

THE IMPLEMENTATION OF DEVELOPMENTAL PLAY THERAPY WITH PRE-SCHOOLERS IN A PRIMARY SCHOOL: A CASE STUDY

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DECLARATION

I, the undersigned, hereby declare that the work contained in this assignment is my own original work and had not previously in its entirety or in part been submitted at any other university for a degree.

SUMMARY

My study aims to explore whether a Developmental Play Programme can be implemented in a primary school with learners, using trained volunteer therapists from an old age home in the area. I also looked at the experiences of the learners and that of the volunteer therapists using Developmental Play Therapy as a therapeutic technique. The technique facilitates the development of child-adult relationships that are necessary for the development of children. The research is in the form of a qualitative case study. It is approached from an ecosystemic perspective i.e. learners are viewed as a core system which in turn is part of several other systems, for example the family, school, church, community etc. The systems are interdependent, which means that change in the one system also results in change within other systems. In the data production video recordings, unstructured interviews, observations and field notes are used. Data analysis was done using principles of coding. The results of the study show that Developmental Play Therapy is indeed an effective psychotherapeutic technique to use in a primary school with a group of learners and to use senior citizens as volunteer therapists to do the therapy.

OPSOMMING

Die doel met die studie is om na te vors of die Ontwikkelende speelprogram op leerders in 'n primêre skool toegepas kan word, deur inwoners van 'n ouetehuis in die area op te lei as vrywillige terapeute. Ek het die ervaringe van die leerders en die van die vrywillige terapeute observeer waar Ontwikkelende Speel terapie as terapeutiese tegniek toegepas is. Die tegniek bevorder onder andere die ontwikkeling van ouer – kindverhoudings, wat noodsaaklik is vir die ontwikkeling van kinders. Die navorsing neem die vorm van 'n kwalitatiewe gevallestudie aan. Dit word benader vanuit 'n ekosistemiese perspektief, dit wil sê die leerders word gesien as die kernsisteem wat deel is van verskeie ander sisteme soos byvoorbeeld die familie, skool, kerk en gemeenskap. Die sisteme is interafhanklik wat beteken dat verandering in een sisteem ook verandering in die ander sisteme tot gevolg het. In die data – produksie is tegnieke naamlik video – opnames, ongestruktureerde onderhouds, observasies en veldnotas gebruik. Data – analise is volgens die beginsels van kodering gedoen. Die resultate van die onderhewige studie toon dat Ontwikkelende speel terapie 'n effektiewe psigoterapeutiese tegniek is om in 'n primêre skool te gebruik met 'n groep leerders, en om gebruik te maak van senior burgers as vrywillige terapeute om die terapie te doen.

THIS RESEARCH STUDY IS DEDICATED TO:

**MY HUSBAND, ANDRIES, AND CHILDREN: ANGELO, OLIVIA AND
JOHANN FOR THEIR LOVE AND SUPPORT, AND FOR BELIEVING IN ME.**

***There are many in the world who are dying for a piece of bread, but
there are many more dying for a little love.***

***Love is everything. It is the key to life, and its influences are those that
move the world.***

Anonymous

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CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

Deep within each of us is the longing to be touched by someone willing and capable of caring touching, within each of us is also the potential to become a toucher for another (Brody, 1995:1X).

In the statement above, Brody (1995) argues that everybody needs to be touched. As a teacher for twenty seven years, and a mother I can attest to this. During my teaching career, I came into contact with many children and parents in the Northern and Western Cape in the Republic of South Africa. I taught at different schools, some in economically deprived rural areas and others in affluent urban areas. I was fortunate to teach learners from Grade 1 up to Grade 12, with the ages of the children ranging from five years to eighteen years old.

During these years I became aware of the key extrinsic barriers that affected learning and the development of learners which are listed in Engelbrecht and Green (2001:13). What is evident in South Africa, and is typical of developing countries, is that barriers in education and the development of the child can include the education system itself, as well as economic and social issues such as poverty, violence, crime, substance abuse, the prevalence and spread of HIV-Aids and community attitudes to learning and to disability. I realized that these barriers can affect the cognitive development of learners. Donald, Lazarus and Lolwana (2001:4) confirm that the acquisition and growth of physical, cognitive, social and emotional competences require the total engagement of both the family and the society. In line with that view, Engelbrecht and Green (2001:9) stress the importance of recognising that biology, culture and individual engagement can also contribute to the development of the child.

