

# Masekitlana: South African traditional play as a therapeutic tool in child psychotherapy

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In this article I address and explore the importance of the use of a South African indigenous game (masekitlana) in child psychotherapy. I take the reader on the journey of a child whose mother and grandmother were killed in front of him but who managed to overcome the resultant trauma after several sessions of playing masekitlana. The participant refused to play and be assessed with the standardised tests that were available but chose masekitlana, which requires only two small stones. Data were collected through a literature review, clinical interviews, and play narratives. The observations were noted. In the case study masekitlana played a significant role in assisting the participant to come to terms with the fears to which he was vulnerable. The effectiveness of masekitlana as a therapeutic tool in child psychotherapy is highlighted.

**Keywords:** child psychotherapy; masekitlana (indigenous game); play narratives; trauma

Children encounter their world at an experiential rather than cognitive level. Play is the medium of expressing their experiences as well as their feelings. This experiential development through play lays the foundation for the cognitive styles of adulthood. Norton and Norton (1997) maintain that as a result of physical, mental, or sexual abuse, divorce, death, and any kind of trauma, many children lose the opportunity to play during childhood. Traumatized children lose play opportunity that benefits their current developmental stage because much of their time is taken up by trying to protect themselves emotionally or physically as well as in attempting to resolve the trauma. If the reality of painful memories enters the consciousness of the children, it can flood their emotions to the point of incapacitating them. Without therapeutic intervention, when these children become adults, essential parts of their character may be missing. For instance, they may find it difficult to empathise with the feeling of childhood.

Sawyer (1997) maintains that child play is often improvisational because it is not scripted. One of the most improvisational activities of 3 to 5 year old children is social pretend play, also called 'fantasy play', 'socio-dramatic play', or 'role-play'. Children's imagination has free reign during pretend play. According to Levy (1978) living in a state of play means living more humanly. In play children confirm their existence and affirm their worth. To play means to accept the paradox of pursuing what is at once essential and inconsequential. Only in play can children totally commit themselves to a goal that minutes later will be forgotten or irrelevant. Play is therefore necessary to affirm our lives. It is through experiencing play that children answer the puzzle of their existence. When children slip into play they slip into a self-experience in which they can afford to let go and respond to themselves, to others and to the environment in an unpredictable, personal way.

Most African children in South African townships and rural areas from disadvantaged families do not have toys. They improvise by playing with freely available materials for instance, sticks and stones, clay, sand, soil, and so on. They play games that do not require commercialised material. Masekitlana is one of these games.

Child psychotherapy is the process whereby a child is helped in a relationship with a psychotherapist to resolve emotional, behavioural or interpersonal problems. Play therapy is one method of psychotherapy that may be used in helping a child resolve problems (Dodds, 1985). Yawkey and Pellegrini (1984) maintain that play is employed in counselling settings for two purposes, namely,

diagnosis and treatment of the entire array of childhood emotional and behavioural disorders.

The richness of child play and its self-expressive nature suggests its use for the combined purpose of revealing children's feelings and allowing the child to approach reality via the quasi-reality of his or her own creation. Children learn from their play experiences that their anxieties and guilt need not be so overwhelming. The play situation permits the adult to enter the exclusive domain of children filled with the objects acknowledged as theirs alone (Guerney, 1998). Play, according to Gitlin-Weiner, Sandgrund, and Schaefer (2000) provides a less stressful arena in which children can demonstrate their strengths and weaknesses.

In the experience of the researcher (who is also a psychologist) with regard to child psychotherapy, when children are afraid to express their emotions, the safest way for them to project these emotions is during play. Piers and Landau (1980) maintain that through the therapist's sensitive guidance and sharing of the child's play, the therapist helps troubled children to relieve their anxieties and overcome their problems.

### **MASEKITLANA AS A GAME**

Masekitlana is a traditional seSotho game that is mostly played by children in South African townships and rural areas. It is a monologue play, played by one child at a time, alone or while other children are listening attentively. During play children usually relate stories about things that worry or excite them, things they imagine, their wishes, things they detest, things about people they detest, and things around them.

