

PERCEPTIONS OF BLACK PARENTS REGARDING PLAY THERAPY

by

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SUMMARY

Perceptions of black parents regarding play therapy.

by

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This research was conducted with the goal of exploring the existing perceptions of black parents regarding play therapy. The researcher was motivated by the tendency of black parents not to bring their children for play therapy even though they had been referred. A theoretical framework was obtained by doing a literature study on perceptions, play and the role of play in development. A theoretical base for play therapy was also provided.

An empirical study was conducted on a sample of seven black parents who were selected by means of purposive sampling. The sample was selected from a population of parents who had brought children for play therapy to Child Abuse Treatment and Training Services and to the Trauma Clinic of the Centre for the Study of Violence and Reconciliation in Johannesburg. A qualitative approach was utilized whereby semi-structured interviews were conducted and recorded on an audiotape. Interviews were later transcribed for analysis and interpretation.

The researcher used Tesch's approach to analyse the data. The findings of the study indicated that black parents who brought their children for play therapy were aware of the value of play in the development of children. The study also brought more questions to the researcher's mind, such as "How do those parents who were non-compliant perceive play therapy?" "Why are parents not bringing their children for play therapy after being referred?" Future research could be conducted to answer these questions.

The researcher's conclusion is that black parents who brought their children for play therapy did not understand what play therapy is, however they all understood the value of play in child development. Parents perceived play therapy as a helpful intervention method for counseling children as a result of positive feedback from relatives and suggestions by referring professionals.

There is a need for awareness campaigns and through these awareness campaigns black parents will be made aware of the value of play and play therapy for children. As a result more black parents might bring their children for play therapy and more troubled children might be provided with the opportunity to express their feelings through play.

KEY CONCEPTS

Perception

Play therapy

Play

Gestalt

Communication

Research

Interview

Intervention

Development

Environment

TABLE OF CONTENTS

	Pages
CHAPTER 1: General Introduction	
1.1 Introduction	1-2
1.2 Motivation for the choice of study	2-3
1.3 Problem formulation	3-5
1.4 Goal and objectives of the study	5
1.5 Research question for the study	5
1.6 Research approach	6
1.7 Type of research	6-7
1.8 Research design	7-8
1.9 Research procedure and strategy	8
1.9.1 Data gathering	8-9
1.9.2 Data analysis and interpretation	9-10
1.10 Pilot study	10
1.10.1 Literature study	10-11
1.10.2 Consultation with experts	11-12
1.10.3 Feasibility of the study	12
1.10.4 Pilot testing	12-13
1.11 Description of the research population, boundary of sample and sampling method	13-14
1.12 Ethical considerations	14
1.12.1 Privacy or voluntary participation	15
1.12.2 Anonymity	15
1.12.3 Confidentiality	15-16
1.13 Limitations of the study	16
1.14 Definition of concepts	16-18
1.15 Contents of the research report	18-19
CHAPTER 2: Perceptions, play and the role of play in development	
2.1 Introduction	20
2.2 Perception	20
2.2.1 Definition of perception	20-22
2.2.2 Types of perceptual organization	22
2.2.3 Form perception	22-23
2.2.4 Depth perception	23-24
2.2.5 Perceptual constancy	24
2.2.6 Perceptual interpretation	24
2.2.7 The influence of experience and motivation	24-25
2.2.8 Expectations and perception	25-26
2.3 Play	26
2.3.1 Definition of play	27-28
2.4 Theories of play	28
2.4.1 The surplus-energy theory	29
2.4.2 The recreation theory	29
2.4.3 The instinct practice theory	29-30
2.4.4 The recapitulation theory	30
2.4.5 The catharsis theory	30

2.5	Types of play	31-32
2.6	The role of play in development	32-34
2.6.1	Physical development	34
2.6.2	Cognitive development	34-35
2.6.2.1	Conceptualisation	35-36
2.6.2.2	Intelligence	36
2.6.2.3	Operational thinking	36-37
2.6.2.4	Problem solving	37
2.6.2.5	Divergent thinking	37
2.6.2.6	Metacognition	37-38
2.6.3	Language development	38-39
2.6.4	Social development	39-40
2.6.5	Emotional development	40
2.7	Summary	40-41
CHAPTER 3: Play therapy		
3.1	Introduction	42-43
3.2	Definition of play therapy	43-44
3.3	History and development of play therapy	44-46
3.4	Theoretical background	46-47
3.5	The play therapy process	47-48
3.6.1	The initial phase	48-49
3.6.2	The middle phase	49-50
3.6.3	The termination phase	50-51
3.6.4	Feedback to the referring person	51
3.6	Gestalt play therapy	52-53
3.6.1	Gestalt related concepts	53
3.6.1.1	Balance	53
3.6.1.2	Responsibility for oneself	54
3.6.1.3	Contact	54
3.6.1.4	Unfinished business	54-55
3.6.1.5	Present-centredness	55
3.6.1.6	Empowerment	56
3.6.2	Material for play	56
3.6.3	Gestalt activities for children	57
3.6.3.1	Awareness enhancing activities	57
3.6.3.2	Art activities	58
3.6.3.3	Self-confidence building activities	58-59
3.6.3.4	Summary	59-60
CHAPTER 4: The empirical study		
4.1	Introduction	61
4.2	Research procedure	61
4.2.1	Data gathering	62
4.2.2	Data analysis and interpretation	62-63
4.3	Data Presentation	64
4.3.1	Demographic details	64-66
4.3.2	Qualitative data	66
4.3.2.1	The value of play	66-69

4.3.2.2 The manner in which children play	69-70
4.3.2.3 Material for play	71
4.3.2.4 Understanding of play therapy	71-73
4.3.2.5 Perception of play	73-74
4.3.2.6 Referral sources	74-75
4.3.2.7 Reasons for referral	75-76
4.3.2.8 Feelings associated with referral	77
4.4 Summary	77-78

CHAPTER 5: Summary, Conclusions and Recommendations

5.1 Introduction	79
5.2 The goal of the study	79
5.2.1 Summary	79-80
5.2.2 Conclusions	80
5.2.3 Recommendations	81
5.3 The objectives of the study	81
Objective one:	
5.3.1 Summary	81-83
5.3.2 Conclusions	83
5.3.3 Recommendations	83
Objective two:	
5.3.4 Summary	84
5.3.5 Conclusions	84-85
5.3.6 Recommendations	86
5.4 The research question	87
5.5 Concluding statement	87-88

Bibliography	89-95
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Addendums

Addendum A: Interview schedule

Addendum B: Permission from Child Abuse Treatment and Training Services

Addendum C: Permission from Centre for the Study of Violence and Reconciliation

CHAPTER 1

GENERAL INTRODUCTION

1.1 INTRODUCTION

“All work and no play makes Jack a dull boy.” This is a well-known English expression. It shows how important play is in the lives of children.

McMahon (1992:xii) mentions that children and their families are living in a time of uncertainty and change which places great pressure on family life. Child-rearing skills are no longer passed from generation to generation although ways of behaving and responding to situations are often transmitted. Past patterns of bringing up children are often irrelevant nowadays, and some of them are emotionally damaging. New pressures, including high expectations, the changing role of women, poverty and isolation mean that family relationships may suffer and many families break down under the strain. Parents may not always be able to understand or respond to their children’s unhappiness without external help.

McMahon also acknowledges that the emotional needs of children are becoming increasingly understood and there is a broad body of knowledge about how they can be met. Play therapy training enables professionals to offer help to children and families. The methods of play therapy are particularly suitable because they offer support and containment of the child, at the same time not disempowering the child. Play therapy is a solution to children’s problems because they can heal themselves through play (McMahon, 1992:xii-xv).

The researcher’s aim was to determine the perceptions of black parents regarding play therapy. Play therapy is a new concept in our black society and many people do not understand what it is all about. When people do not have

enough knowledge about something they usually have varying attitudes and perceptions of it. Since the researcher is working with black children in her day to day activities, using play therapy as a speciality, she found it necessary to conduct research on the perceptions of black parents regarding play therapy. Having an understanding of their perception and experiences would help in understanding their behaviour. It was important to explore their perceptions because according to Kruger, Smith & Le Roux (1996:105), people are continuously in contact with their environment by means of perception. Allen & Santrock (1993:97) maintain that people of different cultures do not always perceive the world in the same way. Experiences and culture contribute to how people perceive the world.

1.2 MOTIVATION FOR THE CHOICE OF STUDY

According to Brown (in Fouché and De Vos, 1998a:51), topics for social work research should come from the day-to-day activities and interactions in the work situation. Research questions may take the form of wanting to know whether measurable client or patient changes have occurred as a result of a particular treatment intervention. This topic came up from the day to day activities of the researcher that involve therapeutic work with children. Cooperation between the play therapist and the child's parents in bringing the child for therapy depends on the perceptions of parents regarding play therapy. The researcher was motivated by the tendency of parents, not to bring children for therapy as suggested by various professionals. This tendency was noted more with black parents and this made the researcher interested in research about their perceptions of play therapy.

It is the researcher's belief that there is a need to research new concepts or new phenomena in our daily interactions. The results of this research will provide information about the perceptions of black parents regarding play therapy.

Negative results may lead to development of awareness programs about play therapy and how it differs from ordinary play. This will improve services rendered to the community. In this era there is a great deal of violence in our communities that children are exposed to, which result in emotional trauma. The researcher believes that play therapy is an effective intervention method to help children deal with emotional trauma.

People who will benefit from this research is the public at large, including play therapists who need the cooperation of parents in bringing children for therapy. Academics can also gain knowledge about the need to train more black play therapists, who can speak black languages as this is a limitation in the use of play therapy in the black communities. Future research questions may arise from this study.

1.3 PROBLEM FORMULATION

Problem formulation is a step primarily aimed at creating a formal written problem, with a view to finalising a research proposal (Fouché and De Vos, 1998b:64). Mouton and Marais (1990:38) mention that the exact formulation of a research problem is related to a number of factors such as selecting a unit of analysis, choosing a research goal and the research approach. Some problems are real but not researchable. The researcher has to distinguish between these problems and researchable problems. Researchable problems have to fit the requirements of the scientific method and research requires an enquiring mind which seeks fact first and after finding it, synthesizes the significance of such fact into an accurate logical conclusion (Leedy, 1993:53). Fouché and De Vos (1998a:54) also support the statement saying, "for a problem to be researchable it must demand interpretation of the data leading to discovery of a fact." Furthermore Grinnell (1993:17) states that problems are situations that are characterised by doubt and ignorance; there is something in the situation that is unknown and there is reason for wanting to reduce that doubtfulness. In this

study the researcher had doubts about the perceptions of black parents regarding play therapy and intended to explore these perceptions.

The problem that was identified was non-compliance of black parents to play therapy. Parents did not bring children for play therapy, therefore very few black children benefited from play therapy. The result was that few troubled black children got the opportunity to express their feelings through play. Social problems are increasing, there are more demands on children and they are not assisted in the ventilation of feelings.

People differ widely in their interpretations of social problems: how they occurred, who they affect most and what can be done to solve them. They involve human suffering. Confronting social problems demands creative as well as critical thinking about how the problems can be solved (Scarpitti & Andersen, 1992:xx). For this reason play therapists use a more child friendly method of intervention, namely play therapy.

On many occasions in interaction with clients, the researcher has dealt with adults whose problems originate from their childhood. Traumatic experiences during childhood can have a great impact on the functioning of an individual later in life. For this reason the researcher finds it important to address children's problems as soon as possible. Examples of problems that may lead to emotional trauma are: parents' divorce, removal from home to foster care or children's home, hospitalization, chronic illness, loss of a limb or loss of a significant other, to mention but a few. The Financing Policy emphasizes the importance of effective, preventative approaches to service delivery (Government Gazette, 1999:11). The researcher's concern regarding parents who do not bring children for therapy to help them deal with difficult situations, is based on the researcher's personal experience that children may experience serious problems later in life. A follow up of children who were referred for play therapy in the year 2000 was

done. It was noticed that out of thirty children who were referred for play therapy, ten did not turn up at the clinics and that eight out of the ten were black children.

1.4 GOAL AND OBJECTIVES OF THE STUDY

According to De Vos, Schurink and Strydom (1998:7), aim or goal is a broader, more abstract conception of the end towards which effort or ambition is directed, while objective denotes the more concrete, measurable and more speedily attainable conception of such end towards which efforts or ambition is directed.

The goal of this study was to explore the existing perceptions of black parents regarding play therapy. Objectives of the study were:

- to obtain a theoretical framework by doing a literature study on perceptions, play and the role of play; a theoretical base for play therapy.
- to conduct an empirical study to explore the existing perceptions of black parents regarding play therapy.
- to make conclusions and recommendations regarding the utilization of play therapy within the black community.

1.5 RESEARCH QUESTION FOR THE STUDY

The way in which the research question is formulated, is extremely important because that determines to a large extent the research method utilized. Another important aspect of the research question is the setting of boundaries on what will be studied. The research question helps to narrow down the problem to a workable size (De Vos & Van Zyl, 1998:267). For instance in this study the aim was to explore the perceptions of black parents regarding play therapy. The researcher answered the following question:

What are the perceptions of black parents regarding play therapy?

1.6 RESEARCH APPROACH

According to De Vos, *et al.* (1998:15) basically the direction of the research process and the research methodology are determined by the choice of the researcher between a quantitative or qualitative, or combined quantitative-qualitative approach. In this study the researcher utilized a qualitative approach because it allows one to creatively study a number of phenomena concerning issues of interest to the profession (Allen-Meares, 1995:6). This approach does not provide the researcher with a step by step plan to follow and the researcher's choice will determine the design (De Vos & Fouché, 1998a:80). Berg (1995:7) states that "Qualitative procedures provide a means of accessing unquantifiable facts about the actual people researchers observe or talk to or people represented by their personal traces." As a result, qualitative techniques allow the researcher to share in understanding and perception of others and to explore how people structure, give meaning to their daily lives. The researcher utilized a qualitative research approach because the perceptions of black parents regarding play therapy were explored and the aim was to seek insight rather than statistical analysis. The open-ended questions in the semi-structured interview allowed the respondents to give their own meaning of play therapy. According to Grinnell (1993:38), qualitative (naturalistic) methods are used to examine and describe problem situations or behaviours and then generalize about them.

1.7 TYPE OF RESEARCH

There are different types of research. Emphasis is placed on the relationship between the research problem and the type of research selected to investigate it. The characteristics of the problem, the initial level of knowledge, the properties of the variables, as well as the purpose of the investigation, will determine the type of research (Bless & Higson-Smith, 1995:41). According to Grinnell (1993:14), a study can be pure or applied research. Pure research develops theory and applied research focuses on practical problems and develops solutions for

problems and applications in practice. The majority of social work research is applied as it addresses immediate problems facing the professional in practice. In this study the researcher conducted applied research by exploring perceptions of black parents regarding play therapy. The results of this study addressed the problem of non-compliance to play therapy.

1.8 RESEARCH DESIGN

A research design is a blue print or detailed plan for how a research study is to be conducted. It offers a framework according to which data are to be collected, to investigate the research hypothesis or question in the most economical manner (Compare Fouché & De Vos, 1998c:123 and Grinnell, 1993:94.) This refers to all decisions that are made in planning the study; decisions not only about what overall type or design to use, but also about sampling, sources and procedures for collecting data, measurement issues and data analysis plans (De Vos and Fouché, 1998a:77). Many factors come to play when selecting and classifying the research design. Three of the most important being:

- The purpose of the research study.
- How much knowledge about the problem area is available.
- The mode of observation the researcher intends using, based on the above two issues (Grinnell, 1993:94).