Des Lauriers in Brody (1995:4) argue that the child needs a mother who can support and encourage the growth of a child's autonomous psychological self. Similarly,

Bornstein and Lamb (1999:412) argue that the development of attachment relationships between children and parents constitutes the most important aspect of human social and emotional development. Louw, van Ede and Louw (1998:202) also confirm that the early social and emotional development is important in a child's life. Considering the intrinsic barriers mentioned earlier in the chapter many children are left in day-care, alone at home or with grandparents because parents need to work as a result of socio-economic factors. Dworetzky (1995:131) points out that there is often a considerable turnover of caregivers at modern day-care centers. Infants and toddlers are therefore not limited to one primary caregiver and this can have an effect on their social and emotional development. While working with children during my teaching years I noticed that some of them needed more attention than others, showed behavioural problems or preferred to be alone and struggled to socialize.

According to Dworetzsky (1995:140) the quality of day-care differs. In kindergarten, children who were enrolled in low-quality day care at an early age (1 to 2 years) were found in kindergarten to be more distractable, less considerate, and less able to work at a task than children who were enrolled at high quality day-care facilities. Parents, however, cannot always make the most desirable choice, since factors such as limited finances and geographical location play a constraining role.

The therapeutic process of Developmental Play Therapy, as explained in Brody (1995), seemed to offer solutions to some of the problems outlined above. Developmental Play Therapy can be used in a group setting (Brody, 1995:139) to support children with possible emotional deprivation and behavioural problems, which may, as Dworetzky (1995:140) argues, be the result of possible low quality day-care and socio-economic barriers such as violence, poverty, alcohol abuse and the prevalence of HIV/AIDS as mentioned in Engelbrecht and Green (2001:13).

1.2 RESEARCH QUESTION

Brody *et al.* (1995:9) contend that some children find it difficult to learn in a school setting. According to Roberts and Tamburrini (1981:60) learning problems can occur if there is a lack of mother-baby partnership on the development of adult-relationships. They further argue that the attachment tends to be strongest in children when someone gives them a lot of attention especially if this is associated with responsiveness and sensitivity to the child's signals. In a similar vein, Rutter

(1978) points out that the competence and security that the child gains results from the concern and interest of the adults. Children who are deprived of this quality interaction tend to become increasingly withdrawn and retarded in development. Siam and Ugwuegbu (1998:8-11) confirm that loving relationships in the child's early years give him confidence and an inner sense of security that will help him in his later social encounters - if the child is emotionally secure he can cope with any demands that may be put on him. Rutter, Maughan, Mortimor and Ouston (1979:194) also emphasise the role of supportive relationships: they argue that the school and the home can contribute to the fulfilling of children's needs for affection and security. Pringle (1980) in Sian and Ugwuegbu (1988:11) relates this need for affection and security directly to academic success, arguing that even if the child's basic physical needs such as those for food and shelter are met and they are deprived of love and security they may not thrive academically.

In explaining the merits of the programme, Brody *et al.* (1975:5) says that the Developmental Play Programme is a relationship-focused, activity-based, intervention programme for young children and a training model in child development and parenting for participating adults. In this structured programme, the focus is on play. In the course of this play, the children are encouraged to become aware and to express their feelings. When successfully implemented the Developmental Play Programme creates an atmosphere of a large family whose members interact and share experiences. The games that include physical contact that is appropriate and acceptable create opportunities for participants (first child to adult and then child to child) to get to know each other. Through play the children are also taught to organize their life using words and symbols and are equipped to build a relationship with their external world. Brody (1995:138) emphasises that developmental Play Therapy is not only suitable for children with problems, but can be effectively used in the stimulation of the "normal" child. In his view (Brody, 1995:141), volunteer therapists can be almost any willing person dedicated to helping children. They can be highly skilled mental health professionals, teachers, school counsellors, parents, graduate students or undergraduate college students. They can even be available interested people from the community, such as housewives or senior citizens.

In the light of the above, particularly the view that volunteer therapists from the community could be used, the primary research question was formulated.

