix E: Interview with participant [14 September 2009, p. 3]). The participant described her relationship with her sister as: “a love-hate relationship. She greatly irritates me, but I will still protect her with my life, because I love her<sup>124</sup>”, explaining that although they often fought she still loved her sister (Appendix E: Interview with participant [14 September 2009, p. 2]).

During the initial sessions of the intervention, the participant often included miniatures that could indicate a longing for love, affection and support, such as a cat, rabbit and friends or family being sociable or eating together in a kitchen area (Appendix A: Field notes, Session 1 [21 September 2009], Session 3 [12 October 2009], Session 8 [16 November 2009], Session 9 [19 November 2009]). When discussing her sand tray scene in Session 3 the participant expressed a longing for interaction between the friends in the scene, saying: “I would like to chill with my friends like this over weekends<sup>125</sup>” (Appendix A: Field notes, Session 3 [12 October 2009, p. 7]). Picture 4.7 provides a visual image of the sand tray created during Session 3.



**PICTURE 4.7: Symbols indicating a need for love and support (Session 3 [12 October 2009])**

A bakery scene in Session 2 provides another example of a need for love, where everyone was on their way to buy food and specific groups of people walked together, including a mother and a daughter, and a group of

<sup>122</sup> Translated into English for dissertation purposes from: “Ek sal meer ondersteuning van hulle wil hê.”

<sup>123</sup> Translated into English for dissertation purposes from: “Dit voel nou nog of ek oor goed met hom kan gesels waaroor ek nie met my ouers kan gesels nie.”

<sup>124</sup> Translated into English for dissertation purposes from: “’n love-hate relationship. Sy irriteer my verskriklik baie, maar

ek sal haar nogsteeds met my lewe beskerm, want ek is lief vir haar.”

<sup>125</sup> Translated into English for dissertation purposes from: “Ek sal daarvan hou om oor naweke so met my vriende te chill.”

friends (Appendix A: Field notes, Session 2 [5 October 2009]). The participant described a rabbit that was trying to get into the house, indicating potential efforts to obtain support at home (Appendix A: Field notes, Session 3 [12 October 2009]). It seemed as if the participant experienced her parents as unavailable due to their work hours. Several references were made to someone else having to take care of the children in her scenes, such as an au pair, grandmother or brother. She stated: “there is no one in the house now, because the parents are away<sup>126</sup>” (Appendix A: Field notes, Session 3 [12 October 2009, p. 6]), “They probably have an au pair or something in the afternoons because then the parents are still at work<sup>127</sup>” (Appendix A: Field notes, Session 4 [19 October 2009, p. 8]), and: “No, his parents are working hard, it’s only his grandmother that has time for him<sup>128</sup>” (Appendix A: Field notes, Session 4 [19 October 2009, p. 9]). In support of these verbal reports, the participant described the family as: “They all understand each other<sup>129</sup>” (Appendix A: Field notes, Session 5 [29 October 2009, p. 11]), possibly indicating an awareness that communication and potential support was available at home, although she did not always seem to know how to access this communication and support at the early stages of my study.

The apparent need for higher levels of support and love also seemed to apply for the participant’s school environment. Her reference to classrooms and school environments as settings where everyone was friends could indicate a need for higher levels of involvement and support. She described some sand tray scenes: “It is a small class, so everyone is friends and talks to each other about a lot of different things<sup>130</sup>” (Appendix A: Field notes, Session 5 [29 October 2009, p. 10]), and: “they probably share an inside joke<sup>131</sup>” (Appendix A: Field notes, Session 7 [11 November 2009, p. 15]). In this regard I observed the participant as longing to be part of such close groups of friends. However, the interactiveness and warmth in the sand tray scenes gradually seemed to improve as the study progressed, as I noted during Session 7: “Today’s scene seems to be a warm scene with definite interaction between the people<sup>132</sup>” (Appendix C: Researcher reflection, Session 7 [11 November 2009, p. 12]). My observation was confirmed by the therapist who noted that the participant seemed more confident that she would be able to adapt to a new environment and make friends at a new school by noting: “seemed to have enhanced her confidence in her ability to cope and even flourish in her new environment” (Appendix C: Therapist reflection, Session 7 [11 November 2009, p. 24]).

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<sup>126</sup> Translated into English for dissertation purposes from: “daar is nie nou iemand in die huis nie, omdat die ouers weg is.”

<sup>127</sup> Translated into English for dissertation purposes from: “Hulle het seker maar ‘n *au pair* of iets vir in die middag, want dan werk die ouers nog.”

<sup>128</sup> Translated into English for dissertation purposes from: “Nee, sy ouers werk mos hard, net sy ouma het tyd vir hom.”

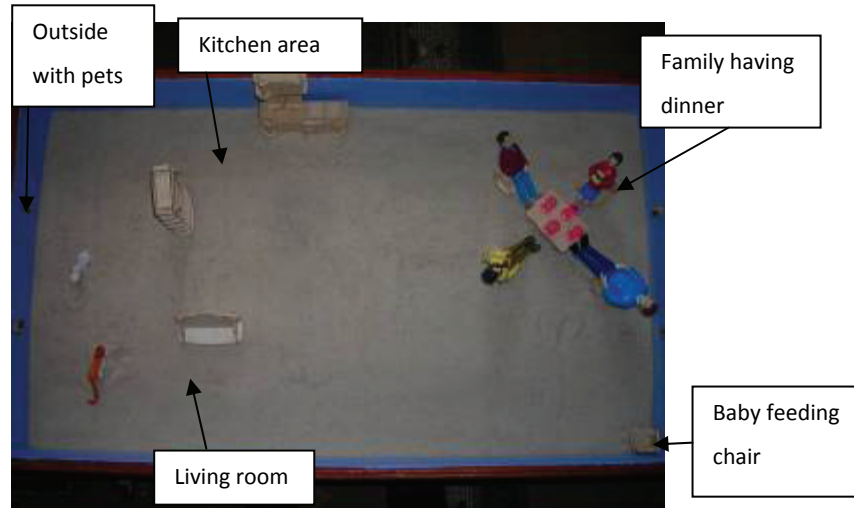
<sup>129</sup> Translated into English for dissertation purposes from: “Hulle almal verstaan mekaar”