Grinnell identifies that the second important factor that the researcher must consider when planning an appropriate design, is that of the unit of analysis. This becomes particularly important when the researcher begins to draw a sample with which to work (Grinnell, 1993:94). In this study the unit of analysis will be individuals, who are black parents. In qualitative research the researcher's choices will determine the design (De Vos & Fouché, 1998a:80). In this study the researcher utilized an exploratory design. The purpose of exploratory designs is to gain new insights into the phenomenon and to determine priorities for future research (Fouché & De Vos, 1998c:124). This

design is relevant to this study because little is known about the perceptions of black parents with regard to play therapy. Bless & Higson-Smith (1995:42) also mentioned that the need for an exploratory study could arise from a lack of basic information in a new area of interest. This applies to this study because play therapy is a new area of interest in the black community.

1.9 RESEARCH PROCEDURE AND STRATEGY.

The research design has been defined as a blue print or detailed plan of how the study will be conducted. It provides guidelines according to which a selection can be made, which data collection methods will be appropriate to the researcher's goal and to the selected design (Fouché, 1998:152). The researcher obtained permission to conduct the research from the organizations. Consent was also obtained from the respondents who were parents of children referred for play therapy. The researcher explained the aim of the study and the full research procedure to the respondents. The respondents were informed that their participation was voluntary and that they can withdraw at any time without the treatment of their children being affected.

1.9.1 Data gathering

The most important data gathering methods available to the qualitative researcher are participant observation, interviews and audiovisual methodology (Schurink, 1998:277). The researcher used semi-structured interviews with an interview schedule consisting of seven open-ended questions and an audiotape for recording the interviews (see addendum A). The interview schedule is a guideline for the interviewer and contains questions and themes that are important to the research. Questions do not have to be asked in a particular sequence but should ensure that all relevant topics are covered during the interview. A sample of black parents, whose children were referred for play therapy was selected from a population of parents at Child Abuse Treatment and

Training Services and from the Trauma Clinic of the Centre for the Study of Violence and Reconciliation in Johannesburg.

1.9.2 Data analysis and interpretation

According to Mouton & Marais (1990:102) analysis is a reasoning strategy with the objective of taking a complete whole and resolving it into its parts. By means of analysis the constant variables of factors that are relevant to the understanding of a phenomenon or an event are isolated. Analysis is utilized in coding to identify the properties of identified categories in data (Poggenpoel, 1998:202). Specific and detailed data analysis plans are not possible in most exploratory studies. The plan for analysis and interpretation of data is guided by the purpose of the study (De Vos & Fouché, 1998b:202). Poggenpoel (1998:335) mentions that data in qualitative analysis is usually in the form of transcribed interviews, field notes and ideas and conjectures recorded in the researcher's diary. In this research transcribed interviews were used.

Huberman & Miles (1994:428-430) indicate that data management is an integral part of data analysis. Poggenpoel (1998:335) maintains that the way data is stored and retrieved is at the heart of data management. Data management consists of those activities aimed at achieving a systematic, coherent manner of data collection, storage and retrieval. The researcher utilized the analytic induction strategy of data analysis. Manning (in Poggenpoel, 1998:338) defines analytic induction as seeking to develop universal statements containing the essential features of a phenomenon, or those aspects that are always found to cause the existence of a social occurrence. The approach that was used was Tesch's approach which proposes eight steps to consider in data analysis. Interviews were audiotaped and data collected was transcribed verbatim, then arranged into themes and categorised for easy interpretation. According to Schurink (in Poggenpoel, 1998:337) the researcher should be attentive to words and phrases in respondent's own vocabularies that capture the meaning of what

they do or say. Shurink also suggests that whenever a theme in the material is noted, acts and statements should be compared with one another to establish whether there is a concept which could unite them. As different themes are identified, the researcher should look for underlying similarities between them (Schurink in Poggenpoel, 1998:337). The researcher used these suggestions as guidelines during data analysis.

1.10 PILOT STUDY

According to Strydom (1998a:178), in order to undertake scientific research on a specific problem, the researcher should have thorough background knowledge about it. The pilot study is one way in which the prospective researcher can orientate him/herself to the project he/she has in mind. Sometimes prospective researchers are very hasty to get to the main investigation, neglecting the pilot study. Strydom emphasizes that the pilot study is indeed a prerequisite for the successful execution and completion of a research project. Pilot study commences with reviewing literature, the consultation of experts, an overview of the concrete field of investigation and ends with a thorough study of a few cases (Strydom, 1998:178).

1.10.1 Literature study.

Reviewing the accumulated knowledge about a question is an essential early step in the research process. It is best for one to find out what is already known about a question before trying to answer it. Researchers read previous studies to compare, replicate or criticize them for weaknesses. The aim is to learn and build on what others have done (Neuman, 1997:88). According to Strydom (1998a:179) the prospective researcher can only hope to undertake meaningful research if he/she is fully up to date with existing knowledge on the prospective subject.

In this study the researcher studied previous research projects that were done on perceptions, theoretical views and research methodologies used. The researcher also studied measuring instruments that were used to measure perceptions. Before engaging in the actual research, the researcher checked previous research related to play therapy. The researcher concentrated more on recent studies. The researcher discovered that some studies had been done on perceptions but they were not related to play therapy. Literature on these studies was reviewed to obtain ideas about designs, data gathering methods and measuring instruments used to explore perceptions. The researcher studied literature on perceptions and play therapy, briefly touching on the gestalt approach as it is the approach that the researcher uses in practice. Play therapy is a method of helping children with emotional problems, which is used by professionals. Children deal with difficult situations through the natural medium of play, which is non-threatening.

1.10.2 Consultation with experts.

According to Strydom (1998a:180), in spite of the wealth of literature that may exist in any discipline, it usually represents a section of the knowledge of people involved daily in specific fields. Since the field is broad, people specialize and form valuable resources for consultation. The researcher conducting this study consulted experts such as teachers, social workers and psychologists, lectures specialising in the field of research, postgraduates and researchers who provided vital information. Strydom (1998a:181) maintain that personal interviews with experts normally have more value than correspondence or telephonic contact. The purpose of interviews with experts was to bring unknown perspectives to the fore, to confirm or reject the researcher's own views.

According to Cilliers (in Strydom, 1998a:181), the utilization of experts can help to delineate the problem more sharply and to gain valuable information on the more technical and practical aspects of the prospective research endeavour.

The researcher consulted with Dr Holford, a psychiatrist and head of the Child and Family Unit at the Transvaal Memorial Institute; Dr Cora Smith, a psychologist responsible for training play therapists at the clinic; Mrs Shaheda Omar, a social worker doing play therapy at the Teddy Bear clinic; Mrs Hester Hoff, the head of Child Abuse Treatment and Training Services in Johannesburg; Naomi Hill, the head of Trauma Clinic of the Centre for the Study of Violence and Reconciliation. The counselors at the clinic were also consulted.

1.10.3 Feasibility of the study.

According to Grinnell (1993:22) feasibility of the study is an exercise in reality testing, considering the resources available which include funds, access to data, the expertise of the researcher, co-operation of people and time considerations. Ethical issues can hinder research and some people can refuse to be part of the research. The researcher expected the study to be feasible because the organizations targeted were not far from the researcher's work place and the researcher had a good working relationship with the organizations. The researcher obtained permission to conduct the research at Child Abuse Treatment and Training Services and at Trauma Clinic of the Centre for the Study of Violence and Reconciliation (see addendums B & C). Delays and practical problems were experienced (see limitations of the study). As far as funding is concerned the researcher did not request funds.

1.10.4 Pilot testing

According to Singleton, Straits & McAllister (in Strydom, 1998a:178), the pretesting of a measuring instrument consists of "trying it out on a small number of persons having characteristics similar to those of the target group of respondents." The pilot study must take all heterogeneous factors into consideration. Pilot study can alert a prospective researcher to possible unforeseen problems, which may emerge during the main investigation. In this

study the researcher interviewed two parents who were bringing children for play therapy, according to the interview schedule. These parents did not form part of the research study.

Strydom (1998a:183) mentions that when measuring instruments such as interview schedules have been tested carefully during a pilot, there should not be problems experienced during the main investigation. Strydom further explains that during the pilot study a researcher may find, for instance that a certain measuring instrument is not sufficiently applicable to the South African situation.

1.11 DESCRIPTION OF THE RESEARCH POPULATION, BOUNDARY OF SAMPLE AND SAMPLING METHOD

According to Powers, Meeghan and Toomey (in Strydom and De Vos, 1998:190) the research population is defined as a set of entities for which all the measurements of interest to the practitioner or researcher are represented. The population in this study was composed of all parents who were bringing children for play therapy to Child Abuse Treatment and Training Services and Trauma Clinic of the Centre for the Study of Violence and Reconciliation in Johannesburg. A sample is defined as the element of the population considered for actual inclusion in the study (Strydom and De Vos, 1998:191). The sample is studied in an effort to understand the population from which it was drawn.

Sampling is a practical way to collect data when the population is infinite or extremely large, thus making a study of all its elements impossible. Good sampling implies a well-defined population, an adequately chosen sample and an estimate of how representative of the whole population the sample is (Bless & Higson-Smith, 1995:87). The first means of ensuring a representative sample is the use of a complete and correct sampling frame, which is the list of all units from which the sample is to be drawn. There are two kinds of sampling, namely probability and non-probability sampling. Non-probability sampling is frequently

used in social sciences. In this sampling it is not possible to determine the likelihood of the inclusion of all representative elements of the population into the sample.

In this study purposive sampling, which is a non-probability sampling method was used because the researcher targeted all black parents whose children were referred for play therapy. A sample of seven black parents was selected from a population of parents at Child Abuse Treatment and Training Services and Trauma Clinic of the Centre for the Study of Violence and Reconciliation in Johannesburg. The researcher interviewed black parents whose children were referred for play therapy. The children were between the ages of three and twelve years and were referred for play therapy for the first time. The parents were either males or females, depending on the parents present at the time. Purposive sampling is an acceptable method of sampling for special situations. It uses judgment of an expert in selecting cases or it selects cases with a specific purpose in mind (Neuman, 1997:206).

1.12 ETHICAL CONSIDERATIONS

Before conducting the research, consent was obtained from the organizations at which the research was conducted. Respondents were requested to sign informed consent forms. According to Bless & Higson-Smith (1995:102) when a researcher is conducting research, the problem of persuading participants to co-operate is ever present. Lack of co-operation leads to non-response, incompletely filled-out questionnaires and unreliable results. The researcher must always remember that participants have the right to refuse to participate and must respect that.

1.12.1 Privacy or voluntary participation

Social research often invades a person's privacy. An interviewer may want information of a private nature or researchers may need to observe people in harmful or uncomfortable situations. People should not be subjected to research of such a nature unless they agree to it. Participation in research must be voluntary and people can refuse to divulge certain information about themselves. This right to privacy demands that direct consent for participation be obtained from adults and from parents or guardians in the case of children. In this study the researcher obtained informed consent from respondents (see addendum D). Informed consent means that respondents were informed of the whole research procedure and made aware of the positive aspects or consequences of participation (Bless & Higson-Smith, 1995:102). Respondents were also informed of their right to withdraw from the study at any stage.

1.12.2 Anonymity

Generally anonymity does not constitute a serious constraint in research as social scientists usually are more interested in grouped data; in averages rather than in individual results. In this study anonymity was maintained as respondents were not required to supply their names. Since anonymity is regarded as essential the researcher strived to convince respondents that this would be respected. Respondents were informed that all data collected would be destroyed at the end of the study and this includes the audiotape that was used during interviews.

1.12.3 Confidentiality

In this study the researcher informed respondents that the information given would be treated with confidentiality. Respondents were also assured that data

would only be used for the stated purpose of the research and that no other person would have access to it (Bless & Higson-Smith, 1995:103).

1.13 LIMITATIONS OF THE STUDY

The researcher had initially planned to interview ten black parents but was unable to obtain enough respondents. The researcher obtained permission to conduct the research at Child Abuse Treatment and Training Services in May 2002 (see addendum B). By June 2003 the researcher had not yet obtained enough respondents and had to approach the Trauma Clinic of the Centre for the Study of Violence and Reconciliation in Johannesburg and requested permission to also use their centre for the research. Permission was granted in July 2003 (see addendum C). The researcher experienced difficulty in obtaining ten respondents within a period of eighteen months from these organizations. The researcher did not expect such difficulty since both organizations are dealing with traumatised clients and usually get referrals from the Child Protection Unit and other organizations.

Even though the study was qualitative in nature and therefore did not necessarily require a large number of respondents, the researcher is of the opinion that the limited number of respondents could have had an influence on the quality of data obtained. Meaningful conclusions and recommendations could however be formulated from the empirical study.

1.14 DEFINITION OF CONCEPTS

According to De Vos (1998:110) this step involves conceptualization of central concepts in problem formulation and all the other sections of the research process. Basically, when studying literature important facts emerge, that the researcher needs to understand clearly, in order to avoid confusion. Powers, Meenagham and Toomey (in De Vos, 1998:111) explain that a concept is the

thought that corresponds to a term or symbol that reflects the phenomena. The thought process going on in our minds when we gather impressions or perceptions, identify their similarities together to make up a new single thought which expresses the similarities and then give it a name and becomes a concept. Concepts in this study are: perception; play therapy; black parent.

- **Perception**

Perception is the closely related process by which the brain organizes and interprets sensations. Perceptions are always experiences of objects or events (Westen, 1996:117). Perception can also be defined as the ways in which information is received, processed by the brain and interpreted by the human brain (Kruger, Smith & Le Roux, 1996:105). The researcher understands perception to be the manner in which human beings interpret aspects, influenced by previous experiences.

- **Play therapy**

Play is a voluntary, intrinsically motivated activity involving flexibility of choice in determining how the item is used (Landreth, 1991:13). The Cambridge International Dictionary of English defines therapy as treatment which helps someone feel better and grow stronger (Cambridge International Dictionary of English, 1995:1509). Landreth (1991:14) defines play therapy as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures, who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through the child's natural medium of communication. Another definition given by Webb (1999:30) is that play therapy is a helping interaction between a trained adult and a child that seeks to relieve the child's emotional distress through the symbolic communication of play. The researcher would define play therapy as an activity between a child and an adult, trained to help children deal with their emotional

problems by communicating and expressing them through the natural medium of play, in the same way an adult would express problems and feelings verbally.

- **Black parent**

According to Cambridge International Dictionary of English, parent means a father or mother of a person (Cambridge International Dictionary of English, 1995:1026). For the purpose of this study, black parent refers to an African parent of the Nguni tribe.

1.15 CONTENTS OF THE RESEARCH REPORT

Strydom (1998b:419) states that placing data collected on paper is an important part of any research project. A variety of issues have to be addressed in the reports and a balance has to be maintained between the various components of the investigation. According to Neuman (1997:488) a research report is a written document (or oral presentation based on a written document) that communicates the methods and findings of a research project to others. A research report should be objective, accurate and clear. The report usually include the topic, research question, design and measures, data collection techniques, results and implications. In order to do this, organization is essential. According to Bless & Higson-Smith (1995:148) the main sections of a research report are: introduction, methods, results, discussion and references. To these can be added an abstract at the beginning and appendices at the end. The arrangement of the contents of this research report is as follows:

Chapter 1: General introduction

The introduction offers a brief description of the subjects of the study, the research problem, specific research question and the methodology that addresses this question.

Chapter 2: **Literature study**

This chapter includes the theoretical base on perceptions, play and the role of play in development.

Chapter 3: **Literature study**

This chapter consists of literature on play therapy.

Chapter 4: **Empirical findings**

This section of the report is comprised of the findings and main results following data collection, processing and analysis.

Chapter 5: **Summary, Conclusion and Recommendations**

In this section a summary of the investigation, the conclusions, as well as recommendations are presented.