- Can Developmental Play Therapy with senior citizens as volunteer therapists be implemented in a primary school?

The following sub-questions were also formulated:

- Can Senior citizens be effectively trained as volunteer therapists?
- What are the experiences of learners during the implementation of Developmental Play Therapy?
- What are the experiences of the volunteer therapists during the implementation of Developmental Play Therapy?

The above mentioned questions are relevant because the Developmental Play Programme will be conducted in a group setting.

The research study explored whether senior citizens can be trained as volunteer therapists and if the therapy can be done in a primary school. The experiences of both the therapists and the learners are observed during the study.

1.3 MOTIVATION FOR THE STUDY

Observing learners in the school situation I had become aware of the emotional needs of children. Teaching children from different grades I found that some of the learners struggled academically. Exploring the backgrounds of the children I taught, I became aware of the factors that could influence children's intellectual development as they enter school. Siann and Ugwuebo (1988:240) state that prenatal factors such as parents smoking, drugs, x-rays, dental treatment, Aids, teenage pregnancies and difficult births can affect the development of intellectual functions. Secondly the child's emotional needs need to be met particularly his need for love, security, praise and recognition. Sian and Ugwuebo (1988:26) confirm that emotional and social problems later in life are seldom encountered in children whose homes have been generally warm and relatively free from quarrelling and emotional upsets. Many of the children I taught came from single parent homes, parents who leave for work early and come home late at night, drug abuse, violence, teenage mothers and overcrowded homes where the needs mentioned above are not always met.

Iwaniec (1996:11) also confirms that marital problems, chaotic lifestyles, poverty, poor social and problem-solving skills, problems in social communication, alcohol

and drug abuse, as well as abusive backgrounds, may contribute to the emotional problems in children. Grittenden (1988:61) is also of the opinion that more and more families function as individuals and seldom address the emotional needs of the other family members, and parents fail to take responsibility for the needs of their children. Lewis (1999:25) underlines the pre-schoolers need for loving and empathetic carers to communicate with. As Brody (1995:340) points out the Developmental Play Therapy group-programme provides the opportunity to address the needs of more than one child simultaneously as caring adults take part in this attachment process and provide the children with conditions they need to develop their coreself and to become individuals in their own right. At the same time children provide the adults with the conditions they need to become aware of parts of themselves – parts of their childhood that were sealed off in the process of growing up.

The Developmental Play Programme has been successfully conducted with groups of children in Kindergarten, first grade and second grade. It can make school enjoyable, enhance and support peer interaction in friendly supportive ways, encourage the development in awareness of self and body fantasy, and the making of choices (Brody *et al.*, 1975:50). One drawback is that there is no evidence that the Developmental Play Programme has been applied in a school situation in The Republic of South Africa. The only instance where Developmental Play Therapy has been used is in a study done using a deaf learner in the Western Cape (Pauw, 2003).

The lifestyles of many homes are changing due to many problems. I realized that these changes can affect the children as well as the "ideal-type" family. Kayongo-Male and Onyango (1986:26) confirm that the "ideal-type" family can be threatened because husband and wife roles are changing in both rural and urban areas. In a high density population the norms of good family living are threatened. Other problems in families are when children lose their parents because the parents have failed to play their parental roles adequately. The children of these parents normally end up in foster homes (Kayongo-Male & Onyango, 1986:323). Given further problems are that people grow old with no one to support them so they live in old age homes (Kayongo-Male & Onyango, 1986:74). Single parents, battered wives and physically abused children – affected and deprived of the basic emotional needs mentioned earlier in Dworetzky (1995:40). I felt that my research study, which would

take on an ecosystemic approach (see 1.6), could benefit the child, the parents, the school and the community.