<sup>130</sup> Translated into English for dissertation purposes from: “Dit is ‘n klein klas, so almal is vriende en gesels met mekaar oor allerhande dinge.”

<sup>131</sup> Translated into English for dissertation purposes from: “hulle deel dalk ‘n *inside joke*”

<sup>132</sup> Translated into English for dissertation purposes from: “Vandag se toneel blyk ook ‘n warm toneel met definintiewe interaksie tussen die mense te wees.”

Towards the latter half of the intervention, the participant appeared to experience higher levels of support and acceptance. During Session 8 she, for example, built a scene of the inside of a house with people interacting. Considering the discussion of how the family members asked about one another's daily activities, it seemed as if she started to experience her home as being a supportive and loving environment at that stage (Appendix A: Field notes, Session 8 [16 November 2009]). Picture 4.8 provides a visual image of the sand tray scene that was discussed.



**PICTURE 4.8: Support within the family environment (Session 8 [16 November 2009])**

My observation during this session was further confirmed by the Rosebush the participant constructed during Session 11 (post-intervention), where the previously reported unsupported bush (pre-intervention) experienced love and support towards the end of the intervention (Appendix B). In addition, the SEI scores confirmed that the participant experienced improved levels of support from her family, as well as her peers (Appendix F).

#### 4.4 CONCLUSION

In this chapter I presented the results of my study. I discussed the themes and subthemes that emerged subsequent to data analysis and validated them with direct quotations, visual data and references to the relevant appendices.

In Chapter 5 I present my findings, by revisiting the research questions formulated in Chapter 1. In addition, I come to conclusions and make recommendations for training, practice and future research studies. I also reflect on the potential value of my study, as well as the challenges I faced.





## CHAPTER 5

### FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

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#### 5.1 INTRODUCTION

In the previous chapter I reported on the results of my study. I presented the themes and subthemes that had emerged and discussed the apparent changes that occurred in terms of the participant's self-esteem.

In this chapter I reflect on my study and come to final conclusions. I provide a brief overview of the previous chapters and then present the main findings in terms of the research questions formulated in Chapter 1. After reflecting on the potential contribution and limitations of my study, I conclude with recommendations for training, practice and further research.

#### 5.2 OVERVIEW OF THE PREVIOUS CHAPTERS

**Chapter 1** provided an overview of the study and served as an orientation for the reader as to what to expect in the mini-dissertation. I introduced the nature of my study and presented the rationale for undertaking the study, namely to explore and describe the potential use of Sandplay psychotherapy with an adolescent who presented with a poor self-esteem. I then formulated the research questions and purpose of the study. I briefly defined the underlying concepts, namely *Sandplay psychotherapy*, *intervention*, *adolescent*, and *self-esteem*, in order to clarify the meanings I ascribed to these concepts within the context of the study. I introduced the paradigmatic perspective from which I undertook the study, as well as my selected research design, and methodological strategies. After clarifying my role as researcher I referred to ethical considerations and provided a layout of the chapters to follow.

I commenced **Chapter 2** by presenting the conceptual framework of the study. I then explored existing literature on Sandplay psychotherapy, adolescence, and self-esteem. After defining Sandplay psychotherapy as a therapeutic process during which clients are provided with the opportunity to construct an image in a sand tray, I explained the potential value of Sandplay psychotherapy during intervention, as background to the intervention I decided to employ for the purpose of this study, in response to an adolescent's poor self-esteem. After my discussion of Sandplay psychotherapy, I explored the developmental phase of adolescence in terms of expectations, emotional and social development. I then defined self-esteem as the perceptions that individuals have of themselves and their abilities, what they believe others think about them, as well as the value they place upon themselves in different settings. In conclusion, I contemplated the potential use of Sandplay psychotherapy with an adolescent who has poor self-esteem in an attempt to link the various underlying theoretical constructs included in Chapter 2.

**Chapter 3** focused on a discussion of the empirical study I planned and conducted. After providing a framework for my research, I explained the mixed methods approach I followed, namely a QUALITATIVE-quantitative approach. I then explained the INTERPRETIVIST-Post-positivist paradigm I relied upon, as well as the clinical case study research design, situated within the context of psychotherapy outcome research, I had selected. I provided the data collection and documentation strategies I employed, referring to both quantitative (SEI) and qualitative (post-modern Rosebush technique, observations, individual semistructured interviews, visual data and reflection journals) strategies. I discussed the manner in which I thematically analysed and interpreted the qualitative data, as well as the manner in which I integrated the qualitative and quantitative data I obtained. I concluded the chapter by explaining my attempts to enhance the rigour of my study and to adhere to research ethical principles.