CHAPTER 2

PERCEPTION, PLAY AND THE ROLE OF PLAY IN DEVELOPMENT

2.1 INTRODUCTION

As stated by McMahon (1992:xv), emotional needs of children are becoming increasingly understood and there is a broad body of knowledge about how these needs can be met. Play therapy is one of the intervention methods used to assist children in dealing with difficult situations. How parents perceive this intervention method may have an effect on their co-operation in bringing their children for therapy. People do not always perceive things and situations in the same way. Past experiences, knowledge or lack of knowledge about something contribute to how individuals perceive the world.

In this chapter aspects of perception such as the definition and how perceptions are formed and interpreted are discussed. Different definitions of play, types of play and theories of play are examined and an overview of the role of play in development will be provided.

2.2 PERCEPTION

The researcher found it necessary to provide an explanation of what perception is, seeing that the research is about perceptions. The researcher will define perception and explain how perceptions are formed.

2.2.1 Definition of perception

Perception can be defined as the ways in which information is received, processed and interpreted by the human brain (Kruger, Smit & Le Roux, 1996:105). Kruger, *et al.* (1996:109) mention that people often distort their

perceptions in order to confirm their attitudes by only perceiving those things that confirm their own attitudes. According to Westen (1996:117), perception is the closely related process by which the brain organizes and interprets sensations. Sensation refers to the process by which the sense organs gather information about the environment and sensations are immediate experiences of qualities (such as red or hot), whereas perceptions are always experiences of objects or events. The line between sensation and perception is very thin, sometimes barely perceptible. For senses such as taste and smell, a distinction between sensation and perception can hardly be maintained because sensations automatically give rise to impressions about the object being sensed (the taste of butter). The hallmarks of perception are organization and interpretation. Perception organizes a continuous array of sensations into meaningful units. Beyond organization, perception requires interpretation of the information organized (Westen,1996:154).

Allen & Santrock (1993:85) also maintain that perception is a creation of the brain, based on input extracted from sensory organs, such as the eye, ear and nose. They continue to say that perception goes beyond this input. The brain uses information previously extracted as a basis for making educated guesses or interpretations about the state of the outside world. The interpretations are usually correct and useful but sometimes interpretations or inferences are wrong resulting in an illusion (seeing something that is not there). One long-standing question in psychology is whether or not perception is inborn or learned. Cross-cultural studies about how people perceive their world have been conducted. Constance Classen, at the Center for the study of World Religion in Harvard University conducted cross-cultural studies on how different cultures have different ways of making sense of the world. The findings showed that perception is not simply a physical act, but also a historical and cultural process (Classen, 1993:1).

According to Schiffman (1996:3) meaning, relationships, context, judgement, past experiences and memory play a role in perception. Schiffman (1996:187) maintains that perception is directed by past experiences and memories, expectations, suggestions and the surrounding context, resulting in a readiness or bias to organize visual input in a certain way. In other words, due to various influences, the observer is set to perceive the visual environment in a particular way.

2.2.2 Types of perceptual organization

According to Westen (1996:155) perceptual organization integrates sensations into meaningful perceptual units, such as images of particular objects. These precepts are then put in perspective and located in space, preventing stimuli from changing their appearance as the perceiver examines them from another vantage point. There are three types of perceptual organization namely, form perception, depth perception and perceptual constancy. **Form perception** refers to the organization of sensations into meaningful shapes and patterns. For an example, one perceives a book on the floor not as part of the floor but as a distinct object. **Depth perception** is the organization of perception in three dimensions. An example is a book perceived as having height, width and breadth and being in a particular distance, even though the retinal image is two-dimensional. **Perceptual constancy** refers to the organization of changing sensations into precepts that are relatively stable in size, shape and colour. For instance, a book is not perceived as changing in size as one walks away or views it from a different angle, even though its retinal image changes (Westen,1996:155).

2.2.3 Form perception

Form perception was first studied systematically by gestalt psychologists in Germany in the early twentieth century. According to Westen (1996:155) these

psychologists were concerned with meaningful patterns or wholes. Proponents of the gestalt approach argued that perceptions are more than the sum of their sensory parts. The gestalt psychologists proposed six major perceptual rules the brain follows automatically and unconsciously as it organizes sensory input into meaningful wholes, namely: figure-ground, similarity, proximity, good continuation, simplicity and closure. A fundamental rule of form perception is **figure-ground perception** meaning that people inherently differentiate between figure (the object they are viewing) and ground (or back ground), such as words written in black against a white page. To focus simultaneously on figure and ground is impossible. When people attend to the voice of a waiter in a noisy restaurant, his voice becomes the figure and all other sounds, ground. A second fundamental rule of form perception is **similarity**. The brain tends to group similar elements within a perceptual field. Another principle, **proximity** means that, other things being equal, the brain groups objects that are close to each other together. The gestalt rule of **good continuation** states that the brain organizes stimuli into continuous lines or patterns rather than discontinuous elements. According to the gestalt rule of **simplicity**, people tend to perceive the simplest pattern possible. Finally, the rule of **closure** states that people tend to perceive incomplete figures as complete. If a part of a familiar pattern or shape is missing, perceptual processes complete the pattern (Westen,1996:155-156).

2.2.4 Depth perception

Westen (1996:156) describes depth perception as the second aspect of perceptual organization. The focus is on visual system, although auditory cues also localize objects in space. Two kinds of visual information provide information about depth and distance: **binocular cues and monocular cues**. **Binocular cues** refer to visual input integrated from the two eyes. Because the eyes are at slightly different locations, all but the most distant objects produce a different image on the retina (retinal disparity). Retinal disparity is greatest for close objects and diminishes as objects move away. **Monocular cues** refer to

visual input from a single eye alone. Depth cues generally lead to accurate inferences about depth and distance, but they can also give rise to perceptual illusions (Westen, 1996:156-158).

2.2.5 Perceptual constancy

Perceptual constancy refers to the perception of objects as relatively stable despite changes in the stimulation of sensory receptors. When one views a chair from different angles its shape does not change. The size of a car at a distance is the same as when it is nearer even though it appears smaller when it is far away (Westen, 1996:159).

2.2.6 Perceptual interpretation

Westen (1996:163) maintains that the processes of perceptual organization organize sensations into stable, recognizable forms but they do not provide them with meaning. Perceptual interpretation is about generating meaning from sensory experience. Perception interpretation lies at the intersection of sensation and memory, as the brain interprets current sensation in light of past experience. An example of this is reacting to a bitter taste or responding emotionally to a familiar voice. Most of the time interpretation involves classification of stimuli. Interpretation is influenced by experience and motivation.

2.2.7 The influence of experience and motivation

According to Westen (1996:163) a German philosopher Immanuel Kant argued that humans innately experience the world using certain categories, such as time, space and causality. For example, when a person slams the door and the doorframe shakes, it will be naturally understood that slamming the door led to the rattling of the doorframe. In this view, people automatically infer causality,

prior to any learning. Westen (1996:163) also refers to Gibson's theory of direct perception which similarly holds that perception requires little prior knowledge and that sensory information intrinsically carries meaning. With respect to perceptual interpretation Gibson argued that the senses were designed to respond to aspects of the environment relevant to adaptation, so that the meaning of stimuli is inherent in sensory experience. Stimuli present themselves to the senses and their meaning for adaptation is often obvious. For example, recoiling from an object coming towards the face as it is perceived as dangerous (Westen,1996:163). Allen & Santrock (1993:97) mention that people's experiences contribute to how they perceive the world and that is why people of different cultures do not always perceive the world in the same way.

Westen (1996:168) refers to the New Look school of perception which demonstrated that motives like expectations can influence perception, particularly perceptual interpretation. Westen also mentions that a study to investigate the effect of motivation on perception was conducted. Perceptual experiences of children from poor and wealthy families were compared. The children were asked to adjust the size of a circle of light to match the sizes of various money coins. Children from wealthier families tended to see the coins as smaller than they actually were, whereas children from poor families overestimated the size of coins. The investigators argued that the need for money among children from poor homes influenced their perception of its size (Westen,1996:168). Westen also mentions that experience with the environment shapes perceptual interpretation by creating perceptual expectations called perceptual set.

2.2.8 Expectations and perception

According to Westen (1996:166) perceptual expectations called perceptual set, make particular interpretations more likely. One aspect of perceptual expectations is the current context, which means conditions and circumstances of events. Context plays a substantial role in perceptual interpretation in nearly

every sensory modality. It is especially important in perceiving spoken language since it is possible that even the most careful speaker drops syllables or misses words altogether. Many words such as role and roll, have the same sound but different meanings. One would understand what is being discussed by being aware of the current context of the discussion. Another aspect of perceptual expectations is enduring structures of knowledge known as schemas. This knowledge is usually organized by patterns of thought that render the environment relatively predictable and stored in memory as schemas. Schemas allow people to anticipate what they will encounter. In that way they increase both the speed and efficiency of perception (Westen, 1996:167).

Based on the above discussion, the researcher defines perception as ways in which human beings try to make sense of their environment by making use of the brain to process and interpret information obtained through the different sense organs.

The aim of the above discussion was to motivate why perceptions of individuals differ. This information is relevant since the study is about how black parents perceive play therapy. Following, the researcher will provide information on play, obtained through literature study.

2.3. PLAY

It is the researcher's belief that every child needs to play if the child is to develop normally. When a child is not playing, most people start to be concerned that there is something wrong with the child. Children always play when they are healthy and happy. The researcher will now present a discussion on play under the following headings: definition, theories, types and the role of play in development.

2.3.1 Definition of play

Serok (2000:221) explains play, observable in animals as well as humans as a natural, universal activity. This writer further states that play is pleasant, joyful and does not have to be imposed on the players. Play is self-powered; it includes a high degree of motivation and achievement. It is a happy activity that begins in delight and ends in satisfaction and insight. Involvement in play may be a sign of well-being of the participant. Often parents and caregivers would suspect that a child is not well if he or she does not want to play. Recently, however, children's right to play is being questioned. Segments of our society are calling for more structure, more work and more adult-directed activity for children. There is increasing pressure for more academic work by preschoolers. Another trend in our society is that children are spending more time watching television than engaging in play. This is a disadvantage since play contributes a lot in the development of children (Serok, 2000:221).

According to Schaefer (1993:1) play, like love, happiness and other psychological constructs, is not easy to define and one reason is that play changes its form as young children mature. O'Connor (2000:3) claims that no single, comprehensive definition of the term play has been developed and mentions that the most often quoted definition was developed by Erikson in 1950. He defined play as a function of the ego, an attempt to synchronize the bodily and social processes with the self. Hughes (in O'Connor, 2000:3) defines play as being motivated intrinsically, freely chosen, non-literal, actively engaged in and providing pleasure. Although there are many different definitions of play, there has been consensus of late on the common characteristics of play behaviour. They could be described as follows:

- Play is characterized by intrinsic versus extrinsic motivation. Activities performed are intrinsically motivated because pleasure is inherent in the activity itself. One does not have to pressure or motivate a child to play

by giving external rewards. Play seems to satisfy an inner desire in the child.

- The player is more concerned about the play activity itself than the outcome or successful completion of the activity. In other words, the play process is more important than the end result.
- Positive feelings accompany play. Pleasurable feelings are derived from the play activity itself and are the result of the play. These feelings can be noted in the smiles, laughter and joy exhibited by children while playing.
- The child is actively involved and often becomes so engrossed in play that awareness of time and surrounding is lost.
- Play has a non-literal quality, a “as if”, which means it is carried out as if it is not real life.
- Play gives one freedom to impose novel meaning on objects and events. This is seen in the fact that there is always some variation in play and often creativity and innovation result.
- Play tries to answer the question, “What can I do with this object?” unlike the exploratory behaviour that seeks to determine, “What is this object and what can it do?” (Compare Schaefer, 1993:1 and Hughes, 1991:2-3.)

According to Schaefer (1993:1), the more the above characteristics are present, the more likely the behaviour is playful. Schaefer also mentions that play is a universal behaviour in children and by the time they reach the age of six years, children are likely to have spent more than 15 000 hours playing.

2.4. THEORIES OF PLAY

Over the centuries, philosophers, poets and psychologists have speculated on the reasons why play is helpful to man. Some of the theories of play that came up will be presented below.

2.4.1 The surplus-energy theory

According to Schaefer (1993:3), Herbert Spencer, a nineteenth century British philosopher, proposed the “surplus energy” theory of play. This is one of the simplest and most widespread theories of play. According to this theory, children are likely to have extra energy (beyond what is needed for survival) and this surplus energy will build up and exert internal pressure on the child, unless it is released through the activity such as play.

2.4.2 The recreation theory

A German poet, Moritz Lazarus proposed the recreation theory based on the principle that a certain amount of rest and sleep is necessary, but beyond that a change to an active and interesting occupation is more restful than complete idleness. According to Serok (2000:223), play enables recuperation and restores the mentally and physically tired. The change of activity need not necessarily be to a widely different type. Serok gives an example of a mental health worker who may find rest and recreation in reading a story. This theory suggests that children play to restore energy expended in work. Energy is regenerated by doing an activity that is different from the work that used it up. Play, which is the opposite of work, is an ideal way to restore this lost energy. (Compare Schaefer, 1993:3 and Serok, 2000:223.)

2.4.3 The instinct practice theory

According to Schaefer (1993:3), Karl Groos, a Dutch philosopher advanced the practice theory of play, which states that play gives children a chance to practice and develop skills needed for the future. He stressed that the part played by instinct is a motivating factor in play. The psychoanalytic approach stresses that play allows a child to actively relive stresses and traumas that were experienced

passively. Cognitive theorists suggest that play promotes a child's creativity and flexible thinking. Arousal theorists such as Ellis contend that we all seek an optimum level of arousal through play. All these theorists seem to have some validity. (Compare Schaefer, 1993:3 and Serok, 2000:223.)

2.4.4 The recapitulation theory

The recapitulation theory explains play as the result of biological inheritance meaning that true play, never practice what is phylogenetically new. In play every mood and movement is instinct with heredity. Play is seen as the motor habits and spirit of the past of the race, persisting in the present. This means that children relive the life of their ancestors in their play. According to this theory, if children during their rehearsal of the culture of the race, express their instinctive tendencies freely, the instincts become weakened and will not function so strongly in later life. For instance if they exercise the fighting instinct freely they will not be troubled by an excessive urge to fight later on (Serok 2000:224).

2.4.5 The catharsis theory

According to Serok, (2000:224) the catharsis theory maintains that play is a safety valve for pent-up emotions. An example is the fighting play of children where emotions of anger are aroused, but the act of play gives adequate opportunity for expression and through indulgence in fighting, the emotions subside. Fighting is a natural, spontaneous response to certain life situations, but social taboos frequently prevent adequate expression. As long as an adequate fighting response follows the stimulus, no unpleasant emotions will result. When inhibited because of social taboos and laws, the emotions of anger and hatred that are present, remain inside. When a fighting response is resumed the emotions subside. Mitchell and Masson (in Serok, 2000:225) believe that play has a cathartic effect, setting the individual free of distressing emotions. An example, the researcher can think of is stick fighting play in African communities.

2.5 TYPES OF PLAY

According to Garvey (1990:7) play can be divided into three types namely, sensorimotor play, symbolic play and games with rules. Sensorimotor play begins in infancy until the second year of life. During this stage the child is busy acquiring control over his movements and learns to coordinate his gestures and his perception of their effects. Play often consists of repeating and varying motions. Pleasure is derived from mastering motor skills and from experimenting with the world of touch, sight, and sound. Symbolic play begins after the age of two to about six years. During this period the child acquires the ability to encode his experiences in symbols. According to Schaefer (1993:2) symbolic play is perhaps the most interesting and creative form of play. Children can use fantasy to change themselves into people, objects or situations other than themselves.