Masekitlana does not have specific rules and structure. It is not a competitive play. It accommodates all children, including those who are shy and withdrawn. The players can express their feelings and emotions by talking to themselves, even if they are shy and do not want to be listened to. Masekitlana does not require expensive or commercialised material. Players need only two small stones. Masekitlana players hit one stone with the other several times while relating their stories. The pace, frequency, and the way the stone is hit differ. When the players relate stories or events that interest them, they hit the stones softly, at a slow pace, and infrequently. They speak softly with a sweet tone. Their facial expressions show happiness in the form of smiles or laughter. When the players relate aggressive incidents, and sad or depressing stories, they hit the stones very hard, frequently, and show aggression and anger on their faces. They usually shout and yell while talking. They also display anger and sadness on their faces to the extent that they sometimes frown or cry. The game involves many emotions, such as happiness, excitement, anger, sadness, and aggression.

The players or storytellers always speak in the third person when telling their stories. The players distance themselves from the whole picture. Masekitlana is therefore a projection and expression medium. The listeners show concentration and display listening skills. When the storyteller stops telling a story, comments, remarks, suggestions, and questions are usually posed or made by the listeners. If an interesting story has been told, the usual comments and remarks are: *'That was great! What a lucky girl! I wish I had been there'*. In the case of a sad story, the listeners' comments, questions or suggestions are: *'Poor child! Shame. Where is she now?'* In some cases the children become so emotional when playing masekitlana that they cry or stop playing without finishing their stories. In such cases the usual remarks, comments, and questions are: *'What happened afterwards? What else? What did he do? Don't worry, he will be safe, and so on'*. Here the listeners give support and act as counsellors or therapists.

### **THE ADVANTAGES OF MASEKITLANA**

Masekitlana teaches children many things, including the good or bad things that happen around them. It teaches them to be emotionally supportive while they are still young and teaches distressed children that they are not alone. It makes them realise that they are not the only ones with problems.

Masekitlana helps children to develop empathy, listening and communication skills. It lays the foundation for critical thinking and basic problem-solving skills.

Masekitlana equips children with life skills, serving as a platform from which children can vent their problems and concerns freely without the restrictions to which adults are subject. It also provides a platform to reveal their secrets and express their emotions. It accommodates all children, even the shyest or most withdrawn ones.

## **BACKGROUND TO THE STUDY**

The participant was a boy aged three years and eight months. He was referred for psychological intervention after being diagnosed as having Post Traumatic Stress Disorder (PTSD). His parents were intending to get married. The participant's mother was unemployed and his father a policeman. The participant lived with his mother and grandmother at his grandmother's house because his mother did not have a house. The participant's mother discovered that her fiancé was having an affair with another woman and decided to terminate the relationship. One afternoon the participant's father came to visit. While they were watching television he started shooting at them. He first shot the participant's mother, who died a few minutes later. The participant's father turned a gun on him (the participant) but in the wink of an eye his grandmother grabbed him by his hand, ran away, and then fell on top of him seemingly with the aim of protecting him from being killed or injured. The participant's grandmother was shot several times and died while lying on top of her grandson.

When the police removed the grandmother's corpse, they found the boy covered with his grandmother's blood, but alive and unharmed. He was traumatised and disoriented. He was taken to the hospital where he was admitted for two weeks. He could neither talk nor eat for five days. Two weeks later he was discharged from the hospital on condition that he received psychological assistance. He was the only survivor in the house. He then stayed with his great-grandmother who was a pensioner, living with her unemployed daughter and two grandchildren. The participant became an additional member of the family. The family depended on the participant's great-grandmother's government pension grant.

The participant was duly referred for psychological intervention. In this study the researcher explores the effectiveness of masekitlana in the healing process.

## **PURPOSE OF THE STUDY**

The purpose of the study was to highlight the importance of indigenous knowledge, particularly the importance and effectiveness of masekitlana during the healing process of distressed children in psychotherapy. Masekitlana in this study was used as a therapeutic tool in play therapy and not as an indigenous or traditional healing practice. For decades African children whose parents were or are absent from home most of the time, for reasons such as long working hours and urbanisation, have healed and are still healing their emotions and supporting one another through masekitlana.