In **Chapter 4** I presented the results of my study, subsequent to the data analysis I conducted. I discussed the three main themes that emerged, namely *changes in self-esteem*, *changes in emotional domain of development*, and *changes in social domain of development*. I discussed each of these themes in terms of the relevant subthemes that emerged. In the next section I interpret and situate the themes and subthemes that emerged in terms of the background of existing literature. I structure my discussion in accordance with the research questions formulated in Chapter 1.

### **5.3 FINDINGS OF THE STUDY**

In this section I present the findings of my study. After addressing the secondary research questions, I re-visit my primary research question in Section 5.4.

#### **5.3.1 Secondary research question 1: What does Sandplay psychotherapy in the case of an adolescent entail?**

In addressing this research question I rely on existing literature on Sandplay psychotherapy, as well as my observation of the intervention that was conducted. In my study, Sandplay psychotherapy was applied in its traditional/original form (Boik & Goodwin, 2000; Enns & Kasai, 2003; Kalff, 1980; Zinni, 1997). As such, an intervention that is typically used for younger children was applied within the context of an adolescent, yet structured as described in literature on using Sandplay psychotherapy with young children (Boik & Goodwin, 2000; Enns & Kasai, 2003; Kalff, 1980; Zinni, 1997).

The 70 x 80 x 10 cm sand tray was painted blue on the inside, filled with sand and placed comfortably in front of the participant. A variety of figurines and miniatures were displayed and introduced to the participant (Enns &

Kasai, 2003; Kalff, 1980; Vaz, 2000). The therapist remained a non-directive observer, thereby seemingly creating a safe and empathic environment, as described by Kalff (1980), that the participant appeared to need to express her feelings and thoughts. Although literature proposes that Sandplay psychotherapy can support a child nonverbally when a language barrier might exist (Kukard, 2006) and that adolescents might be unwilling to discuss their sand trays (Crockett & Silbereisen, 2000), I observed the sand tray scene as a powerful initiator of conversation between the therapist and the adolescent participant. The participant seemingly needed some encouragement during the first session when everything was still new to her, but appeared to easily discuss her sand trays from the next session onwards (Bradway *et al.*, 2005; Kalff, 1980). In my view the willingness to discuss the sand tray scenes might have been influenced by the participant's gender, personality or the theme being discussed at any given time. This is, however, a mere hypothesis that requires further exploration.

In addition, the focus seemed to remain on concrete activities and not on verbal communication. This finding correlates with a suggestion by Enns and Kasai (2003), who state that the miniatures and other objects used in Sandplay psychotherapy should involve a nonverbal process of free association, which can include creating sculptures in the sand. Several messages were conveyed by the scenes of the participant in my study, assisting the participant to communicate with the therapist. This correlates with Lowenfeld's (Turner, 2005) view of a creation in the sand allowing for a form of communication without words. The scenes appeared to initiate conversations, moving the therapy process from the nonverbal construction phase to verbal exploration phase. This is in line with existing literature suggesting that, although it is not a prerequisite for the success of Sandplay psychotherapy, verbal exploration can assist a client in gaining insight into unconscious thoughts and feelings (Enns & Kasai, 2003; Kalff, 1980). During the verbal exploration phase the participant often made it clear that the scenes were a projection of her inner world. Based on the results of my study, I agree with Zinni (1997) that Sandplay psychotherapy can be regarded as a projective technique that can be used for assessing a child's or, in this case, adolescent's emotional state. Furthermore, as the sessions progressed, insight was seemingly gained into emotional conflict and the participant seemed to realise that she was becoming aware of the conflict as well as possible solutions to resolve the conflict in her life (Boik & Goodwin, 2000; Kalff, 1980; Zinni, 1997). This is in line with Kalff's (1980) description of the possible reintegration of memories of negative experiences when unconscious difficulties are brought into consciousness. It seems as if this process could have allowed for possible healing in the participant in my study.

Furthermore, in line with existing literature on Sandplay psychotherapy the adolescent participant in my study seemed to attach specific connotations to each symbol, and was able to express these. As Jung (1964) suggested, I focused on trying to understand the language and message of the participant. The discussions that occurred between the participant and therapist assisted me in interpreting the scenes more accurately (Daniels,

2005; Jung, 1964; Meltzer & Porat, 1997). I therefore agree with Kalff (1980) that symbols can only be partially known to the interpreter, as was the case with me. It seemed as if the discussions the participant had with the therapist about her sand tray scenes, often shed light on the meaning she attached to specific symbols, for example by explaining that the tree symbolised growth during the last session. This could be descriptive of the symbolic meaning becoming surface (conscious) meaning as described by Boik and Goodwin (2000).

I further noticed that the three stages of the Sandplay psychotherapy process towards healing (as suggested by Kalff, 1980) were evident in my study. The first stage, known as the chaos stage and marked by emotional turmoil or being emotionally overwhelmed was evident throughout Session 1 to Session 5. The participant seemed to feel overwhelmed by her busy life and responsibilities. She constantly expressed the wish to escape her situation and negative experiences (Carmichael, 1994; Kalff, 1980; Thompson & Rudolph, 2000). Session 4 can possibly mark the start of the transgression into the second stage, namely the struggle stage. This stage is marked by destructive scenes where there are often no survivors. In Session 4 the participant depicted the inside of a house with no people inside. This is the first scene where no people miniatures were used and since the participant tended to avoid conflict, the mere absence of people could depict the start of the struggle stage, even if there were no destruction taking place. In Session 6 it was clear that the participant had entered the struggle stage when she built a scene where snakes covered a girl who was also surrounded by walls (Carmichael, 1994; Kalff, 1980; Thompson & Rudolph, 2000).