1.4 RESEARCH METHODOLOGY

The research study will be in the form of a qualitative case study. Qualitative research originated from social sciences, including the fields of anthropology, sociology, psychology and history. The assumptions about the world (reality) take a naturalistic-phenomenological view, which assumes that multiple realities may be constructed through social processes (Marcinkowski, 1993:42). Stakes (1988:258) states that a case study is a bounded "system" emphasising the unity and wholeness of the system, but confining attention to the aspects that are relevant to the research problem at the time. I decided on a case study because according to Gilham (2000:1) it can be done with an individual, a group – such as a family or a class, an institution - such as a school or a community as I chose to do, with learners in a school, and senior citizens of an old age home in the community. Stake (1998:258) also confirms that a case study can be an individual, a group, an institution, a process or circumstance and in general, it is appropriate when one is interested in detailed information specific to a particular case in context. It is mostly used in educational environments because of the human complexities of the educational situation. The studies are normally holistic, a unity in the way other research is not, but they are never complete, and according to Gillham (2000:1) it is difficult to draw the precise boundaries.

Leedy (1995:141) says that qualitative studies tend to be field focused. In education those conducting qualitative research go out to schools, visit classrooms and observe teachers. In my research study therapy was done in the school and the learners were observed in the class situation and interviews were done with the class teachers.

Learners from a Grade-R class in a primary school were identified. Letters were sent to all the parents of the Grade-R learners to inform them of the research project and to request permission from them (by means of a reply slip). Five learners were eventually identified using purposive sampling. These learners were coupled with volunteer therapists from an old age home in the area of the school. The study is exploratory in nature. According to Babbie and Mouton (2001:720) it is a typical

choice when the field of study is still relatively new as in the case with my research study. There is no evidence that Developmental Play Therapy has been used with senior citizens before, as I could not locate any literature in this regard.

Yin (1989:13) argues that a case study is an empirical inquiry that "investigates a contemporary phenomenon within its real-life context, where the boundaries between phenomenon and content are not clearly evident". Therefore multiple sources of evidence such as field notes, video-recordings, interviews and observations, that will be used in my research should be used.

1.5 AIM OF THE STUDY

The aim of this study was to explore whether Developmental Play Therapy could be implemented in a primary school situation, and whether senior citizens could be trained as therapists. The experiences of the learners as clients between the ages of five and six and the senior citizens of an old age home as volunteer therapists are explored. The volunteer therapists were trained to do Developmental Play Therapy with Grade-R learners.

As a master's student I wanted to implement Developmental Play Therapy with learners in a primary school. No information could be found where Developmental Play Therapy had been conducted in a group situation using senior citizens as therapists in South African Schools. The only available source was one which describes the use of Developmental Play Therapy with a group of sexually abused children (Mitchum, 1987:320 in Brookings as recorded in the Journal of Counselling and Development). In this study master's degree students in counselling were used as volunteer therapists with Mitchum as the facilitator of the study. Brody *et al.* (1995:10) state that the Developmental Programme can be effective in meeting the needs of small groups of school children with learning and social behaviour and can also be used with larger groups of normal children. Brody *et al.* (1975:11) confirm that the Developmental Programme facilitates the personal and social growth of both the child and the adult. The study also confirms that it helps with the prevention of child abuse and neglect, because Developmental Play will increase the skills and emotional maturity of the adults and therefore it is likely that they will not abuse or neglect their own children.

1.6 THEORETICAL FRAMEWORK

According to Babbie and Mouton (2001:204), any research should be done within a certain theoretical framework. Terre Blanche and Durheim (1999:360) argue that a theoretical framework or paradigm is central to the research design as it influences the research problem and the manner in which it is conducted. This study was conducted from an ecosystemic framework. According to Meyer and Moore (1997:555) the ecosystemic approach integrates both the systems theory and the ecological theory. Donald *et al.* (1974:34) argues that the ecological theory is based on the interdependence and relationships between different organisms and the physical environment. The relationships between the organisms and the physical environment are seen as a whole in which every part plays an important role to sustain the cycles from birth to death, regeneration and decay that ensure the survival of the whole. Engelbrecht and Green (2001:8), like Donald *et al.* (1997), point out that in systems theory, systems are patterns of organisation whose identity becomes more than the sum of their parts. An individual person forms part of a number of different systems, that can include a family system, a school system and a peer system. Donald *et al.* (1997:36) argue that systems in the life of a human being consist of different systems, for example the learner, the family, the wider family, the community and the greater world. All these systems influence each other and are dependent on each other. To assist a child, all these systems and subsystems should be considered when doing a study. The ecosystemic model is a more specific attempt to identify those aspects of the child's ecosystem most relevant to effective play therapy (O'Connor & Ammen, 1997). O'Connor and Ammen (1997:4) confirm that the ecosystem of the learners and the influence it has on them is very important. The learner forms the central part of the wider system and it is therefore important to identify the role the child plays in this system and how he/she experiences it. Even if the dysfunction occurs only in the child, assistance should be given to the whole family, and indirectly to the community and the wider social system (O'Connor *et al.*, 1997:5).