## **RESEARCH DESIGN**

According to Terre Blanche and Durrheim (1999), clinical research broadly refers to research in areas pertaining to medicine, and may include prevention, treatment and rehabilitation as well as the evaluation of various parts of the health care system, but traditionally has a more treatment-oriented focus. The concept of clinical research is also applied to social disciplines that originated through their association with medicine, but now operate as autonomous areas of research and practice, for example clinical and health psychology, clinical social work, and medical sociology.

This study is a case study that focuses on a traumatised participant who was healed through child psychotherapy by playing masekitlana. The participant ignored other standardised tests that were available and opted for masekitlana during psychotherapy.

The efficacy of psychotherapy, according to Terre Blanche and Durrheim (1999), is currently receiving a great deal of attention in clinical research on psychotherapy. One of the most difficult issues in psychotherapy research concerns the outcome criterion. In psychotherapy research, it is usually difficult to evaluate the effectiveness of psychotherapy. In some respects the most reliable criteria for outcomes are hard objective measures such as actual behaviour.

I analysed and interpreted the participant's drawings, play, behaviour, and reactions during the first five psychotherapy sessions. I focused only on the first five sessions because they were crucial to this study. The analyses and interpretation in this study indicated the effectiveness of masekitlana in psychotherapy.

## **DATA COLLECTION**

A literature review, clinical interviews, play narratives (during play therapy), and observation were used as data collection tools.

### **Literature review**

According to Kekae-Moletsane (2004), a literature review familiarises the researcher with the latest developments in the area of research and related topics. Against this background, the appropriate and relevant information related to this study was acquired from books and journals.

### **Clinical interviews**

Clinical interviews were conducted with both the participant and his great-grandmother. Information regarding the historical background, as well as the traumatic incident, was acquired from the participant's great-grandmother, social workers, and the hospital report.

### **Play narratives (during psychotherapy sessions)**

The play narratives described the participant's story and reflected his traumatic experiences and emotions. The participants projected through masekitlana during play.

### **Observation**

The researcher observed the participant during therapy sessions and notes were taken.

## **ETHICAL CONSIDERATIONS**

The researcher obtained permission of the participant's legal guardian (his great-grandmother) to use the participant's information for purposes of research. The research purpose was explained to her. The principle of confidentiality was applied, that is, the researcher does not refer to the participant's real name in this article. Feedback was given at the end of the therapy sessions.

## **PSYCHOTHERAPEUTIC INTERVENTION**

According to the participant's great-grandmother, he had displayed strange behaviour ever since the traumatic incident. She noticed symptoms that, according to the researcher, are also reflected in the DSMIV as criteria for PTSD.

According to the great-grandmother the participant had nightmares, was afraid of the dark, and afraid to sleep alone. He therefore slept with his great-grandmother. He sweated at night and was always daydreaming and absent-minded. The participant was afraid of policemen, men he did not know, and anyone wearing uniform similar to that of policemen, and was afraid of cars. He started to stutter, lacked concentration, was forgetful, imagined sounds, heard voices, and had hallucinations. He avoided activities that reminded him of the incident. He had insomnia, bed-wetting problems (enuresis), and encopresis (usually accidental).

According to Norton and Norton (1997), the relationship between the child and the therapist is a significant one and it is important to gain an understanding of the different stages involved in therapy and how the relationship evolves in each of the stages. The participant in this study had eight therapy sessions. The first five therapy sessions, which were the most crucial stages, are discussed. Those stages, according to the researcher, are the (1) 'buy/win my trust' stage, (2) trust testing, (3) the ventilation or expression stage, (4) the acknowledgement-of-reality stage, and (5) the ready-to-bounce-back stage. Only the most important highlights of each session are discussed and interpreted.