Brethen and Garvey (in Cattanach, 1992:34) mention that interesting work has developed from the ideas of Piaget, examining how children represent their social world in symbolic play. Brethen stated that in make-believe children use event schemata as new material to create a fictive reality that does not merely simulate, but transforms their affective cognitive map of the social world (Brethen in Cattanach, 1992:34). Garvey and Brandt (in Cattanach, 1992:34) observed how children clearly signal their play. They make each other aware of the beginning and the end of the play. For example, they make statements like, "Let us play ghosts" and also make ending statements like, "I'm not dead anymore" as a signal that the play is over; shifting from the play role to the real world.

The third type of play, namely games with rules, begins at school going age. At this stage the child has begun to understand certain social concepts of cooperation and competition and thus the child begins to be able to work and think objectively (Garvey, 1990:7-8). According to Hughes (1991:110) games with rules may be sensorimotor in nature, as in the case of marble or ball games,

tag, hide and seek, hopscotch or blindman's buff. Games may also be of an intellectual variety, such as checkers, cards, monopoly and other board games. Whether they be sensorimotor or intellectual however, they contain two essential characteristics. First, they involve competition between two or more players. Second, they are governed by a set of regulations agreed to in advance by all the players that may not be changed in the middle of the game unless the players had previously determined that modifications would be acceptable. The rules themselves may be handed down by code, as in the game of chess or may exist in the form of a temporary agreement between players. In other words, children may either learn the rules from their older peers or establish their own rules at the onset of a particular game (Hughes, 1991:110).

Hughes (1991:111) mentions that games with rules can take many forms. He mentions a form that is increasingly evident throughout the childhood years which is the highly organized sports activity. According to Hughes, children spend an average of three to four hours of sports involvement every week. Benefits of sports are overall physical fitness, building self-esteem, the ability to get along with others and work co-operatively within a group (Hughes, 1991:111).

2.6 THE ROLE OF PLAY IN DEVELOPMENT

Play has a major role in the development of a child but some people's comments suggest that play is a trivial activity. Often one will hear an adult saying the child "is just playing." Tizard (in Johnson, Christie & Yawkey, 1999:55) contends that while playing may not be valued in its own right, a glimmer of light exists to uphold the importance of play; the failure of a child to engage in progressively more complex and elaborate play behaviours has traditionally been viewed as symptomatic of disorders in cognitive, social, physical or emotional development. Vandenberg (in Johnson, *et al.*, 1999:56), states that play should be valued not just for its indirect stimulation of cognitive skills and problem solving, but because play is the main feature of what it means to be human. While many teachers

know how valuable play is for young children, the majority is unaware of its role in promoting children's development. At different levels of development children are expected to be able to engage in play activities appropriate to their age, if they are developing normally.

According to Johnson, *et al.* (1999:25) during the past decades, scores of studies have explored the relationship between play and child development. The focus has been on varied domains of children's growth such as gross and fine motor development, cognition, language, social and emotional development. According to Johnson, *et al.* (1999:26) there are three ways to consider the relation of play with development. First, the play behaviour of a growing child may serve as a 'window' on the child's development, revealing the current status of the child in various areas. In simple language this means that play reflects development. Second, play may serve as a context and medium for the expression and consolidation of developmental acquisitions such as behavioural skills or conceptual attainments.

Hughes (1991:108) states that the young elementary school child takes pride in developing and refining a variety of motor and intellectual skills that, on the one hand, enhance the child's sense of industry and on the other hand are likely to promote acceptance by the peer group. Activities such as skateboarding, wrestling, roller-skating, jumping a rope and performing stunts on a bicycle allow children to show off in front of their peers and adults and establish their positions within the peer group. Third, play can serve as an instrument of developmental change. It can generate qualitative improvement in the organism's functioning and structural organization. In other words, play can result in development. All three of these views are correct to some degree. Before deciding which answer is best in a given situation, a great deal of additional information is required. One must know what kind of play is involved and which areas and levels of development are under consideration. If important practical matters are involved, one must know the individual child and the context (Johnson, *et al.*, 1999:26).

Johnson, *et al.* (1999:26) state that theory clearly suggests that play has both short-term and long-term benefits for the child. Short-term benefits are positive effects of play, realized immediately or in relatively close temporal proximity to the play experience. Long-term benefits are positive outcomes realized later, often cumulatively, over days, weeks, months and sometimes years. A sleeper effect occurs when the value of prior experiences is not seen over considerable time periods but then emerges and is attributable to the earlier experiences. Beneficial effects take the form of play contributing to development or at least cementing it. Brown (in Johnson, *et al.*, 1999:26) states that play is an important part of a healthy, happy childhood and absence of play or presence of abnormal play such as bullying, extreme teasing and cruelty to animals can lead to criminal or antisocial behaviour.

2.6.1 Physical development

When children play outside, they practice a wide range of motor skills, running, jumping and throwing. When they play with toys, putting puzzles together, colouring, pretending to cook, dressing and undressing dolls, they use fine motor skills. According to Schaefer (1993:3) child development researchers have produced evidence that play promotes physical development, both fine and gross motor skills. Johnson, *et al.* (1999:50) also support that play promotes physical development. An activity such as throwing a ball helps strengthen muscles and improves eye-hand co-ordination.

2.6.2 Cognitive development

According to Johnson, *et al.* (1999:28) in the late 1960s as the cognitive theories of Piaget, of Brunner and of Vygotsky and others gained prominence in the United States, there was a resurgence of interest in the role of play in cognitive development. Research on play and cognitive development in the 1970s and

1980s was quantitative in nature. In the 1990s there had been a trend towards qualitative research. These studies showed that play enhances cognitive development (Johnson, *et al.*, 1999:28-29).

2.6.2.1 Conceptualisation

Johnson, *et al.* (1999:28) further states that certain forms of adult-guided social-pretense play activities have been found to relate to the development of symbolic abilities. Sociodramatic play occurs when two or more children adopt roles and act out a story. This advanced form of pretend play requires a considerable level of representational competence. Children must be able to build scripts and conceptual networks, which enable them to impose order and to establish predictable patterns across diverse arrays of experience. Researchers, Saltz and Johnson reported in 1974 that sociodramatic play and thematic fantasy play helped preschool children from impoverished backgrounds connect discrete events. Compared to control-group youngsters, those trained to engage in sociodramatic play and thematic fantasy play had significantly higher scores on sequencing and comprehension tests that required both a reconstruction of the order of pictures representing a story line and an explanation of the relationship among the pictures (Johnson, *et al.* 1999:28).

Children's storehouse of knowledge and basic concepts increase geometrically during early childhood and play can greatly facilitate this process. Immature concepts of space, time, probability and causality can be tested and revised during play. For example, the abstract concept of time comes to have meaning within the context of play. When children wait for their turn to use a toy or perform their part in a script, expressions such as "in a few minutes", "a little while" and tomorrow come to make more sense. Although time and space are often altered in make-believe play episodes, sequence and structure are often preserved and can become better understood. Children use their

representational skills in play transforming and transcending concrete reality, the here and now (Johnson, *et al.*, 1999:28-30).

2.6.2.2 Intelligence

According to Johnson, *et al.* (1999:30) general intelligence and cognitive growth is indicated by three mental skills:

The ability to discriminate information that is relevant from information that is irrelevant to a given purpose; increased adaptability in using fewer cues to generate more information and higher levels of abstraction.

These skills entail a number of different cognitive abilities, including memory, reasoning, abstraction and understanding of language. The use of symbols in make-believe play leads to the development of abstract thought. Piaget contends that, play enables children to practice and consolidate newly acquired mental skills. Research done supports the possibility that play increases intelligence or general mental development. Correlational studies have revealed a positive relationship between IQ scores and two types of play, namely socio-dramatic play and constructive play. Investigators have also found that play training positively affects children's IQ scores (Johnson, *et al.*, 1999:30-31).

2.6.2.3 Operational thinking

Conservation refers to the understanding that certain properties of objects, such as quantity and number, do not change in spite of perceived transformations. For example, the amount of clay in a ball does not change even when the ball is flattened out like a pancake. According to Piaget (in Johnson, *et al.*, 1999:31) most preschoolers are not capable of conservation. These children will be fooled by the change in the clay's appearance and will be convinced that the amount of clay has been altered. Research has indicated that making children aware of

reversibility inherent in make-believe play involves two cognitive operations needed for conservation: decentration and reversibility.

Decentration is the realization that children can be themselves and enact a role simultaneously. **Reversibility** is the awareness that they can change from their make-believe role back to their real identity at any time (Johnson, *et al.*, 1999:31).

2.6.2.4 Problem solving

According to Johnson, *et al.* (1999:31) Bruner theorized that play contributes to children's ability to solve problems by increasing their behavioural options. Children experiment with different behaviours in their play and their behaviours can later be used in solving problems. This theory was generally supported by researchers. Playing with puzzles and clamping sticks together to retrieve a marble are examples of problem solving play children can engage in.

2.6.2.5 Divergent thinking

A number of correlational studies have established a positive relationship between play and various measures of creativity. According to Johnson, *et al.* (1999:32-33), Dansky and Silverman conducted a series of experimental studies in 1973 and 1975 that yielded evidence that there is a causal link between play and creativity. These studies revealed that children who were allowed to play with objects were later able to find more creative, non standard uses for them.

2.6.2.6 Metacognition

Metacognition is thinking about thinking. With age children become more aware of their own cognitive processes. In sociodramatic play children use two types of verbal exchanges, namely pretend communications and metacommunications. Pretend communication occurs within the play frame when the children adopt

roles and make comments appropriate for those roles. Metacommunication occur when children temporarily break the play frame and make comments about the play itself. When making these comments children resume their real-life identities and address each other by their actual names (Johnson, *et al.*, 1999:35).

2.6.3. Language development

According to Weir (in Johnson, *et al.*, 1999:37) observational research has revealed that young children frequently play with different forms and rules of language. They play with sounds (phonology) by repeating strings of nonsense syllables with syntax by systematically substituting words of the same grammatical category and with semantics by intentionally distorting meaning through nonsense and jokes. Garvey (in Hughes, 1991:174) suggested that there are four different types of language play roughly corresponding to four aspects of human language system. These are (1) play with sounds and noises, (2) play with linguistic systems such as word meanings or grammatical constructions, (3) play with rhymes and words, and (4) play with conversions of speech.

Language play helps children to perfect newly acquired language skills and increases their conscious awareness of linguistic rules (Cazden in Johnson, *et al.*, 1999:37-38). Brunner (in Johnson, *et al.*, 1999:38) contends that the most complicated grammatical and pragmatic forms of language appear first in play activity. In addition to being complex, the language that children use during play is decontextualized. Decontextualized language is marked by its use of adjectives, pronouns and conjunctions to carry meaning, relatively independently of nonverbal means and reliance on context. Explicit and intentional use of lexical and syntactical features of language enables children to signify a person, object and situational transformations in pretense play and to identify and elaborate on play themes as they unfold during the play episode. Play can

strengthen children's representational competence and can help children to learn skills needed for comprehending and producing decontextualized texts in later academic reading and writing lessons (Johnson, *et al.*, 1999:38).

2.6.4 Social development

Johnson, *et al.* (1999:39) maintains that there is a two-way relationship between play and social development. The social environment has an important influence on children's play. Children learn attitudes and skills needed for play from their parents and from other children. Parents and peers may also encourage certain types of play behaviour and discourage others. At the same time, play acts as an important context in which children acquire social skills and social knowledge.

According to Johnson *et al.* (1999:39) play has a key role in social development by providing a context in which children can acquire many important social skills, such as turn taking, sharing and co-operation, as well as the ability to understand other people's thoughts, perceptions or emotions. Other forms of play have been related to social competence and peer status. Rough and tumble play (running around, chasing each other, engaging in mocking and fighting in the play ground) has been studied longitudinally in older children and has been found to positively correlate with social cognitive ability and popularity. Young children have great difficulty with all forms of perspective taking due to the egocentric nature of their thoughts. For young children, self and non-self are not differentiated which leads them to assume that their own points of view are the only points of view. As they mature, the self gradually decenters and becomes separated from the environment. This decentration process makes it possible for children to realize that other people can have perceptions, thoughts and feelings that differ from their own.

Sociodramatic play may have an important role in the development of children's perspective-taking abilities and social competence. While engaging in group

dramatizations, children act out a variety of roles such as role of parent, grandparent, firefighter or superhero. In order to portray such characters accurately, children must be able to mentally put themselves in other people's places and experience the world from others' point of view.

2.6.5 Emotional development

Play helps children to develop emotionally. Self-esteem and their own self-concept are developed through mastering of play. During play children learn to be in control. They learn to deal with fears and stress in a non-threatening situation. Feelings are projected during play and children learn to identify their emotions. By playing with others and taking on various roles, children learn empathy and decenter. They learn to adopt another person's point of view (Johnson, *et al.*, 1999:51). The need for children to play in order for them to grow into well-adjusted individuals is emphasized in most of the literature.

2.7 SUMMARY

The literature that has been reviewed has provided an explanation of what perception is, as well as definitions of play and how important play is in the lives of children. Perception was explained as the brain's process of organizing and interpreting sensory information to give it meaning. The researcher found it necessary to provide information about how perceptions are formed and interpreted. An explanation of why people do not always perceive things and situations in the same way, was also necessary. The reason being that in the study, perceptions of black parents regarding play therapy were explored with the intention of finding out how they perceive it and the circumstances around their responses.

As the literature has shown, perceptions can be distorted to suit individual's attitudes towards something. Some authors have mentioned that perception is

influenced by past experiences, expectations, motivation and culture. Classen (1993:1) mentioned that cross-cultural studies showed that perception was not simply a physical act but also a historical and cultural process.

Play and the role of play in the development of children was also discussed because play therapy, which is one of the key concepts is an intervention method that involves play. It has been indicated that play, plays a role in promoting normal and even abnormal development of children. For example, Brown (in Johnson, *et al.*, 1999:26) mentioned that children who engaged in violent play activities such as bullying others and cruelty to animals may display criminal behaviours in adulthood. It has also been noted that play can improve children's cognitive and social skills. Play also helps children to develop emotionally. Children's self-esteem and self-concepts are developed through mastering of play. During play children learn to deal with fears and stress in a non-threatening situation. As feelings are projected through play children learn to identify their emotions. Parents and caregivers should be aware of the physical and emotional benefits of play in child development. Play has a major contribution in the development of children.

CHAPTER 3

PLAY THERAPY

3.1 INTRODUCTION

“What is play therapy?” “How is it different from just playing?” “How can children become better by playing?” The information gathered in this chapter will attempt to answer the above questions asked by parents. Literature on play therapy will be examined, several definitions by different authors will be given, history and development of play therapy, different approaches to play therapy and the play therapy process will be discussed. Emphasis will be placed on gestalt play therapy as this is the approach that the researcher will be using in the day to day activities.

According to Singer (1993:x), a swiss psychologist, Jean Piaget, noted that play could heal through its compensating and cathartic characteristics. Forbidden actions may be carried out in make-believe games and fears may be neutralized, by doing in play what could not be done in real life situations. A child may feel better after spanking a doll, expressing anger that he or she may not express openly to a parent (Singer,1993:x). In trying to answer the above questions about play therapy, Singer (1993:xi) mentions that the key elements that distinguish play therapy from “playing around” are the therapist’s interpretations of symbolic play in words the child is ready to accept and understand; the offering of new ways to control and handle fears, anxieties and negative emotions; and the teaching and modeling of adaptive skills that will enable a child to cope with an ego-threatening home or school situation and to increase his or her capacity for daily problem solving.