Thereafter the scenes started to become more balanced, seemingly mirroring the participant's reality. This is evident of the third and last stage of Sandplay psychotherapy, called the resolution stage. In Session 7 for instance, the participant built a school playground scene and in Session 8 the inside of a house with a family having dinner together. In Session 9 it seemed, however, as if the participant regressed to the struggle stage when she trapped a girl miniature underneath a bed with dangerous animals approaching the girl. A hero emerged and saved the girl. A hero emerging is often seen near the end of the struggle stage (Carmichael, 1994; Kalff, 1980; Thompson & Rudolph, 2000). In Session 10 the participant moved back to a balanced scene when she built a scene of two houses and the one family going over to meet the other family. This scene appeared to relate to her own reality, since the family was about to move and the participant was contemplating making friends in her new environment. Her regression back to the struggle stage for one session was, however, unusual. It could be because she started progressing, having reached out to the girl at her new school, and having discussed several skills such as communication skills, specifically verbal and nonverbal communication. This might have overwhelmed her, leading her to work in a direct manner and display her fears openly. This is, however, merely a hypothesis that requires more research.

### 5.3.2 Secondary research question 2: Which facets of poor self-esteem might be addressed by means of Sandplay psychotherapy?

Based on the results I obtained, the participant's self-esteem seemingly improved after the research process (in the form of intervention) had been completed (Theme 1 of results). In addition, some changes occurred in terms of her emotional (Theme 2) and social functioning (Theme 3). At the start of my research I implemented a quantitative measure for self-esteem, namely the SEI (Brown & Alexander, 1991). In support I relied on several qualitative measures in an attempt to determine the participant's self-esteem, such as the post-modern Rosebush technique, observations, individual semistructured interviews, visual data and reflection journals (Cohen *et al.*, 2006).

The results of the pre-intervention assessment indicated that the participant had poor self-esteem, feelings of inferiority and not being accepted by her family and peers, perceiving herself as academically incompetent and not feeling at ease with herself and who she was at the time. She seemed to be uncertain in unknown situations, unaware of her positive attributes and to rather avoid conflict than to act assertively. These findings correspond with findings in relevant literature that describe the characteristics of individuals with poor self-esteem. Literature namely describes individuals with poor self-esteem to typically experience helplessness and feelings of inferiority, to become over-compliant in an attempt to be accepted and to find it hard to feel good about themselves (Dusek & McIntyre, 2003; Geldard & Geldard, 2002). Crockett and Silbereisen (2000), as well as Rosenblum and Lewis (2003) consider emotional instability, changed identity structures, enhanced peer orientation and peer pressure, multiple salient life events, and a shift in social demands and expectations as part of the challenges faced by any adolescent. These characteristics were evident in the case of the adolescent participant at the onset of this study, making it necessary for her, according to Brooks (2008), to discover her strengths.

As the intervention progressed, the participant appeared to become happier and more content than what she was at the onset of the study. This change seemed to be related to her improved self-esteem that was evident from the post-assessment. The improvement in self-esteem could be detected from displayed appropriate self-knowledge. The participant seemed to become increasingly aware of her own strengths and coping mechanisms which she could use to overcome challenges. This enhanced awareness seemed to improve also her feelings of self-worth and seemingly gave her the courage to face unknown situations. This finding correlates with Eloff and Ebersöhn's (2006) description of the process of improved self-knowledge which generally continues during childhood years, generally resulting in individuals giving meaning to personal experiences and evaluating themselves accordingly. The authors refer to this process as identity formation and

suggest that it can be helpful for an individual with low self-esteem. For example, the participant expressed her anxiety about moving to a new town and school to be much lower at the end of the research process than what it was when she first found out about the move. Enns and Kasai (2003) as well as Kalff (1980) agree that important unconscious emotions and issues may be made conscious through Sandplay psychotherapy, improving a client's self-knowledge.

As such I found that both components of self-esteem that were identified by Sternberg (2001) seemed to have improved as my study progressed. Improved *content* could be depicted from the participant's improved self-knowledge, which gave her a more accurate picture of what she was like. Secondly, *valence* seemingly improved as the participant appeared to like who she was more than before, following the intervention. In this regard, I agree with Lawrence (2000) that distorted information about oneself can lead to negative self-esteem. I believe that the participant in my study believed that she was a below-average child when she was in fact average or even above-average.

Furthermore feelings of inferiority made way for feelings of self-worth. Initially the participant doubted herself and her abilities and viewed herself as unattractive. She often compared herself with her younger sister, expressing the wish to be more like the latter. She, however, displayed increased confidence in who she was as the intervention progressed and reported that she felt more confident and no longer regarded being an extrovert like her sister as more desirable during later sessions.

In addition from the onset of the study, it appeared as if the participant had dreams and future aspirations of being successful one day, but that she felt uncertain of her ability to reach these dreams. This could be a reflection of her poor self-esteem, not believing that there was a possibility for her to succeed. The participant's outlook on the future seemed to become more positive as the intervention progressed. I believe that her outlook improved since she started to believe that she possessed good qualities and the ability to achieve her dream. I suggest that the development of her social skills through the Sandplay psychotherapy played an intricate role in facilitating a positive outlook on the future. As described by Dusek and McIntyre (2003), an improved self-esteem can contribute to a positive outlook on future possibilities or success.