## DATA ANALYSIS AND INTERPRETATION

### First therapy session — 'Buying and winning trust' stage

During the first session, the therapist had to 'buy' the participant's trust by showing empathy. The therapist also aimed at 'winning' the participant's trust. The therapist showed deeper understanding of what the participant was going through by reassuring the participant when he needed to be reassured, by giving him undivided attention and showing interest in learning how to play masekitlana.

During this stage, the participant was scared, tense, and did not trust the therapist. He did not make eye contact and displayed separation anxiety symptoms. He doubted the therapist's trustworthiness at first. This is reflected during the interview as follows:

He looked sad and did not make eye contact. He stood up and walked to the waiting room where his great-granny was waiting. He sat on her lap for approximately two minutes and then ran back to the playroom.

When given some activities to do, the participant opted to play masekitlana. The researcher supports Wilson, Kendrick, and Ryan's (1992) argument that during play therapy the child leads the way and the therapist follows. The therapist made the participant feel at ease by letting him play what he wanted and by asking him to teach her how to play masekitlana. The researcher agrees with Norton and Norton (1997) that, amazingly, children have the internal knowledge of the necessary direction for healing, although it is often at an unconscious level. The astute therapist who understands the language of children will be receptive to the message that the child is communicating, have faith in the child's knowledge of his or her own emotional needs, and allow the child to direct his or her own therapy. This was the case in this case study. The participant was the one who decided to play masekitlana.

Even though the participant was still afraid to talk about the traumatic incident, he was able to relate part of it by means of masekitlana after making drawings of two people, a gun, a dog, and dog's stools. According to Kaduson and Schaefer (2001) many children feel very comfortable and less threatened about answering questions in a game format because they distance themselves from reality. The participant in this study used masekitlana as a projection and expression tool. He preferred to play masekitlana while explaining his drawings in order to distance himself from reality. He held the therapist's hand very tight while playing masekitlana, seemingly because of fear. His explanation of pictures from the transcription reads thus:

*(Pointing at a drawing of a tall man on the paper while hitting one stone with the other). This man is a ghost. He is now in jail because he is a devil (his father). These are two women (referring to his mother and grandmother), (pointing at another drawing). They are very sick. They cannot walk nor talk. I am worried about them. Look at this (pointing at another drawing) it's a dog and next to it it's a dog's stools and these (pointing) are guns, many guns. The policemen have guns (he suddenly kept quiet and looked all over the room).*

During the session the participant tried to express his feelings but at times he was hesitant, apparently due to lack of trust. The therapist kept on reassuring him. He tried to orientate himself in the therapy setting and at the same time he wanted to flee from the trauma that he had internalised.

### Second session — ‘testing trust’ stage

During the second session, the participant *tested* the therapist’s trust while, on the other hand, the therapist *tested* whether or not she was being successful in winning his trust. The participant did not wait to be called in, but hesitantly left his great-grandmother in the waiting room next to the playroom. Even though he needed assurance, he began to become familiar with the place. The therapist commended him for that ‘bold move’ in order to motivate him. Since this was the ‘trust testing stage’ the commendation might have given the boy enough reason to trust the therapist.

During the session the participant focused on the details, such as the shooting, the sound of gunshots, and hiding from the bullets, even though he was still frightened and anxious. He displayed emotions such as frustration, aggression, and anger in his play. He hit the stone very aggressively, bit his lower lip, and hit the stones more frequently and faster as a way of expressing his fears and anger. The manner in which he hit the stones during *masekitlana* (more frequently and with aggression) explains his emotions. His body was shaking and he was sweating. He was afraid of speaking aloud but whispered while playing *masekitlana*. According to Schaefer (1999) the therapist should strive to support and help the client to confront his or her anxiety and strengthen the mature part of the ego. In this study the therapist helped the participant to confront his anxiety by praising and encouraging him, creating a warm, understanding, and friendly relationship and by maintaining deep respect for his ability to confront his fears and his ability to make choices.