The skilled therapist provides approval of a child’s play efforts to assimilate material that is disturbing, teaches imaginative skills to help them solve

problems, makes major life issues more concrete and uncovers significant people and conflicts in the child's life. New ideas and scripts are developed to help reduce anxiety, ambiguity, confusion, fear and terrors (Singer,1993:xi). According to Schoeman (1993:2) play therapy has gained momentum in the past few years and its further development is observed in South Africa. A great deal of credit for growth in the field of play therapy over the past decade is given to the International Association for Play Therapy (IAPT) which was founded in 1982 by Dr. Charles Schaefer and Kevin O'Connor.

3.2 DEFINITION OF PLAY THERAPY

The focus of this study is on perceptions of black parents regarding play therapy. The researcher therefore finds it relevant to define play therapy and discuss the origins of play therapy as a means of communication and counseling. Landreth (1991:55) describes play therapy as a complete therapeutic system, not just the application of a few rapport building techniques. It is based on a belief in the capacity and resiliency of children. It is an attitude, a philosophy and a way of being. Landreth (1991:10) believes that children's play can be fully appreciated when recognized as their natural medium of communication. Children express themselves fully and more directly through self-initiated spontaneous play than they do verbally, as they are more comfortable with play. For children to play out their experiences and feelings is the most natural dynamic and self-healing process in which children can engage (Landreth, 1991:10).

Geldard and Geldard (1997:35) define play therapy as the engagement of the client in a therapeutic process by using counseling skills in conjunction with media and other strategies that need to be brought into play if therapeutic change is to occur.

In 1997, according to O'Connor (2000:6), the board of directors of the International Association for Play Therapy developed a definition of play therapy

that seems to address a number of issues in the field. The definition is inclusive of both a variety of definitions of play itself and of the wide variety of theoretical orientations represented by those who practice play therapy.

“Play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (Association for Play Therapy in O’Connor, 2000:7). O’Connor expanded this definition by adding that play therapy consists of a cluster of treatment modalities and that it helps to re-establish the child’s ability to engage in play behaviour as it is classically defined (O’Connor, 2000:7).

3.3 HISTORY AND DEVELOPMENT OF PLAY THERAPY

The previous chapter explained what play actually is and its role in the development of children. Sometimes play is used as a form of therapy for troubled children. It is the researcher’s belief that children have basic biological and emotional needs that have to be met for them to prosper. Their physical, emotional and intellectual needs must all be met for them to enjoy life and develop to their full potential. Those children whose needs are not met may have problems later in life. Play therapy can be one way of freeing them from their difficulties. Play is a natural mode of expression and communication for children.

According to Gil (1991:28) and O’Connor (2000:11), Sigmund Freud was the first to use play to uncover his client’s unconscious fears and concerns. His discovery of the unconscious processes and defense mechanisms laid the ground for psychoanalysis. Freud identified defense mechanisms as unconscious and that they serve to protect the child from anxiety by helping him to avoid facing the consequences of unresolved differences between the id and superego. Some of the defense mechanisms he identified were: denial, regression, transference, counter transference, fantasy and withdrawal. Freud

used play to alleviate the phobias of his historic patient, Little Hans (Geldard & Geldard, 1997:18).

According to O'Connor (2000:11) play was not directly incorporated into the therapy of children until 1919, when Hug-Hellmuth used it in child analysis. Ten years later Anna Freud and Melanie Klein incorporated play into their sessions and formulated the theory and practice of psychoanalytic play therapy. Their work was revolutionary in changing attitudes about children and their problems. Anna Freud started using play as a way of luring children into therapy. The rationale behind this technique involved the concept of a therapeutic alliance. Freud used play to build a relationship with her child patients. She used games and toys to interest the child in therapy and the therapist. Whereas Freud advocated using play mainly to build a strong, positive relationship between a child patient and the therapist, Klein proposed using it as a direct substitute for verbalizations. She considered play the child's natural medium of expression. She felt that children's verbal skills were insufficiently developed to express satisfactorily the complex thoughts and affects they were capable of experiencing. A variety of theoretical models developed from the psychoanalytic therapy of Freud and Klein. One of the most important developments relative to work with children was an increasing emphasis on the role of the environment in the development of the child's personality (O'Connor, 2000:11-12).

According to O'Connor (2000:13) the second development in play therapy was that of release therapy which was developed by David Levy in 1938. It was a structured play therapy approach for children who had experienced a specific traumatic event. In structured approaches the therapist takes an active role in determining the focus of the sessions and selects the play materials to use. Levy believed that the therapist, aware of the child's specific difficulty, could arrange dolls and play materials in a specific way to promote catharsis and insight through symbolic play. Levy's introduction of release therapy coincided with Margaret Lowenfeld's introduction of what later became known as "The World

Technique.” According to Thompson & Rudolph (1996:344) the work of Taff in 1933 and Allen in 1934, referred to as relationship therapy constituted the third significant development in play therapy. It came from the work of Otto Rank who wrote about the significance of “birth trauma” in the person’s development. According to Landreth (1991:31) Rank de-emphasized the importance of past history and the unconscious and stressed the development of the therapist-client relationship as crucial with a consistent focus on the present, the here and now. The primary emphasis was on the curative power of the emotional relationship between the therapist and the child. In this approach children assume responsibility in the growth process and the therapist concentrates on those difficulties, which concern the child, rather than on those concerning the therapist.

According to Landreth (1991:32) child-centred play therapy was the fourth major development based on non-directive principles of therapy developed by Carl Rogers. In 1947 Virginia Axline successfully applied nondirective therapy principles, which are the belief in the individual’s natural strivings for growth and the individual’s capacity for self-direction, to children in play therapy. According to Landreth (1991:32) nondirective play therapy makes no effort to control or change the child and is based on the theory that the child’s behaviour is at all times caused by the drive for complete self-realisation. The objectives of non-directive play therapy are self-awareness and self-direction by the child (Landreth, 1991:32).

3.4 THEORETICAL BACKGROUND

The field of play therapy draws its speciality from a variety of theoretical backgrounds. According to Geldard & Geldard (1997:18) counselors need to have a good understanding of psychological theories which underpin their work. These theoretical backgrounds influence the school of thought adopted by the therapist in practice. Play therapists use different approaches to play therapy.

Although three theoretical models of play therapy, psychoanalytic, humanistic and cognitive-behavioural, tend to dominate both the literature and clinical practice, the number of theoretical models has grown dramatically in the past few decades. A fourth model referred to by Thompson & Rudolph (2000:385) as developmental play therapy evolved from the work of Des Lauriers in 1962 and is used to group a number of models and techniques that emphasize the developmental process in play therapy. Cattanach (in Thompson & Rudolph 2000:385) is of the opinion that whatever the theoretical choice the counselor makes, the top priority is keeping the child safe in a therapy process. The researcher uses the humanistic model of play therapy and the gestalt play therapy approach in practice.

3.5 THE PLAY THERAPY PROCESS

A process is defined by the Cambridge International Dictionary of English (1995:1126) as a series of actions or events that are part of a system or a continuing development or a series of actions that are done to achieve a particular result. Geldard & Geldard (1997:35) mention that the intention of therapists is to engage child clients in a therapeutic process by using counseling skills in conjunction with media and other strategies. By a therapeutic process, they are referring to a number of different processes, which need to be brought into play if therapeutic change is to occur. According to West (1996:101) the therapeutic process does not occur automatically. It depends in part on the working relationship known as the therapeutic alliance forged between the child and the therapist. Usually there is the implication of progressive stages in the therapy process.

The play therapy process starts from the time the child is referred for therapy until termination of therapy. For Cattanach (1992:68) the play therapy process is an exploration through play, which helps the child to make sense of his/her experiences in a way which is appropriate to the child's developmental level

where the form and content of the exploration is determined by the child. Cattanach also mentions that this process is divided into three stages whereas West (1992:81) identifies four stages in the play therapy process. There seem to be no general agreement on the number of stages that exists in the therapy process. According to the gestalt approach the play therapy process consists of three main stages: a beginning or initial phase; a middle phase and an ending or termination phase (Van der Merwe, 1996a:189). Orton (1996:236 – 237) states that the play therapy process, whichever direction it takes, it is an integrated approach which consists of:

- Relating to the therapist.
- Releasing feelings.
- Recreating events, experiences and relationships.
- Re-experiencing troublesome thoughts and feelings.
- Resolving problems and feelings.

The researcher will now discuss the three phases of the play therapy process.

3.5.1 The initial phase

The initial or beginning phase is a time of preparation for therapy. It is the assessment phase during which information is gathered about the child and the child's problems. This phase includes meeting with and contracting with the parents (Geldard & Geldard, 1997:35). Geldard & Geldard mention that information gathered during this phase enables the therapist to make a hypothesis about what might be happening with the child and then suitable play material can be selected. The therapeutic relationship is a unique relationship that exists between the client and a therapist, which is a goal orientated process. Aspects that would normally be avoided in a normal relationship, such as hurt and pain are confronted and dealt with. Building a therapeutic relationship and doing proper assessment in therapy is of utmost importance for therapy to be successful. Yontef (1993:1) supports the statement by saying that there has been an increasing awareness of how the relationship between the child and the

play therapist can influence the outcome of therapy. In this relationship the child should be able to express any feelings, no matter how negative. Gardner quoted by Van der Merwe (1996b:22) mentions the reasons why a good therapeutic relationship is essential, as follows:

- A good relationship makes it possible for the child to communicate with the therapist.
- If the relationship is based on trust, the child will identify with the therapist.
- The strength of the relationship will motivate the child to handle frustrations that often accompany therapeutic change.
- A good relationship motivates the child to become involved in other healthy, corrective emotional experiences.
- The relationship should enable the child to strive for further therapeutic growth such as the development of self-image.

The researcher is of the opinion that the initial stage is the most crucial stage of the therapy process since it determines the success of therapy.

3.5.2 The middle phase

This is the working phase. The child is engaged in therapeutic work. The therapist invites the child to tell his/her story. This may be done through the use of play material or verbally. The therapist concentrates on making contact and creating awareness. The child is made aware of emotions such as needs, wishes and polarities. Schoeman (1996a:30) mentions the importance of promoting awareness by doing experimental exercises with the child. Schoeman describes awareness as the means by which the individual can regulate him/herself by choice, while Yontef (1993:203) explains awareness as a form of experiencing, a process of being in vigilant contact with the most important event in the individual environment field with sensorimotor, emotional, cognitive and energetic support (Compare Schoeman, 1996a:30 and Yontef, 1993:203.)

According to O’Leary (1992:13) Perls believed that individuals should be capable of becoming fully aware of and acting upon their needs. He stated that “awareness is the only basis of knowledge and communication.” Awareness is the process of recognising what we are thinking about and what we are feeling, sensing and doing (O’Leary, 1992:13). The talking, feeling and doing game is an example of play used by the therapist during play therapy sessions, to create awareness. Increasing awareness is the therapeutic core of gestalt therapy. The child is given control and is the one making decisions in the play therapy sessions. It is during the middle phase that the child is empowered to deal with difficult situations. The therapist works on unfinished business displayed by the child. Through telling his/her story the child achieves the following:

- The child has an opportunity to clarify and gain a cognitive understanding of events and issues.
- The child can ventilate painful feelings and gain mastery over anxiety and other emotional disturbances by active means.
- The child can become personally engaged and involved in the therapeutic experience (Geldard & Geldard, 1997:41).

3.5.3 The termination phase

The final phase of therapy is known as the termination phase. According to Landreth (1991:329) the process of actual termination may be started two to three sessions prior to termination. The child should be involved in making the decision about when therapy should be terminated and should be given enough time to prepare for termination. Termination usually occurs because the goals of the therapeutic work have been achieved. The longer the therapy period has been the longer the preparation needs to be. According to Geldard & Geldard (1997:83) children should not be in therapy for a long time because they do not have the many layers of unfinished business that adults accumulate over the years. They also mention that work with children generally takes about two to

three months. The play therapist should know when it is time for termination by noting change in the child's behaviour, change of themes in the playroom and from feedback from parents and teachers. The therapist can begin termination by extending the period in between sessions, after evaluating the therapeutic work. Instead of coming every week the child may start coming after a fortnight. The therapist may go through all the work done with the child and talk about how they are going to miss each other. The child is reassured that the therapist will always be available when the need arises. Exchange of addresses, telephone numbers, photographs and presents or a small party on the last session can be done (Geldard & Geldard 1997:83).

3.5.4 Feedback to the referring person

It is the researcher's opinion that following a period of therapy, it is proper for the therapist to give feedback to the person who referred the child. Usually a verbal feedback is sufficient to the parents but when other professionals, such as psychologists, doctors and teachers are the referring sources, a written report is appropriate. Geldard & Geldard (1997:44) explain how feedback should be given to the referral sources. They mention that feedback should be general and should not break confidentiality by divulging specific information of a private nature. Geldard & Geldard also believe that a child can benefit if significant others understand past behaviours and are able to co-operate constructively with regard to changes in behaviour. Such co-operation can enable the child to continue experimenting with new behaviours and to practice newly discovered adaptive skills (Geldard & Geldard, 1997:44). The parent and child's permission is needed and the therapist should discuss with them what should be included in the report. The report should contain only the information that would be useful to the referring resource. Confidential information is not divulged.

3.6 GESTALT PLAY THERAPY

Thompson & Rudolph (1996:110) mention that according to gestalt theory, the most important areas of concern are the thoughts and feelings people are experiencing at the moment. Normally people tend to act and react as total organisms. Many people tend to fragment their lives, distributing their concentration and attention among several variables and events at one time. Such people end up in an ineffective living style, with outcomes ranging from low productivity to serious accidents. Gestalt views human beings as being capable of becoming self-regulating beings who can achieve a sense of unity and integration in their lives. With full awareness, a state of organismic self-regulation develops and the total person takes control. People with high levels of awareness of their needs and their environment know which problems and conflicts are resolvable and which are not (Thompson & Rudolph 1996:110).

The aim of gestalt play therapy is to help children help themselves to grow up, take charge of their lives and become responsible for themselves. The deepening of awareness which is the central goal in gestalt therapy, promotes a sense of living fully in the here and now. It is the function of a gestalt therapist to facilitate the client's awareness in the "now" (Thompson & Rudolph, 1996:113). Gestalt play therapy focuses on establishing the relationship and making sure that the child is comfortable in making contact during the first sessions of play therapy. A state of healthy contact has to be achieved. This involves a feeling of security with oneself and a fearlessness of standing alone. The play therapist attempts to strengthen the child's sense of self and self-support, encourages emotional expression and teaches the child to nurture self in the latter sessions of therapy. Part of therapy is helping the child focus on his/her ways of being that are inappropriate and regain the strength he/she once had. Through play activities children become aware of what they feel, who they are, what they need and they realize they can make choices about their behaviours (Oaklander,

1993:283). The following sections will be discussions of gestalt related concepts and gestalt activities for children as described by various authors.

3.6.1. Gestalt related concepts

The following gestalt concepts are some of the concepts that guide therapists during therapy sessions with children. Therapeutic sessions are goal orientated and the play therapist needs to use special skills to achieve those goals. The therapist should keep these concepts in mind and incorporate them during the therapy sessions to achieve their goals.