Besides my finding that Sandplay psychotherapy seemingly provided emotional support for the adolescent participant, the intervention appeared to have assisted her in expressing herself more openly, which is regarded as a milestone that adolescents need to reach (Crockett & Silbereisen, 2000). This process can, however, be regarded as a challenge for adolescents who have poor self-esteem (Fenwick & Smith, 1993) as was the case with the participant in my study. Campbell (2004) supports this finding in his research, predicting that Sandplay

psychotherapy could be helpful when children experience language and communication difficulties. In line with this the intervention implemented in my study seemed to have had a positive effect on the participant's social skills. Based on my initial interview with the parents and the participant, as well as the scores obtained on the SEI, it seemed evident that the participant experienced social and relationship difficulties when I commenced my study. She seemed hesitant to make friends, often interpreted social cues inappropriately and experienced intense anxiety when in a new situation. This findings with regard to characteristics of children with poor self-esteem, corresponds with literature that highlights the tendency of individuals with poor self-esteem to often experience difficulty in relationships, appropriate social behaviour and adapting to new situations (Dusek & McIntyre, 2003; Geldard & Geldard, 2002). It furthermore confirms Kukard's (2006) results of Sandplay psychotherapy having the potential to facilitate relationships and social skills development.

As the research process progressed I found that the participant increasingly reached out to peers to form relationships. The acquisition of appropriate interpersonal skills is an important part of adolescents' relationships, according to Eloff and Ebersöhn (2006) as well as Gouws *et al.* (2000). It became apparent that the participant's social skills had improved as my study progressed. She made contact with a girl at her new school, becoming familiar with someone and putting strategies in place to assist her during the time of transition. Literature found that the therapeutic benefits of non-directive play therapy, such as Sandplay psychotherapy, include enhanced levels of communication and socialisation, quality-improved attachments, as well as improved relationships (Shaefer, 2006; Seeman, 2006). The participant, furthermore, seemed able to increasingly interpret social clues and act appropriately upon them. I believe that this in turn assisted her in feeling more accepted and being more willing to face unknown situations, as she proposedly felt more equipped to deal with new contexts. With regard to this finding, I agree with Lawrence (2000), who claims that a child's self-esteem can be improved as a result of improving a skill that the child values, for example in my study, social skills. The participant also progressively displayed more assertive behaviour, standing up for herself against her sister instead of merely avoiding conflict.

At the end of the research process the participant was re-assessed, by means of the SEI, the post-modern Rosebush technique and interviews with the participant and her parents. The participant no longer appeared to experience such intense feelings of inferiority and uneasiness with herself as was the case at the onset of the study. Sandplay psychotherapy therefore seemed to have been an effective intervention technique for the participant, as it seemingly resulted in improved self-esteem. This finding correlates with existing literature on the potential benefits of Sandplay psychotherapy with regard to improved emotional healing when used with young children. According to Fitzpatrick (2005) Sandplay psychotherapy can facilitate healing through the tangible experience of moving objects in sand, while Betman (2004) mentions that a child can process feelings,

both consciously and unconsciously, without having to talk or discuss the sand tray. Furthermore blocked feelings may be released, resulting in clients trusting themselves more, gaining insight into the self and behaving in a problem-solving manner (Pearson & Wilson, in Enns & Kasai, 2003). In my study the participant appeared to unconsciously struggle with certain challenges relating to her self-esteem at the onset of my study. Yet at the end of my study I found that these struggles were somewhat resolved through the expression thereof in the sand tray scenes.

### **5.3.3 Secondary research question 3: How can the findings from my study contribute to the field of Educational Psychology?**

This study can possibly contribute to the field of Educational Psychology by providing an improved understanding of the potential use of Sandplay psychotherapy as an intervention technique for adolescents with poor self-esteem. By presenting a detailed description of the intervention process followed in this study and providing the reader with the raw data attached as appendices, the use of Sandplay psychotherapy for adolescents and what it might entail can be studied. Other helping professionals might get a view of how adolescents could respond to this form of intervention and how they could possibly apply the technique when working with adolescents. Furthermore my study provides a detailed description of how this therapeutic technique was facilitated for a client who had poor self-esteem. The results indicate an improvement in self-esteem and could support other helping professionals' decision to implement Sandplay psychotherapy with clients who present with poor self-esteem. Apart from contributing to the understanding of the use of the therapeutic technique, the in-depth information of the study can thus possibly contribute to the understanding of an adolescent with a poor self-esteem's way of thinking and conjured perspectives.

Even though the focus of this study was the potential use of Sandplay psychotherapy within the context of poor self-esteem, I believe that my findings may also contribute knowledge to areas such as relationship, social and emotional development, and conflict resolution skills development. As changes on both an emotional and social level were identified as emerging themes of my study, the results of this study could therefore possibly contribute to literature on the development and maintenance of relationships, social and conflict resolution skills, and emotional functioning in relation to self-esteem. The intervention can by this argument possibly be adapted and applied to address the needs of clients with poor relationships, problems with social and conflict resolution skills, as well as for the sake of healthy emotional functioning.

In addition based on the findings I obtained, practitioners could decide to more regularly rely on the Sandplay psychotherapy technique in their practices. As such my findings may enrich educational psychology practice



and could possibly be clinically useful, as the themes and subthemes that emerged might provide information for training in the Educational Psychology context.