### Third session — ‘ventilation or expression’ stage

During this session (*ventilation or expression stage*) it was evident that the relationship between the therapist and the participant had deepened. The participant looked enthusiastic and showed the therapist two stones he had brought from home to play *masekitlana*. The therapist thanked and praised him, with the aim of boosting his self-esteem.

Even though the participant was still afraid of the police and his father, he talked about the event in more detail than during the previous session. He needed assurance and security. He therefore talked more about what happened to his mother and grandmother. He displayed anger, frustration and trauma. He talked about the death and burial of his mother and grandmother. An example from the transcription reads thus:

Let’s play *masekitlana*. Where are my stones? (*He aggressively hit one stone with the other while imitating gunshots*) Thuthuthuthu! Oh help! The police want to kill me. Let’s run. I can see blood. There is blood all over. There is a woman lying down. She cannot move. Wake up! Wake up before they shoot you again. The woman cannot talk anymore (*he went to the window and looked on top of the building*). Maybe the police are hiding on the roof. I am hungry. I am going to get my peanut-butter sandwich from my granny. (*After eating*) The policeman killed a woman. No, two women. I do not know them (*after the therapist asked him who the women were*) he said: Ok, I will tell you but do not tell anyone. That’s my mum. I cannot go back to our house anymore because my mum is not there. They put her in a big box. She does not want to talk to me anymore. I tried to wake her up but she does not want to. When I saw her in the box, she was no longer beautiful but she looked ugly and scary. One day I saw my mother and grandmother in boxes. Both of them did not talk to me. Many people came to our house and they put them inside the hole. I want to ask her to buy me biscuits and *diskopas* (sweetened coloured popcorn)’ (*he ran towards the window*).

As the therapy intensified he seemed to become frightened about opening up and denied that the incident took place. Whenever he felt safe, reassured by the therapist, he willingly talked about the incident again.

#### Fourth session — ‘Accepting of reality’ stage

During this session, the participant showed that he *accepted reality* or what happened to his mother and grandmother. He was calmer and looked less anxious. Masekitlana helped him to unfold and to be in contact with his imaginary mother, which was a female doll he chose during play.

The participant recalled what happened to his mother by building her a coffin (with wooden blocks) and putting her inside the coffin. He started to accept what had happened to his mother and was ready to deal with it. He expressed his wish for his mother’s safety wherever she is. This was indicated by throwing all male toys (signifying his father) away from the female toys, saying that the former are capable of shooting people, and wrapping the woman doll that he referred to as his mother in a cloth and placing her safely in the box, just the way his mother was during the burial. He made a connection and relationship with his imaginary mother and conveyed messages such as ‘love’ and expressed his affection for his mother by kissing and touching the woman doll all over the face. He recalled the time when his mother used to buy him the things he liked most, for instance biscuits, coloured sweetened popcorn, and French polony. By so doing, he managed to replace all the bad memories with the good memories of the times that he spent with his mother. This signified his readiness to commence the healing process. During the process the therapist encouraged him when he was doubtful and praised him for his ability to open up.

#### Fifth session — ‘Bouncing back’ stage

During this session he showed that he was ready to ‘*bounce back*’, that is, ready for the healing process. The participant looked happy. He even made fun of his great-grandmother by teasing and laughing at her. He looked excited and could not wait to be called in by the therapist. He went straight to the playroom.

The participant conveyed messages and communicated with his mother. He asked the therapist to help him to write a letter to his mother. The letter reads thus:

*Dumela Mama. Tshepo ke yo, o nyaka di zimba. O nyaka le khekhe le ma sweets, le mmidi le mayo le suitcase (unable to pronounce the word “sweet aid”) ya go moniwa le banana le piere le tswikiri ya go jewa le cold drink. Ke re o tle mo Pretoria o tlo mpona. Ke o tlhoetse. Ke a go rata.*

*Ke feditse.*

*Ke nna Tshepo (not his real name)*

#### English translation of the letter

Good morning. Mum. Here is Tshepo, he wants some simba chips. He wants a cake and sweets and mealie-corn, and mayo yoghurt and sweet-aid to lick, and banana and pear and sugar to eat and cold drink. I want you to come to Pretoria to see me. I miss you. I love you. That’s all.