3.6.1.1 Balance

According to O'Leary (1992:12) Perls believed that the healthy individual operates within an appropriate balance of all parts. According to the principle of homeostasis this balance should be maintained within certain limits for survival. O'Leary continues to say that there is an inherent drive in human beings to maintain equilibrium in order to grow and develop to their full potential. People are able to do this by accepting the feelings and experiences arising within them. In relation to external factors, when faced with dissonance an individual can choose to accommodate behaviour to the environment or to adjust the environment to him/herself. This balance has to be attained in an atmosphere that is full of splits. People tend to see life in terms of contrasts rather than balance. For example, people usually think of strong as being the opposite of gentle. They rarely integrate them and speak of being gently strong or strongly gentle. In gestalt therapy, whenever one recognizes one aspect of self, the presence of opposite is implicit. While 'being gentle' is in one's foreground, it is experienced against the background of 'being strong'. One can then talk of being strongly gentle to achieve equilibrium (O'Leary 1992:12).

3.6.1.2 Responsibility for oneself

Being responsible for oneself is at the core of gestalt therapy. Clients initially see their feelings, emotions and problems as being somehow outside themselves. They assume no responsibility for what they are and it seems to them that they can do nothing about their situation other than to accept it. They do not see themselves as having input into or having control of their lives. Clients are encouraged to take control of their lives by looking at options of what they can do to change their situation (O'Leary, 1992:17).

3.6.1.3 Contact

According to O'Leary (1992:29) contact is the heart of gestalt therapy. Contact usually implies touching in the physical sense. However, the seven processes of the contact function, namely looking, listening, touching, talking, moving, smelling and tasting are not all directly physical. We are constantly in contact with our environment through the use of senses. It is important that children have the opportunity to make sensory contact with the external environment. A child who is unable to notice what is going on around him/her finds it difficult to position him/herself in the world and this may cause problems. During the first sessions of therapy the play therapist concentrates on contact making. The therapist should understand the process of contact making and should constantly aim at determining how the contact making process affects the child's behaviour (Schoeman, 1996b:54). During this process the therapist observes whether the child is able to maintain contact during play.

3.6.1.4 Unfinished business

According to O'Leary (1992:14) the term "unfinished business" was derived by Perls, Hefferline and Goodman (1951) from the gestalt psychology principle of closure. Incomplete experiences and feelings persist in the memory of the

perceiver. It is a tendency of the organism to conclude any situation that is unfinished. These incomplete directions do seek completion. Hatcher & Himelstein (in O'Leary, 1992:14) refer to unfinished business as the blocking of an emotion that was experienced at one or more times during a relationship. Instead of allowing themselves to experience feelings which accompanied traumatic events, individuals with unfinished business inhibit them. Incidents of death, divorce or separation, where termination of a relation is sudden, often result in unfinished business. In these instances individuals either did not grieve or avoided finishing the relationship and saying goodbye (O'Leary, 1992:14-15). In order to deal with such a situation in play therapy the therapist may suggest that the child write a message to the person they lost or phone the person and say whatever they would like to say to that person. In cases of death where children believe their beloved are up in heaven the messages can be tied to balloons and children let the balloons be blown away by the wind. If they believe their loved ones will receive their messages then the gestalt will be complete.

3.6.1.5 Present-centredness

Gestalt therapy fosters a "here and now" orientation. For the client to achieve genuine awareness it is important to stay with the immediate moment. The present alone is of significance, for the past is gone and the future has not yet arrived. It is not the content of childhood memories that is important, but the feelings or attitudes surrounding them. People tend to spend a lot of time anticipating the future which might not be. Whatever is actual according to Perls, is always in the present. The gestalt therapist concentrates on increasing the client's awareness of what they are feeling from moment to moment (O'Leary,1992:17).

3.6.1.6 Empowerment

Enabling the child to tell his/her story in a safe environment, is an important part of the empowerment process. Empowerment involves gaining mastery over issues so that the child may no longer be excessively troubled by thoughts and memories that create anxiety and interfere with normal adaptive relationships. This helps the child to integrate with more comfort into his/her social and emotional world (Geldard & Geldard,1997:43).

3.6.2 MATERIAL FOR PLAY

Ginott (in Landreth, 1991:10) made the following statement, “Through the manipulation of toys, the child can show more adequately than through words how he feels about himself and the significant persons and events in his life.”

Landreth (1991:10) stated that toys and material should be selected to allow children to express their feelings and reactions. The toys should allow for creative and emotional expression, should be interesting to children, facilitate expressive and exploratory play and should allow for success or non-committal play. Toys must be sturdy and free of dangerous parts. Recommended toys were crayons, newsprint, blunt scissors, plastic nursing bottles, play-doh, play dishes, telephone, small doll with soft body, doll family and a cardboard house (Landreth, 1991:10).

The secret of selecting toys according to Cattanach (1992:55), is to find objects which will enable the children to express symbolically some of their fears and feelings. Drawing material and sensory play material such as dough, sticky balls and jelly-like sticky worms were mentioned by Cattanach.

3.6.3 Gestalt activities for children

The researcher believes that children learn better through activities. Children tend to find formal teaching boring, therefore educators are now implementing educational activities in schools. Books with titles like “Activity through play ”are often seen.

3.6.3.1 Awareness enhancing activities

The following awareness enhancing activities are described by Thompson & Rudolph (1996:120-121). These activities are utilized by therapists to assist child clients to move from a position of dependence on others to being responsible and taking control of their lives. Through play activities children become aware of their feelings and needs and realize that they can make choices about their behaviours (Oaklander,1993:283).

- **Feelings awareness:**

Children can be asked to pay attention to their bodies, notice if there are any tight fitting clothes, to feel their weight against the chairs or feel their feet inside the shoes.

- **Taste time:**

Children are asked to have bite-sized bites from different foods such as carrots, apples, biscuits or sweets. They will then have to pay attention to how they taste and their texture. They can be asked to differentiate between soft and hard foods, sour and sweet ones.

- **Mirror mirror:**

A good-sized mirror is given to a group of children. They are then asked to look in the mirror without any comments at all for about 30 seconds and then they are asked to tell what they had seen.

- **Now:**

The therapist asks the children to sit quietly and make statements about what they are aware of at that moment beginning with “ Now I” They have to try to be aware of as many things as they can.

3.6.3.2 Art activities

Finger paint is used for smearing with hands or feet. The play therapist asks the children to pay attention to the feeling. Clay can also be used to create and destroy images. Children can also be asked to draw faces with different feelings and give reasons for those feelings (Thompson & Rudolph, 1996:121).

3.6.3.3 Self-confidence building activities

A group of children sits in a circle with space at the centre of the floor. One child at a time goes to the centre and says his/her name aloud. The rest of the group cheers, clap and shout “bravo.”

- **Confidence activities:**

Children are given tasks that are not difficult, which they will be able to perform, to give them the “I can do it” feeling (Thompson & Rudolph, 1996:122).

- **Empty chair technique:**

This technique is often used to resolve unfinished business, using pretend play. The child sits on a chair opposite an empty chair and pretend that someone was sitting on the empty chair. It helps to convert the past unresolved issues into present focused experiences. The child imagines that the person is sitting on the empty chair. The child then talks to the person. He/she can then sit on the other chair and pretend to be that person answering back (Thompson & Rudolph, 1996:116).

- **Resent, demand and appreciate:**

In this activity each child is asked to list three people that are close to him/her and then think about one thing that is resented, demanded or appreciated about that person (Thompson & Rudolph, 1996:117).

3.7. SUMMARY

In this chapter the researcher provided a theoretical base for play therapy. Attention was given to definition of play therapy, history and development of play therapy and the play therapy process. The researcher also discussed gestalt play therapy, gestalt related concepts and gestalt activities for children. A definition given by Geldard & Geldard (1997:35) was that play therapy is the engagement of a client in a therapeutic process by using counseling skills in conjunction with media and other strategies that need to be brought into play if therapeutic change is to occur. The play therapy process was discussed according to the gestalt approach, which maintains that the play therapy process consists of three phases namely, the initial or beginning phase, the middle and the termination or ending phase.

Orton (1996:236) defined play therapy as an integrated approach which consists of relating to the therapist; releasing feelings; recreating events, experiences and relations; re-experiencing troublesome thoughts, feelings and resolving problems and feelings. Thompson & Rudolph (1996:110) stated that according to gestalt theory, the most important areas of concern are the thoughts and feelings people are experiencing at the moment. The aim of gestalt play therapy is to help children help themselves to resolve psychosocial difficulties, achieve optimal growth and take charge of their lives and become responsible for themselves. Gestalt related concepts such as self-support, responsibility for oneself and contact are utilized by therapists to assist child clients to move from a position of dependence on others to being responsible and taking control of their lives.

Awareness enhancing activities, self-confidence building activities and art activities are examples given of other strategies used in play therapy.

CHAPTER 4

THE EMPIRICAL STUDY

4.1 INTRODUCTION

The goal of this study was to explore perceptions of black parents regarding play therapy and the first objective was to obtain a theoretical framework by doing a literature study on perceptions, play, the role of play in development, as well as a theoretical base for play therapy. The two previous chapters provided theory obtained from the literature study. The type of research conducted was applied research and the approach followed was a qualitative approach. The focus of this chapter will be on the empirical study done to explore perceptions of black parents regarding play therapy.

4.2 RESEARCH PROCEDURE

The researcher obtained permission to conduct the research from Child Abuse Treatment and Training Services and the Trauma Clinic of the Centre for the Study of Violence and Reconciliation in Johannesburg. All black parents who brought their children for play therapy were referred to the researcher. The researcher explained the aim of the study to the respondents. The full research procedure was explained and the respondents were informed that their participation is voluntary and that they could withdraw at any time. Informed consent was obtained from the respondents.

4.2.1 Data gathering

Interviews and audiovisual methodology are some of the most important data gathering methods available, according to Schurink (1998:277). The researcher utilized an interview schedule to obtain information from a sample of seven black parents. Purposive sampling, which is a non-probability sampling method was used by selecting only those parents whose children were referred for play therapy. Seven open-ended questions were asked according to the interview schedule. Interviews however, commenced by obtaining relevant demographic information from respondents. The interviews were recorded on an audiotape and were later transcribed.

4.2.1 Data analysis and interpretation

Schurink as quoted by Poggenpoel (1998:337) points out that there are general guidelines that a researcher should keep in mind when analysing data for qualitative research. One is that the researcher should be attentive to words and phrases in respondents' own vocabularies that capture the meaning of what they do or say. The other guideline is that whenever a theme in the researcher's material is noted, acts and statements should be compared with one another to establish whether there is a concept that could unite them. As the researcher identifies themes he/she should look for underlying similarities between them. The researcher made use of these guidelines during data analysis.

Mouton & Marais (1990:102) maintain that by means of analysis, constant variables of factors that are relevant to the understanding of a phenomenon are isolated. According to Poggenpoel (1998:336), several strategies are utilized in data analysis which contribute to the logical chain of evidence that support the researcher's conclusions after data analysis. In this study the researcher used the analytic induction strategy of data analysis and Tesch's approach. Manning (in Poggenpoel, 1998:338) defines analytic induction as seeking to develop

universal statements containing the essential features of a phenomenon, or those aspects that are always found to cause the existence of a social occurrence.

The eight steps of Tesch's approach that were utilized by the researcher in data analysis was applied in the following manner:

- The researcher obtained a sense of the whole by reading through all the transcriptions carefully. Ideas that came to mind were written down.
- The researcher selected one interview and thought about the underlying meaning in the information. Thoughts that came up were written in the margin.
- After completing this task for all the respondents, the researcher made a list of all the topics. Similar topics were clustered together and arranged into major topics.
- The researcher wrote the topics next to the appropriate segments of the text. This was done to see if new categories emerge.
- The researcher found the most descriptive wording for the topics and turned them into categories. Categories were reduced by grouping together topics that related to each other and arranging them into themes.
- The researcher arranged data in such a way that it had a logical flow. In this case, from the data on play to the data on play therapy.
- The data material belonging to each category was assembled in one place and an analysis was performed.
- The recoding of data was not necessary.

The following section contains a presentation of findings of seven qualitative semi-structured interviews that were conducted according to the interview schedule.

4.3 DATA PRESENTATION

4.3.1 Demographic details

- **Ethnic group:**

Four respondents were Zulu; one respondent was Pedi and two were South Sotho.

- **Gender:**

Six respondents were females and one was a male.

The sample was composed of females which is not unusual in the black communities. Females are expected to be the ones who are taking care of the children, even though many females are also working.

- **Age:**

The age of respondents ranged between 26 and 59 years. Two respondents were above the age of 40 and five were between the ages of 26 and 40 years.

- **Level of education:**

Five respondents never obtained matric; one was a matriculant and one had tertiary education.

- **Occupation:**

Of the respondents one was employed as a professional nurse; two were hawkers; one a taxi owner and three were unemployed.

- **Income:**

One respondent was earning R8500 per month, one was earning about R700 per month, the two respondents who were hawkers could not say how much they were earning, as their daily earnings varied. The other three respondents were living on the R170 per month, child support grant provided by the Department of Social Services and Population Development.

- **Marital status:**

Five respondents were not married; one was married and one was a widower. The researcher would like to note the fact that the sample consisted of only one man who was a widower. This emphasizes what the researcher had mentioned regarding women being the ones expected to take care of the children.

- **Number of children:**

Two respondents had two children; two had one child; one had four children; one had five and one had six children.

- **Residential area:**

Four respondents were from townships; one from an informal settlement and two were from suburban areas.

- **Means of transport:**

Six respondents were using taxis as a means of transport and one was using a bus as a means of transport when coming for play therapy.

The reason for the researcher to include demographic details was to determine whether there is a relationship between the selected variables, the understanding of play therapy and compliance. From the above information the researcher can deduce that transport could not be a reason for not bringing children for play therapy since none of the respondents included in the research had private cars, but could still manage to come from different residential areas. Financial status could also not be a reason because most of the respondents were not earning much; some only depending on the child support grant which is R170 per month. The researcher noted that the difference in the level of education had an influence on the way respondents presented their answers to questions. The more educated respondents expressed themselves better and had more insight than the less educated respondents. The researcher is of the opinion that the

age, gender, ethnic group and marital status did not have a significant influence on the responses of respondents during the semi-structured interviews.

4.3.2 Qualitative data

The following themes were identified from the semi-structured interviews conducted with respondents: the value of play; the manner in which children play; material for play; understanding of play therapy; perception of play therapy; referral sources; reasons for referral; feelings associated with referral.

4.3.2.1 The value of play

Respondents were asked what the value of play was for children. Most of the respondents were able to answer this question. Two respondents however, did not explain what the value of play was. They mentioned that it helps the children, without being able to motivate this statement. The following are responses that were given by the respondents:

(Respondent 2) "*Abantwana bafunda ngokudlala,*" meaning that children learn through play. This respondent elaborated that children learn a lot from play even though they are not aware of the fact. Children learn about taking turns and sharing during play. This is supported by Johnson, *et al.* (1999:51) who stated that by playing with others and taking various roles, children learn empathy and decenter (they learn to take another person's point of view). Johnson, *et al.* (1999:51) also mention that feelings are projected during play and children learn to identify their emotions. Johnson, *et al.* (1999:30) stated that children's storehouse of knowledge and basic concepts increase geometrically during early childhood. These authors mention that play can greatly facilitate this process. Cazden (in Johnson, *et al.*, 1999:37) also mentioned that language play helps children to perfect newly acquired language skills and increases their conscious awareness of linguistic rules while Brunner (in Johnson, *et al.*, 1999:38) contends

that the most complicated grammatical and pragmatic forms of language appear first in play activity. In everyday life one often hears children correcting each other during play, when one child is making a mistake.