#### 5.4 FINAL CONCLUSIONS IN TERMS OF THE PRIMARY RESEARCH QUESTION

This study was guided by the following primary research question: *To what extent can Sandplay psychotherapy be used to address an adolescent's poor self-esteem?*

Based on the results I obtained, I can conclude that Sandplay psychotherapy seemingly improved the participant's self-esteem. An improvement of self-esteem was firstly evident on all four scales of the SEI. In addition, analysis of my observations, the reflection journals, interviews, as well as the post-modern Rosebush technique that was administered prior to and post-intervention, confirmed an improvement in self-esteem. The participant displayed age-appropriate self-knowledge and her feelings of inferiority and uncertainty in unknown situations seemingly changed into feelings of self-worth and a willingness to face the unknown.

Secondly changes in the emotional domain of development were evident. The participant seemed more content with her life and personal situation and felt more safe and secure at the end of my study, as opposed to initially feeling academically pressured. Her uncertainty about the future seemingly turned into a positive future perspective. In the social domain of development the participant displayed age-appropriate social skills and instead of avoiding conflict she acted more assertively as the study progressed. In addition she perceived that she was receiving more support and acceptance from others and was able to establish new relationships.

As such Sandplay psychotherapy seemingly provided the participant with a medium for expressing her emotions and, therefore, undergoing a process of emotional healing. Her initial feelings of escapism, inferiority, insecurity, uncertainty, and a need for more love, affection and support could be expressed through her sand trays while she was being made aware of her unconscious underlying thoughts and feelings. I concur that this possibly provided the participant with the opportunity to resolve unconscious challenges and negative meanings – if not fully, at least to an extent. She appeared to move through the various stages of emotional healing as described in existing literature (and that were evident in her sand scenes).

In addition to her improved self-knowledge and the participant becoming aware of her strengths and positive characteristics, her self-esteem was improved as her feelings of inferiority were seemingly replaced by increased feelings of self-worth. Initially she was found to be unsure in unknown situations and uncertain about the future. Yet, towards the end of the intervention, she seemed willing to face unknown situations and reportedly felt that she could indeed reach her goals that she had set for the future. As a result the participant

appeared happier and more content with her life. I can thus conclude that Sandplay psychotherapy seemingly facilitated a process of goal setting in this study. This proposed use of Sandplay psychotherapy could be explored further, since this is a mere hypothesis, based on the findings of my study.

I further conclude that the method and process of Sandplay psychotherapy as explained by authors such as Boik and Goodwin (2000), Enns and Kasai (2003), as well as Kalf (1980) proved to be effective and applicable to this particular participant, being an adolescent and therefore in a different life stage than what Sandplay psychotherapy was initially intended for. The participant eagerly participated throughout the intervention and seemed to express her feelings through the scenes that she built and the miniatures she selected. The transition from the nonverbal to the verbal phase seemed to become less threatening as the intervention progressed and the participant gradually started to spontaneously indicate correlations with her life without being asked to do so. She was also able to reflect on her life and her feelings, a skill that is in line with the developmental phase of adolescence. Therefore I conclude that the use of Sandplay psychotherapy with adolescents can potentially provide for deeper levels of verbal reflections, due to the developmental stage of the child. This is, however, a hypothesis that requires further investigation.

In addition to the participant increasingly being able to reflect on her life, her self-esteem and her emotions, her social and relationship skills appeared to improve as a result of the Sandplay psychotherapy she received. She moved from experiencing the need to escape from her situation to seemingly feeling more relaxed and content with her situation. Throughout the therapy process it became clear that she was experiencing higher levels of support and feeling ready to establish new relationships. The participant subsequently put this into practice and reportedly initiated the process of establishing a relationship with a girl at her new school, which she started to attend shortly after the intervention had been concluded. From this behaviour and my observations, it seemed evident that the participant's social skills improved and that she became more assertive as one of the outcomes of the intervention. As the therapeutic intervention seemingly improved the participant's self-knowledge and rectified skewed perceptions I suggest that relationship, social and conflict resolution skills development should be paired with the critical evaluation of perceptions in order to correct distorted perceptions of children facing the challenge of poor self-esteem. In addition I posit that improved self-knowledge could have been a strong contributing factor in resulting to the change on emotional and social levels. These are, however, mere hypotheses that need to be explored further.

## **5.5 CONTRIBUTION OF THE STUDY**

This study holds the value of contributing to existing knowledge and literature on Sandplay psychotherapy for adolescents who have poor self-esteem within the South African context. In addition, I believe that the study

could contribute to literature on nonverbal assessment and therapeutic techniques, the development of relationships, social development and conflict resolution skills, self-esteem and conjured perspectives regarding self-esteem, as well as emotional development of adolescents.

In practice the study could contribute to helping professionals' repertoire of potential intervention strategies concerning adolescents with poor self-esteem. Professionals in practice might decide to implement Sandplay psychotherapy with clients who struggle with poor self-esteem, or who require social or conflict resolution skills development, or who are in need of emotional healing. This technique could especially be valuable when helping professionals support adolescents who are shying away from verbal intervention techniques or who find it difficult to express themselves and their feelings due to a lack of vocabulary or emotional barriers. Since South Africa has eleven official languages, Sandplay psychotherapy could also assist therapists who face language barriers in therapeutic situations. Value can thus be added to a therapeutic process by either facilitating communication or using it as a means of nonverbal communication.

Furthermore I believe that in addition to helping professionals, such as educational psychologists, clinical psychologists and social workers, who could employ Sandplay psychotherapy in their practices, other practical application possibilities exist. These possibilities include the use of caring volunteers, health workers or teachers who might be willing to support children or adolescents and their self-esteem in a more informal manner, by maybe applying the underlying principles of Sandplay psychotherapy, yet not in a formalised manner. Even though these people may not be formally trained in psychological intervention, the mere opportunity to express themselves and establish a relationship with a caring adult, could have a positive impact on children facing challenges or vulnerability.