I am Tshepo (*not his real name*)

At the beginning of the letter he referred to himself in the third person. Towards the end of the letter he referred to himself in the first person, which suggests that he ultimately acknowledged that he was conveying the message to his own mother. He started to be in control of the situation in order to deal with it, rather than hiding behind someone else. After writing a letter to his mother it was as if he had talked to her face-to-face. He sighed and that signified a sense of relief, acceptance, and closure concerning his mother’s death. He felt happy and thanked the therapist for helping him to convey the message to his mother. The participant’s acceptance helped to ease his anxiety.

#### DISCUSSION

After the fifth session of therapy, the participant made a great deal of progress. Most of the PTSD

symptoms diminished. The participant managed to address and resolved his fears during play. He started playing with all the toys, including men and car toys. He talked freely about his mother, grandmother, and father. He remembered things he used to do with his mother and grandmother. He replaced sad memories with happy ones. He was an energetic, talkative, and humorous young boy.

According to his great-grandmother, he was no longer afraid of the dark, he played with other children, his nightmares were not as frequent as before, his stuttering lessened, and he wanted to attend crèche (*was ready to socialise and to explore*). At the same time his great-grandmother indicated that he did not as yet want to pass by or even go near his grandmother's house, where the murder had occurred.

It was evident from this case study that masekitlana helped the participant to gain control, dignity, and empowerment in dealing with his trauma. The researcher, in this study, highlights the importance and the effectiveness of masekitlana as a therapeutic tool during child psychotherapy.

### LIMITATIONS AND SUGGESTIONS FOR FUTURE STUDIES

Although the researcher has observed many distressed children playing masekitlana in the past, the limitation of this article is that it focuses on only one child. The findings therefore cannot be generalised to all traumatised children. The researcher does not claim that it was only masekitlana that helped the participant in this study to address his fears and deal with his traumatic incident, but that masekitlana did indeed play an important and effective role in this particular child's healing process. The researcher acknowledges that other factors that may not have been discussed in the article could also have contributed toward the discovery process of the participant.

There is a dearth of research work on African play, especially in psychotherapy. Africa has a rich culture that has not yet been properly explored. I therefore suggest that further research should be conducted with regard to African culture and psychology. South Africa is a multicultural and multilingual society, and African people form the majority of the population. Most Africans in South Africa do not consult psychologists and do not know what their role is. The researcher agrees with Painter and Terre Blanche (2004) that the development of psychology in South Africa has been dominated by American intellectual and methodological trends. An ideal situation is to have an inclusive psychology in South Africa. This can be attained if other cultures are embraced.

### CONCLUSION

Through imaginative play, young children come to terms with many of the fears and hurts to which they are vulnerable. They actually heal themselves of emotional injuries through play, coping with, and mastering such common and potentially devastating occurrences. Without the chance to experience the natural healing power of imaginative play, the emotional wounds caused by such events might never close, leaving the child with a lifelong residue of anxiety and insecurity. If children do not play, they cannot thrive, and they might not survive (Piers & Landau, 1980).

According to Milner and Carolin (1999), children can use play to check their assumptions and perceptions. They can try out different consequences of different actions and see themselves in different roles. In play they can re-create events and exercise control over them. With the therapeutic attention of an adult, they may come to understand more about themselves and their world. The perplexity for the counsellor is that he or she may never know what the child's play is about, for their role is to provide a safe, attentive space in which children can work things out for themselves. To be empathetically heard and understood is a healing experience. It is the experience of being acknowledged and validated by another person that can enable people to validate themselves. Listening to young people in a therapeutic way helps them to achieve that validation and improve their self-esteem.



Play provides a fundamental forum for connecting with the child in a collaborative effort to resolve the difficulties that present themselves. Masekitlana provides an opportunity to gain a different perspective on past events by re-experiencing what had previously been too painful for the client to absorb. Games such as masekitlana can play a significant role in healing children in distress. Masekitlana is an African asset that has been in existence for decades and needs to be preserved.

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