(Respondent 3) *“It is important that they should play for their growth. Umntwana akhule engumntwana okhululekile, and ne intelligence yomntwana iya improv(a).”*

The respondent was explaining that play is important for children’s growth so that a child can grow up being an emotionally free child. The psychoanalytic theorists stress that play allows a child to actively relive stresses and traumas that were experienced passively while the catharsis theory of play maintains that play is a safety valve for pent-up emotions. (Compare Schaefer, 1993:3 and Serok, 2000:224.) Mitchell and Masson (in Serok, 2000:225) believe that play has a cathartic effect, setting the child free of distressing emotions. According to Schaefer (1993:3) child development researchers have produced evidence that play promotes physical development. When children run around chasing each other and putting puzzles together, their fine and gross motor skills are developed.

This respondent also mentioned that play improves the intelligence of a child. Johnson, *et al.* (1999:31) mention that Piaget contends that play enables children to practice and consolidate newly acquired mental skills. These researchers also mention that research done, supports the possibility that play increases intelligence or general mental development. Correlational studies revealed a positive relationship between IQ scores and socio-dramatic play and constructive play (Johnson, *et al.*, 1999:30).

(Respondent 4) *“Umdlalo ubaluleke ngokuthi, bakhe bakhohlwe yiloku bajabule emdlalweni wabo.”* When translated into English this means that play is important because children tend to forget what is bothering them and become happy in their play. Serok (2000:221) describes play as a happy activity that begins in delight and ends in satisfaction and insight. This writer further states

that play is pleasant and joyful. Schaefer (1993:1) mentions that the child becomes so engrossed in play that awareness of time and surrounding is lost. The child forgets about what is bothering him/her.

(Respondent 5) *“Play keeps children busy, it helps children to forget about their problems. Play keeps their mind busy, one can be able to observe whether the child is normal or not and the kind of person the child is.”* (Response translated into English) Singer (1993:x) noted that play could heal through its compensating and cathartic characteristics. Forbidden actions may be carried out in make-believe games and fears may be neutralized.

(Respondent 7) *“I think it is necessary, it is really.....eh...how can I put this?...Like, most of the kids can't communicate like adults. They communicate in actions. So that's how they will be able to communicate with other kids. That's how I see it. I mean they tend to learn about one another, you can't keep a child indoors you know...not mixing with other kids. They really love to play and get to know other kids, you know....”*

The respondent was explaining that children are unable to communicate like adults, they communicate through play. Landreth (1991:10) states that children's play can be fully appreciated when recognized as their natural medium of communication. Landreth continues to say that children express themselves fully and more directly through self-initiated spontaneous play than they do verbally as they are more comfortable with play. The respondent mentioned that children get to know each other and learn about one another during play. Johnson, et al. (1999:39) maintains that there is a two-way relationship between play and social development. The social environment has an important influence on children's play. Children learn attitudes and skills from others and they also learn about good and bad behaviours from others. The respondent also mentioned that one cannot keep a child indoors because children love to play. Serok (2000:221) stated that play is pleasant, joyful and does not have to be imposed on the

players and it is a happy activity that begins with delight and ends in satisfaction and insight.

Some authors (compare Schaefer, 1993:1 and Hughes, 1991:23) have mentioned that play seems to satisfy an inner desire in the child and pleasurable feelings are derived from play activity. These feelings can be noted in the laughter and joy exhibited by children while playing. Because play is pleasurable it can be used as an incentive when disciplining children.

In summary the value of play as indicated by the respondents was that play provides a learning environment for children. It is important for physical, social and cognitive development. One respondent mentioned that play contributes to children's growth. Another respondent mentioned that play improves the intelligence and when playing, children forget about their stressful situations. One respondent mentioned that children get to know each other and learn about one another during play. Play has a major role in child development.

4.3.2.2 The manner in which children play

Respondents were asked to explain how children play. They mentioned that children play with toys, they chase each other and play sports. They also mentioned role-playing and imitation. Play can be divided into three types namely sensorimotor, symbolic play and games with rules. Sensorimotor play as mentioned by Garvey (1990:7) begins in infancy until the second year of life. The child acquires control over his/her movements and learns to coordinate gestures and perception of their effects.

Symbolic play begins after the age of two, to about six years of age. According to Garvey (1990:7), during this period the child acquires the ability to encode his/her experiences in symbols. The type of play described by the respondents falls under this category because children who came for play therapy were around the age of six years. This is what respondent 2 said:

“Bathanda ukudlala ngemipopi, badlala like...bayayidlala ilife yasendlini....Mina nginguMama wena unguBaba. Ukuba ngaba kunento ekhaya uzobona ngomntwana. Ukuba bayathandaza ekhaya uzobona ngomntwana ayenza yonke loo nto.”

When translated into English the respondent was explaining that children like playing with dolls, imitating family life, role playing mother and father. She continued to explain that if there is an issue (problem) at home one will see from the child. If they pray at home, one will see the child enacting all that. This is what we refer to as pretend or make belief play.

Bretherton and Garvey (in Cattanach, 1992:34) mention that interesting work has developed from the ideas of Piaget, examining how children represent their social world in symbolic play. Bretherton (in Cattanach, 1992:34) stated that in make-believe children use event schemata as new material to create a fictive reality that does not merely simulate but transforms their affective cognitive map of the social world. Garvey and Brandt (in Cattanach, 1992:34) describe how children clearly signal their play. They make each other aware of the beginning and the end of the play. For example they make statements like, *“Let us play ghosts”* and also make ending statements like, *“I’m not dead any more”* as a signal that the play is over; shifting from the play role to the real world.

Johnson, *et al.* (1999:28) explain that socio-dramatic play occurs when two or more children adopt roles and act out a story. They continue to say that this advanced form of pretend play requires a considerable level of representational competence and children must be able to build scripts and conceptual networks, which enable them to impose order and to establish predictable patterns across diverse arrays of experience. If a child of a certain age is unable to perform age appropriate play then there might be a developmental delay. Respondent 5 mentioned that one can detect whether the child is normal or not through play.

4.3.2.3 Material for play

When responding to the question asked on how children play, respondents also mentioned objects that children play with. Respondent 6 mentioned that children play with anything they get hold of. A child can pick up a block of wood and this becomes a car at that moment. Cattanach (1992:33) cited Vygotsky who suggested that children's play is a transitional stage in learning to separate the meaning of an object from its presence. An example given was that of a child playing with a stick, calling it a horse. Vygotsky mentions that through using the stick to function as a horse, the child understands the meaning of horse from the presence of the real horse. Through this the child learns that everything has a meaning. Other respondents mentioned toys such as balls, cars, wheels, puzzles, crayons, computers, television games, dolls and make belief houses.

Thompson & Rudolph (1996:348) mention that children play freely with dolls to express their fears, hopes or concerns. Through the dolls children speak for a number of persons in their lives such as mother, father, brother, sister or grand parents.

4.3.2.4 Understanding of play therapy

Respondents were asked to explain what they understood by play therapy.

Respondent 1 and respondent 6 said they did not know what it was.

Respondent 2 said, “ *Ngingathi isiza umntwana uma enenkinga.*” Meaning that play therapy is something that helps the child when he/she has a problem.

Respondent 3 answered in the following manner:

“I think iplay therapy is whereby iparent idlala nomntwana in a form of communicating with the child....in a way in a form of communicating nawe if afuna ukukutshela something angakhoni ukuyikhuluma verbally. ”). When

translated into English this means she thought play therapy is an activity whereby a parent is playing with the child in a form of communicating with the child. It is a way of communication for children who cannot express themselves verbally. The researcher took note of what the respondent mentioned about children being unable to express themselves verbally and compared it with Melanie Klein's opinion that children's verbal skills were insufficiently developed to express satisfactorily the complex thoughts and affects they were capable of experiencing (Klein in O'Connor, 2000:12). This respondent did however, not understand the role of the play therapist within play therapy considering that she referred to the parent's involvement only.

Respondent 7 said, *“ So far what I understand is that it's sort of counseling but play therapy is for kids.....it is sort of communication about how they feel about what happened, about events of whatever.”*

These responses from respondent 3 and respondent 7 show similarity with some of the authors in their definition of play therapy. Landreth (1991:14) in his definition of play therapy mentioned that play is the child's natural medium of communication while Webb (1999:30) defined play therapy as a “helping” interaction between a trained adult and a child that seeks to relieve the child's emotional distress through the symbolic communication of play. Three of the respondents mentioned that play therapy was “helpful.” They however had difficulty in elaborating on what they meant by “helpful.” The researcher is of the opinion that their understanding of play therapy is limited.

Respondent 4 said, *“ Kusho ukuthi mina ngibona iyinto encedayo emntwaneni, imsiza engqondweni.”* Meaning that she sees it as something helpful to a child, something which helps the child's mind.

Respondent 5 explained that she understood that play therapy has something to do with the child's mind, it helps to crush the bad things. This response is also

very similar to the abovementioned responses. A vague idea has been formed, but without specific knowledge.

The empirical data demonstrate that respondents do not understand what play therapy is. They have vague ideas of what play therapy is. One respondent thought play therapy involves play between a child and a parent. Respondents understood play therapy as being helpful to children. Only one respondent explained play therapy as a form of counseling for children and a means of communicating feelings and experiences. Lack of understanding indicates that respondents were probably not informed by referral sources about play therapy.

4.3.2.5 Perception of play therapy

All respondents who brought their children for therapy were positive about play therapy. They all saw it as something helpful even though most respondents did not actually know what really happened during play therapy. It would be interesting to explore the perceptions and understanding of those parents who do not bring children for play therapy even though they had been referred. Follow up research on the reasons for non-compliance would be valuable.

The researcher understands perception to be the manner in which human beings interpret phenomena; sometimes influenced by previous experiences. According to Kruger, *et al.* (1996:105) perception can be defined as ways in which information is received, processed and interpreted by the human brain. As mentioned by Kruger, *et al.* (1996:109) people often distort their perceptions in order to confirm their attitudes by only perceiving those things that confirm their own attitudes. The researcher would like to quote Schiffman (1996:187) who maintains that perception is directed by past experiences and memories, expectations, suggestions and the surrounding context, resulting in a readiness or bias to organize visual input in a certain way.

One respondent who brought her child for therapy without being referred, mentioned that her sister's child was once helped by play therapy. The other respondents might have been influenced by the fact that play therapy was suggested by influential people, as well as the expectations that their children will be assisted. Westen (1996:166) mentions that perceptual expectations known as perceptual set, make particular interpretations more likely; one aspect of perceptual expectations being the current context, which means conditions and circumstances of events. One can look at the current conditions and circumstances of the respondents such as the kind of problems their children were experiencing and how the children and parents were affected by the problems. These problems could have motivated parents to bring their children for play therapy.

In summary, perception is influenced by past experiences, memories, motivations, expectations and suggestions. Without prior knowledge of the subject it is difficult to determine perceptions. Respondents had a limited knowledge of play therapy therefore it was difficult to determine their perceptions. Respondents were positive about play therapy even though they had limited knowledge of what it is because it was suggested to them with the implication that it would help their children. Motives such as expectations can also influence perception. Parents who perceived play therapy as helpful may have been influenced by their need to help their children.

4.3.2.6 Referral sources

Children rarely come to therapy on their own. Sometimes they do not even know why they were brought for therapy. Three of the respondents were referred by the doctors, two were referred by teachers, one by the social worker and the other respondent came on her own.

The researcher is of the opinion that therapists should establish whether the child knows why he/she was brought for therapy in order to gain the co-operation of the child. According to Landreth (1991:131) children are usually dependent on a significant adult, usually the parent in their life to make arrangements for play therapy. Landreth (1991:36) mentions that in the majority of parental referral cases, the mother is the one who takes the initiative to arrange for an appointment and to bring the child for therapy.

4.3.2.7 Reasons for referral

When the researcher enquired about referral sources from parents, they also provided information on the nature of problems experienced by their children. They also mentioned other children they thought needed play therapy.

- **Children of chemically dependent families**

Respondent 2 mentioned that children whose parents drink a lot need play therapy, because they grow up imitating their parent's behaviour, thinking that it is a good thing. The same respondent mentioned that children from families where parents abuse alcohol end up imitating some of the behaviours and use abusive language, not even feeling guilty about that as if it is a normal thing. According to Webb (1991:276), the child in the chemically dependent family, is in a permanent state of crisis with inconsistency and chaos being the norm. Webb suggests that a careful assessment of the ongoing crises in a child's life be made to determine the current level of isolation, shame and depression, as well as overall functioning of the child. Webb sees the challenge of play therapy with children of chemically dependent families as both to assist the child in identifying the feelings of loss that are inherent in having alcohol or drug addicted parents and also to encourage appropriate ventilation of these feelings so they do not impede the child's functioning to a significant degree (Webb, 1991:276).

Respondent 6 admitted that the crisis the respondent was experiencing led to heavy drinking. Children were then neglected and presented with problems at school, which led to the child being referred for play therapy.

- **Sexually abused children**

Some of the respondents mentioned that sexually abused children needed play therapy. One respondent also said there was a child the respondent knew who was helped by play therapy following the abuse. Another respondent mentioned that even if it is just a suspicion of abuse the child should be referred for play therapy because the child may refuse to talk to the parents or family members about the incident and the therapist may be able to assist the child to disclose. This happens often in cases where the child was abused by a family member. Cattanach (1992:26) mentions that the process of disclosing sexual abuse can be a bewildering one for the child.

Cattanach also mentions that the court process sadly becomes a very bruising experience (Cattanach,1992:26). Respondent number 6 mentioned this when explaining what the respondent understood by play therapy by saying that a child was given toys to play with in court in order to show what happened. This way of presenting evidence is valuable in cases where a child would not be able to verbalize what actually happened.

- **Children with emotional problems**

Respondent 3 mentioned that all children with emotional problems need play therapy. Respondent 2 mentioned street children, while respondent 7 mentioned children who are withdrawn. According to Singer (1993:xi) the skilled therapist provides approval of a child's effort to assimilate material that is disturbing, teaches imaginative skills to help them solve problems, makes major life issues more concrete and uncovers significant people and conflicts in the child's life.

4.3.2.8 Feelings associated with referral

According to Landreth (1991:36), admitting that their children need help is a very sensitive and difficult area for most parents. The parents feel guilty, frustrated, inadequate or angry and these feelings need to be related to first. Respondents did not mention any negative feelings associated with referral. All respondents said they were happy and felt positive when their children had to go for therapy. They were looking forward to it, hoping that play therapy would help their children. Respondent 7 mentioned that she was feeling helpless because her child was withdrawn and would not speak to her. When play therapy was suggested, she was happy and relieved.

4.4 SUMMARY

In this chapter the researcher provided the data obtained during the empirical study conducted at two organizations in Johannesburg. The researcher obtained permission to conduct the research from both organizations. A qualitative approach was utilized to collect data on the perceptions of black parents regarding play therapy. Semi-structured interviews were conducted using an interview schedule consisting of seven open-ended questions on play and play therapy.

The results of this study indicate that black parents understand the role of play in the development of children. They have vague ideas of what play therapy is, however some parents had absolutely no knowledge of play therapy and no explanation from referral sources. Despite the lack of knowledge all respondents were positive about play therapy. Respondents were referred for play therapy by influential members of the society. All respondents were positive about play therapy even though they had limited knowledge of it. They believed that their children would benefit from it. When people have no knowledge about a subject

they would probably have no perception. The researcher experienced difficulty in determining the respondent's perceptions of play therapy.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of this final chapter is to provide a summary of the research process, to draw conclusions from the research material and make recommendations. The researcher will present the summary, conclusions and recommendations in accordance with the following aspects of the research processes: the goal of the study; the objectives of the study and the research question.

5.2 THE GOAL OF THE STUDY

The goal of this study was to explore perceptions of black parents regarding play therapy.

Chapter one provided an explanation of the motivation for conducting the research. The researcher was motivated by the tendency of black parents not to bring children for play therapy as suggested by various professionals. The problem being addressed was that few black children were benefiting from play therapy, meaning that few troubled black children got the opportunity to express their feelings through play.