## **5.6 LIMITATIONS OF THE STUDY**

I identified a number of potential limitations during my study. Firstly, the findings of this study have limited generalisability, as I only involved one westernised female participant, with the findings being credible in terms of this selected adolescent. However, as I selected Interpretivism as the primary underlying philosophy of the study, my goal was to gain in-depth insight into a certain phenomenon and not to reach generalisable findings. Further research would be required if the results were to be applied on a larger scale. However, my findings might be transferable in similar research settings.

The possibility of subjective interpretation of the qualitative data sources was another potential limitation. Although personal interpretations are acknowledged within the qualitative and interpretivist paradigm, I aimed to address this potential limitation by including a quantitative data source, the SEI (Brown & Alexander, 1991), in

addition to the qualitative measures I employed. Furthermore, I continuously reflected on my role as researcher and the possibility of researcher-bias throughout the research process. Frequent discussions with my supervisors and reflections in my researcher journal assisted me in this. At the beginning of the study I also undertook a comprehensive literature review in an attempt to counter subjective interpretations to some extent. Since the SEI (Brown & Alexander, 1991) was not standardised for use with South African youth, this was a potential limitation that I countered by not interpreting the scales in isolation, but together with the other data.

As the therapist was from a different race and culture than the participant, the possibility exists that the participant could have retained some information due to feeling unsure of what would be expected of her. The therapist and participant did, however, establish rapport fairly easily and it appeared as if the participant was at ease with the therapist throughout the study. The participant, for example, communicated acceptance of racial and cultural differences in her second sand tray scene. In addition, as the participant knew me from school, my presence and explanation of the intervention before it commenced, might have been comforting to her.

Yet, on the other hand, my presence could also have been experienced as an intrusion of the intervention and what the participant wished to share with the therapist. At the onset of my study I aimed to address this potential limitation by explaining my role as researcher to the participant. Throughout the research process I excluded myself from the therapy circle and focused on observations and compiling field notes. I aimed to observe from a distance, in an attempt to be as unintrusive as possible – in a sense becoming “*absent*”. The same applies to the camera I used, that potentially could have been a distraction to the participant and could have influenced her behaviour or sand trays. As far as possible, I took photographs after the sessions had been concluded and the participant had left. In this way I attempted to remove the camera and its potential negative influence from all sessions.

Since I involved an adolescent as participant, the possibility exists that the improvement of her self-esteem might be due to the normal development and maturity which occurs during adolescence. However, having intervened over the relative short period of four months, and having obtained the levels of improvement reported on, I believe that the results can be ascribed to the psychotherapy the participant underwent – if not fully, then at least partially. Not having included a control group is, however, a limitation and could have addressed this limitation.

Although the intervention time can be regarded as relatively short, vast amounts of raw data were collected. This led to my analysis being fairly time-consuming. Although the inclusion of a single participant might be regarded as a limitation, my choice provided me with the opportunity to thoroughly collect and analyse in-depth

data on one particular case. In addition, some of my data were not tape-recorded because of technical difficulties. As a result the initial interview with the parents could not be transcribed, which made it impossible to use verbatim quotations. This limitation was addressed to some extent by relying on the field notes I compiled during the interview. A further limitation arose at the time of the feedback interview, when the parents had relocated to another province. I could subsequently not conduct a face-to-face interview as planned and had to rely on telephone conversations and my field notes of the interview which I attempted to capture verbatim by means of extensive field notes. This limited my data in terms of nonverbal communication that was subsequently lost, as I was not able to observe the parents' behaviour, eye contact and gestures during the final interview.

## **5.7 RECOMMENDATIONS**

In the following section I make recommendations with regard to training, practice and future research.

### **5.7.1 Recommendations for training**

Based on the findings of my study, I recommend that educational psychologists, counsellors, social workers and other helping professionals be trained in social and emotional development of adolescents, that could potentially contribute to improved self-esteem. I believe that the potential connection between relationships, social skills, conflict resolution skills, emotional wellbeing and self-esteem is an area of study that can enrich any person in the helping professions' repertoire of knowledge, as background to planning intervention strategies for poor self-esteem. In addition, I recommend that people in the helping professions be trained in terms of techniques such as Sandplay psychotherapy, which might be relied upon when supporting adolescents. In my view, this technique has the potential to be used more extensively and by a greater variety of professionals if training is provided and awareness facilitated of its potential advantages.

Educators and volunteer workers might also receive training in the identification of social and relationship problems in order to either refer or support adolescents facing challenges. Educators can for example provide support by developing learners' social and life skills and improving their self-knowledge and beliefs in their own abilities. This might be facilitated by informal strategies such as group discussions, role play, workbooks and making learners aware of social cues. Since Sandplay psychotherapy is a low-skill technique and is not dependent on interpretations, helpful teachers could, furthermore make use of sand trays and miniatures as an additional informal strategy to facilitate the development of relationship, social, conflict resolution and other life skills to, in turn, potentially improve adolescent's self-esteem.

In addition I recommend that nurses and other health care professionals be trained in this technique in order to assist adolescents with the psychological preparation of traumatic medical procedures or to overcome trauma afterwards, to assess adolescent's emotional state when depression is suspected, to provide emotional support when prolonged hospital stays for children are required and to use in, for example, oncology wards, where patients might experience emotional turmoil.

### **5.7.2 Recommendations for practice**

When educational psychologists or educators support adolescents they can take the importance of self-esteem into account and focus on enhancing that, in association with the primary referral, such as a need for learning or emotional support. It is important to keep in mind that anything that adolescents might experience as challenging could have an impact on their self-esteem. Since poor self-esteem can in turn demotivate adolescents to address the challenges they face, it is important to constantly focus on a balanced and healthy self-esteem.

From this study it seems as if adolescents with poor self-esteem can possibly be supported by means of Sandplay psychotherapy, that could be facilitated by educational psychologists, counsellors, social workers and other people in the helping professions. By using the SEI (Brown & Alexander, 1991), or a similar instrument, any therapist or researcher can gain insight into the possible contexts in which an adolescent's self-esteem could improve. Exploring these contexts and the skills required in the various contexts, could possibly contribute to successful intervention with children of diverse backgrounds and contexts.

When intervention with an adolescent is planned, as with the participant in my study, the therapist or researcher should, however, take the life phase of the child into account and realise that adolescents will not necessarily be willing to discuss the scenes they build. When this occurs a therapist or researcher could allow the adolescent to set the pace instead of providing unnecessary structures and placing high demands. One of the advantages of Sandplay psychotherapy is that verbal discussions are not a prerequisite for healing to take place, yet it may provide an opportunity for discussions, should an adolescent wish to share something with a therapist. It could furthermore provide a safe space for discussion as an entire discussion could remain indirect, without the therapist or the adolescent making verbal connections with real life. For this reason I lastly recommend that sand trays with appropriate miniatures be made available in schools, children's homes and places of safety, as they might provide a self-healing opportunity for children. In South Africa, where resources are often limited, in terms of available therapists and/or media, this can provide a possible alternative to reach more children and adolescents in need of intervention. Taking into account that Sandplay psychotherapy is also suitable for adults and usually used for assessment purposes, this technique could furthermore be used for sifting processes such

as work interviews, selection processes for courses in the helping professions, assessing emotional wellbeing at the onset of therapy, and relationship building activities between partners or between parents and their children, to mention but a few.

### **5.7.3 Recommendations for further research**

Future studies might be undertaken in the following areas:

- The enhancement of children's and adolescents' self-esteem in the school system, by applying alternative ways of intervention.
- A follow-up study to determine the sustainability of the participant's improved self-esteem.
- The potential relationship between the school environment, available support by counsellors and enhancement of self-esteem of adolescents.
- The potential relationship between Sandplay psychotherapy and the development of emotional intelligence.
- The possible contribution that improved self-esteem might make in terms of resilience and a successful future.
- The possible influence that clients' gender or personality type could have on their willingness to discuss a sand tray scene.
- The possible factors that could lead to a client regressing to one of the previous stages of Sandplay psychotherapy, such as feeling overwhelmed by the progress.
- The potential weight that social skills development, correcting distorted perceptions and facilitating self-knowledge in order to improve self-esteem, irrespectively carries.

### **5.8 CONCLUDING REMARKS**

In this study I explored the potential use of Sandplay psychotherapy to address one adolescent's poor self-esteem. From the findings I obtained I can conclude that the participant's self-esteem seemed to improve following the intervention. Besides a more balanced perspective on her abilities, the participant seemed to display improved social skills and appeared to be more willing to take risks and enter new situations. Furthermore she displayed more appropriate and assertive behaviour in terms of conflict resolution.

I regard the improvement of self-esteem as important for every child or adolescent, since positive self-esteem can assist children in being happier. Poor self-esteem can result in adolescents potentially restricting their life

experiences, being hesitant to try new things, fostering negative perceptions on capabilities, displaying low self-worth and self-efficacy, maintaining false self-knowledge, experiencing feelings of rejection, hopelessness and inferiority, acting with false self-confidence, or being over-compliant. This can in turn negatively influence the process of communicating with others and thus making friends and building relationships. If parents, educators and people in the helping professions, such as educational psychologists or counsellors, facilitate positive self-esteem, adolescents (and probably others in their environments) could possibly benefit from the process. Sandplay psychotherapy provides one example of an avenue which might be followed in facilitating this process of enhancing self-esteem.

During the final editing phase of this mini-dissertation, I received a spontaneous e-mail from the adolescent who had participated in my study. I conclude this journey with her e-mail, providing an indication of the potential value of Sandplay psychotherapy when employed with an adolescent with poor self-esteem:

*“...I want to thank mam again for all the effort and help last year. It helped me incredibly. I think I am now properly crawling out of my shell. I’m still a shy, quiet girl, but I can at least talk to everyone as well. I now have a set group of friends on which I can rely and they are all just like me, but also very different. I am very happy with them. And three of us have gone to play ten pin bowling this Sunday. I am very at home in \*\*\*\*, although I still miss it there<sup>133</sup>” (10 August 2010)*



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<sup>133</sup> Translated into English for dissertation purposes from: “...Ek wil sommer weereens vir juffrou dankie se vir al die moeite en hulp laas jaar. Dit het my ongelooflik baie gehelp. Ek dink ek kruip nou ordentlik uit my dop. Eks nogsteeds 'n skaam, stil dogtertjie, maar ek kan darm lekker met almal gesels ook. Ek het darm nou 'n groep vaste vriendinne op wie ek baie goed kan staat maak en hulle is almal net soos ek, maar tog baie verskillend. Ek is baie gelukkig tussen hulle. En drie van ons het juis Sondag gaan ten pin bowling speel. Ek is baie tuis in \*\*\*, maar verlang nog baie terug...”



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