5.2.1 Summary

Children and their families are living in a time of uncertainty and change that places great pressure on family life. McMahon (1992:xii) acknowledges that child-rearing skills are no longer passed from generation to generation although ways of behaviour and responding to situations are often transmitted. Past patterns of bringing up children are often irrelevant these days and some of them are emotionally damaging. Family relationships may suffer and many families

break down under the strain of pressures such as high expectations, the changing role of women, poverty and isolation. Parents may not always cope with their children's unhappiness without external help. McMahon is of the opinion that methods of play therapy are particularly suitable for children because they offer support and containment of the child, at the same time not disempowering the child. Play therapy is seen as a solution to children's problems because they can heal themselves through play (McMahon, 1992:xii).

The researcher conducted qualitative research to obtain information from respondents regarding their perceptions of play therapy. Purposive sampling which is a form of non probability sampling, was utilized to select respondents from a population of parents who had brought children for play therapy to Child Abuse Treatment and Training Services and to the Trauma Clinic of the Centre for the Study of Violence and Reconciliation. Semi-structured interviews were conducted with seven respondents. Seven questions were asked according to the interview schedule.

5.2.2 Conclusions

The following conclusions were drawn from the above:

- Families and children are being put under great pressure by uncertainty and changes.
- Parents no longer get advice on child-rearing skills from their elders.
- Parents may not always cope with their children's unhappiness.
- There is a broad body of knowledge available on how to meet children's needs.
- Play therapy is a solution to children's problems.

5.2.3 Recommendations

The researcher made the following recommendations:

- Families should seek external help to deal with family life pressures.
- Parents should seek professional help on parenting skills.
- Parents should be assisted in dealing with children's unhappiness.
- Parents should be informed about the availability of an intervention method for dealing with children's problems.
- Parents should be made aware of play therapy.

5.3 THE OBJECTIVES OF THE STUDY

OBJECTIVE ONE:

To obtain a theoretical framework by doing a literature study on perceptions, play, the role of play in development as well as a theoretical base for play therapy.

The first objective of this study was achieved by presenting this theoretical framework in chapter two and chapter three of the research report. Following is the summary of the literature.

5.3.1 Summary

Perception is defined by Westen (1996:117) as a closely related process by which the brain organizes and interprets sensations. Perceptions are always experiences of objects or events. Schiffman (1996:187) maintains that perception is directed by past experiences and memories, expectations, suggestions and the surrounding context, resulting in a readiness or bias to organize visual input in a certain way.

The researcher gave a few definitions of play. Serok (2000:221) defined play as a natural, universal, happy activity that begins in delight and ends in satisfaction and insight. Children's play changes according to age. According to Garvey (1990:7) sensorimotor play begins in infancy until the second year of life, while symbolic play begins after the age of two to about six years. Older children of school going age usually engage in games with rules.

The researcher believes that play has a major role in the development of children. Tizard (in Johnson, *et al.*, 1999:55) mentions that the failure of a child to engage in progressively more complex and elaborate play behaviour has traditionally been viewed as symptomatic of disorders in cognitive, social, physical or emotional development. Running, jumping, putting puzzles together are all play activities that develop both fine and gross motor skills. Johnson, *et al.* (1999:31) mentioned research conducted which supports the possibility that play increased intelligence or general mental development. These authors also mentioned a two-way relationship between play and social development. Children acquire important social skills such as turn taking, sharing and co-operation, as well as the ability to understand people's thoughts and emotions through play. Play can improve children's cognitive and social skills. Play also helps children to develop emotionally. Children's self-esteem and self-concepts are developed through mastering of play. During play children learn to deal with fears and stress in a non-threatening situation. As feelings are projected through play, children learn to identify their emotions. Play is a safety valve for pent-up emotions.

From the definitions provided on play therapy, the researcher compiled the following definition:

Play therapy is an activity between a child and an adult, trained to help children to deal with their emotional problems by communicating and expressing them through the natural medium of play. Play therapy was described as a method of intervention suitable for children. The play therapy process begins at the time of

referral. It consists of three phases namely, the initial phase, the middle phase and the termination phase. The aim of play therapy is to assist children to resolve psychosocial difficulties, achieve optimal growth and take charge of their lives.

5.3.2 Conclusions

From the above the researcher draws the following conclusions:

- Children love to play; play is joyful.
- Children learn by means of play.
- Children learn to identify their feelings by means of play.
- Play has a major role in the development of children.
- Children have emotional problems that require therapy.
- Play therapy is a suitable method of intervention for children.

5.3.3 Recommendations

- Children should be given the opportunity to play.
- Educational programs on the role of play in development should be developed.
- Children with emotional problems should be engaged in play therapy.

OBJECTIVE TWO:

To conduct an empirical study to explore the existing perceptions of black parents regarding play therapy.

5.3.4 Summary

An exploratory research design was utilized. According to Fouché & De Vos (1998c:124), the purpose of exploratory designs is to gain new insights into the phenomena and to determine the priorities for future research. This is exactly what the researcher intended; gaining insight about perceptions of black parents regarding play therapy and determining the nature of future research.

An empirical study was conducted on a sample of seven respondents who were selected by using a purposive sampling method. The sample was selected from a population of parents who had brought children for play therapy to the two organizations. Initially the researcher had planned to interview ten respondents but only managed to interview seven. It seems as though many parents did not bring their children for play therapy even though they had been referred by various professionals.

A qualitative approach was utilized because qualitative procedures according to Berg (1995:7) provide means of accessing unquantifiable facts about the actual people observed or interviewed as a result allowing the researcher to share in understanding and perception of others. An interview schedule was utilized to collect data. The researcher asked the respondents open-ended questions about play and their understanding and perception of play therapy. Respondents were able to answer the questions however, they had either no knowledge or very limited knowledge and some vague ideas. In the following section the researcher will present conclusions.

5.3.5 Conclusions

- The researcher experienced difficulty in making conclusions about perceptions of black parents regarding play therapy. The reason being that the parents who participated in the study may have been compliant

and positive about play therapy because of the fact that they were referred by a professional person. Their knowledge of play therapy was however limited. Gibson's theory of direct perception holds that perception requires little prior knowledge. This implies that parents with no prior knowledge of play therapy would have no perception.

- Non-compliance among black parents is a problem. Those parents who did not bring their children for play therapy may not necessarily have negative perceptions of play therapy, but a lack of knowledge.
- The researcher did not expect parents whose children have specific problems and who were referred by a professional person to be uninformed about play therapy.
- Financial constraints do not seem to be a reason for non-compliance since most of the respondents were not earning much.
- Age, gender, ethnic group and marital status had no significant influence on the responses.
- Means of transport could not be a reason for not bringing children for therapy since all the respondents were using public transport.
- The difference in the level of education had an influence on the way respondents presented their answers. The more educated respondents expressed themselves better and had more insight than the less educated respondents.
- Professionals do refer children for play therapy. All the respondents were referred by professionals except one who was self referred.
- It seems as if professionals do not explain to parents what play therapy is. Even though parents were referred by professionals, they did not know how their children were going to be assisted by means of play therapy.
- Some parents do not understand what play therapy is. They brought children for play therapy because they were told it would help them.

5.3.6 Recommendations

- A follow up study on parents who do not bring children for play therapy after being referred, is recommended. The study could be conducted to explore their understanding and perceptions of play therapy, which could clarify their reasons for non-compliance.
- Workshops on play therapy to be provided to professionals who work with children to inform them on the value of play therapy and to motivate them to refer more children for play therapy. Professionals who could be targeted are doctors, nurses, teachers and social workers.
- Awareness campaigns on play therapy and the value of play in child development to be conducted for parents and caregivers.
- Universities to train more black students in play therapy.
- Professionals to utilize play therapy in black communities.

OBJECTIVE THREE:

To make conclusions and recommendations regarding the utilization of play therapy within the black community.

This objective was achieved through reaching conclusions and making recommendations regarding the literature and empirical study, as provided in the above section.

The main goal of this study was to explore perceptions of black parents regarding play therapy and this was achieved by reaching the abovementioned objectives. Studying of relevant literature was done to obtain a theoretical framework and a theoretical base on play and play therapy. An empirical study was conducted and the theory was integrated with the findings of the empirical study.

5.4 THE RESEARCH QUESTION

What are the perceptions of black parents regarding play therapy?

It was difficult to determine the perceptions of black parents since most of them had limited knowledge of play therapy and some had no knowledge at all. Respondents were positive about play therapy in the sense that they believed that play therapy was an intervention method that would help their children to deal with their problems even though they did not know how.

5.5 CONCLUDING STATEMENT

The researcher's conclusion is that black parents who brought their children for play therapy did not understand what play therapy is, however they all understood the value of play in child development. Parents perceived play therapy as a helpful intervention method for counseling children as a result of positive feedback from relatives and suggestions by referring professionals.

It is difficult to determine perceptions when there is lack of knowledge about the subject. When people have no knowledge about the subject they would probably have no perception. Black parents who were interviewed had limited knowledge of play therapy. This was not expected seeing that the researcher assumed that the referring professional would explain to the parents what play therapy is and motivate the reasons for the referral.

Professionals who refer black parents for play therapy must not assume that parents know what this intervention strategy is. They should take the time to explain to parents what play therapy is and also motivate reasons for their referral to a play therapist.

There is also a need for awareness campaigns and through these awareness campaigns black parents will be made aware of the value of play and play therapy for children. As a result more black parents might bring their children for play therapy and more troubled children might be provided with the opportunity to express their feelings through play.

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INTERVIEW SCHEDULE

1. What do you understand by play therapy?
2. What do you think play therapy is?
3. Who referred your child for play therapy?
4. How did you feel when your child was referred?
5. How do you think children are being helped by means of play therapy?
6. What do you think the value of play is for children?
7. How do children play?

ADDENDUM D

Participant’s Name.....Date.....

Principal researcher: Mrs N.C. Shale
Department of Social Work
University of Pretoria

Informed consent

1. *Title of the study:* Perceptions of black parents regarding play therapy.
2. *Purpose of the study:* The purpose of this study is to determine the perceptions of black parents regarding play therapy.
3. *Risks and discomforts:* There are no known medical risks or discomforts associated with this project.
4. *Benefits:* The results of this study will enlighten the researcher on the perceptions of black parents regarding play therapy. If the results of the study determine the need for awareness programs they will then be developed. Parents will then gain more information therefore children with difficulties will benefit, as more children will be brought for play therapy.
5. *Participant’s rights:* I have a right to withdraw from participating in the study at any time.
6. *Financial compensation:* I understand that there is no financial compensation for my participation in this study.
7. *Confidentiality:* All information obtained during this study will be kept confidential and will only be used for research purposes. I understand that the results may be published in the form of a dissertation.
8. If I have any questions or concerns, I can call the researcher at (011) 4884120(W) or 8047120(H).

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I am aware that the interview session will be recorded so that the researcher can be able to transcribe and analyse the information later. I understand what the study is about and how and why it is being done.

Subject’s Signature Date

Researcher’s Signature Date

Knowledge and attitude of black parents with regard to play therapy.

This questionnaire is aimed at determining your knowledge and attitude with regard to play therapy. Please answer all questions and reflect your true reaction. There are no wrong or right answers. The questionnaire is completed anonymously, meaning you don't have to write your name. It will take about 10 minutes of your time to complete it. Thank you for your co-operation.

Indicate your choice by marking the appropriate block with an "X"

- | | | |
|-------------------|-----------------|--------------------------|
| 1. GENDER | Male | <input type="checkbox"/> |
| | Female | <input type="checkbox"/> |
| 2. AGE | Below 20years | <input type="checkbox"/> |
| | 21 -----30years | <input type="checkbox"/> |
| | 31-----40years | <input type="checkbox"/> |
| | Over 40years | <input type="checkbox"/> |
| 3. MARITAL STATUS | Single | <input type="checkbox"/> |
| | Divorced | <input type="checkbox"/> |
| | Married | <input type="checkbox"/> |
| | Widowed | <input type="checkbox"/> |
| | Separated | <input type="checkbox"/> |
| | Living together | <input type="checkbox"/> |
| 4. HOME LANGUAGE | English | <input type="checkbox"/> |
| | Afrikaans | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

Xhosa	
Zulu	<input type="text" value="4"/>
Sotho	<input type="text" value="5"/>
Other	<input type="text" value="6"/>

5. ACADEMIC QUALIFICATIONS	Lower than STD10	<input type="text" value="1"/>
	Standard 10	<input type="text" value="2"/>
	Diploma or Bachelors Degree	<input type="text" value="3"/>
	Postgraduate qualification	<input type="text" value="4"/>

6. RESIDENTIAL AREA	Township	<input type="text" value="1"/>
	Suburb	<input type="text" value="2"/>
	Informal settlement	<input type="text" value="3"/>
	Town	<input type="text" value="4"/>
	Other	<input type="text" value="5"/>

7. EMPLOYMENT	Female partner working	<input type="text" value="1"/>
	Male partner working	<input type="text" value="2"/>
	Both partners working	<input type="text" value="3"/>
	Both partners not working	<input type="text" value="4"/>

8. INCOME	Below R1000	<input type="text" value="1"/>
	R1000-----R1499	<input type="text" value="2"/>
	R1500-----R2499	<input type="text" value="3"/>
	R2500-----R3499	<input type="text" value="4"/>
	R3500 and above	<input type="text" value="5"/>

9. MEANS OF TRANSPORT	Bus	<input type="text" value="1"/>
-----------------------	-----	--------------------------------

Taxi	<input type="text" value="2"/>
Train	<input type="text" value="3"/>
Private car	<input type="text" value="4"/>
Other	<input type="text" value="5"/>

10. Do you regard your knowledge about play therapy as:

Excellent	<input type="text" value="1"/>
Good	<input type="text" value="2"/>
Average	<input type="text" value="3"/>
Poor	<input type="text" value="4"/>
Very poor	<input type="text" value="5"/>

11. A child with emotional problems can benefit from play therapy.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

12. Most parents know about play therapy.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

13. There is no better method to help children with problems other than play therapy.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

14. Play therapy is a fairly new method of intervention.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

15. Children with learning problems can benefit from play therapy

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

16. Children with physical disabilities cannot benefit from play therapy.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

17. Bringing a child to the therapist every week to play is a waste of time.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

18. Children are able to talk about their feelings as much as adults do.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

19. What children are playing out has nothing to do with what is happening in their lives.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

20. Parents have to pay for services such as play therapy.

1. Strongly agree	2. Agree	3 Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	------------	----------------------	----------------

21. Some parents do not bring children for play therapy because they don't understand it.

1. Strongly agree	2. Agree	3. Disagree	4 Strongly disagree	5. Not certain
-------------------	----------	-------------	---------------------	----------------

22. I do not have much faith in this intervention method called play therapy.

1. Strongly agree	2. Agree	3. Disagree	4.Strongly disagree	5. Not certain
-------------------	----------	-------------	---------------------	----------------

23. Play therapy is not a reliable method of intervention.

1 Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
------------------	----------	-------------	----------------------	----------------

24. Play therapy is more effective in some cultures than others, therefore the outcome would not be the same.

1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree	5. Not certain
-------------------	----------	-------------	----------------------	----------------

25. Would you advise other parents to take their children with problems for therapy?

Yes

1
2

No

26. Do you think play therapy is the best method of dealing with children`s problems?

1

Yes

No

2

27. Would you like to know more about play therapy?

Yes

No

1

2

28. If a talk on play therapy could be arranged would you attend?

Yes

No

1

2

29. Do you think there is a difference between ordinary play and play therapy?

Yes

No

1

2

30. Is it necessary to bring a child for all the play therapy sessions agreed upon?

Yes

No

1

2