O'Connor (1991:24) is also of the opinion that the ecosystemic approach can be seen at work where the children and their behaviour exists in a context of different interactive systems, that includes the physical, the interpersonal, the intrapsychic and the metasystems that all change over a period of time. The interpersonal system

functions within other systems where they are directly involved such as the school, church, medical systems and mental health systems. O'Connor (1997:7) describes the different interactive systems as the physical level where children focus on their individual functioning first, and then on the dual relationships, family relationships, peer group and other social relationships. The metasystems include the socio-historical and socio-cultural influences. The metasystem influences the learners, families and therapist, indirectly through the influence that it has on the representative understanding of the expectations, values and norms of the cultural group. The ecosystemic approach considers all these systems when a behavioural problem is identified in the child.

The micro-system of the child's home includes patterns of sleeping, feeding, playing and social and emotional interactions. The microsystem in the child's school includes patterns of friendship formation, class organization and teacher-child interaction. Sian and Ugwuegbu (1988:23) argue that we should look beyond the micro-system of the home and the school and examine the links between such microsystems: that is the child's relationship with siblings, cousins at home and affect and interact with his or her social relationships with peers at school. These microsystems and their inter-relationships should then be examined within the context of macrosystems such as the values held by the people in the child's immediate community as well as the larger culture within which they live. All the systems namely the child, the family-home, the school-peers and teachers, and the community - senior citizens of the old age home, are included in my study.

O'Connor (1997:6) contends that if the relationships and cycles within the whole are in harmony, everything goes well. The moment a disequilibrium occurs, the whole will not function properly and problems exist. Donald *et al.* (1997:35) compare it with a spiderweb. If you pull on the one side of the web, it disturbs the tranquillity of the whole web. Ecological theory thus transmits the focus of psychotherapy from the individual to the ecological relationships in the system.

Within an ecosystemic perspective, according to O'Connor and Ammen (1997:1), it is important to study the developing individual in interaction with the multi-facets of the systems, the ecosystem in which the child exists. The ecosystem of the learners and the influence it has on their lives is important (O'Connor *et al.*, 1997:4). The learner forms the central system. The systems connect in the interactional systems (family,

peers, etc.) as well as the intrapsychic systems of the learners. The schematic presentation of the ecosystemic approach in Addendum 6 is taken from the work of O'Connor and Ammen (1997:8). The research study undertaken by O'Connor *et al.* (1997:5) confirms that learners form part of a bigger system, but it is important to understand the perception of the learners within the bigger system and how they experience it. Only if the above is clear, can the current functioning of the learner be understood. Even if the focus is on the learner that presents disfunctional behaviour, support can be given to the family system to address the behaviour of the learner (O'Connor *et al.*, 1997:5). O'Connor *et al.* (1997:6) mentioned that social systems develop from the interactions, namely families, church groups, the community etc. The learners also observe their own experiences, for example, their behaviour, feelings and thoughts. Gradually according to O'Connor *et al.* (1997:6) these learners develop internal models of themselves, of others and of the world.

Maturana and Varela (1980:21) say that the historic and developmental phenomenon of the learners also forms part of the ecosystemic approach. Within systems theory, they identify three levels of historic phenomena. The first level is described as the intra-psychic level where the learners develop working models that are based on historical experiences and interactions. The second according to Maturana *et al.* (1980:22) is the biological level. The historical phenomena here is the normal development to adulthood of the physical body. The third level is abstract and includes the social systems in the environment where there are rules, expectations etc. The third historical phenomena is confirmed by Maturana *et al.* (1980:22) as interdependence, that is that the changes in one area also brings about changes in another area.

O'Connor *et al.* (1997:6) contend that the development of the learner cannot only be explained in terms of the biological system. He feels that development is not static. The development of the learners is influenced by their intra- psychic development and changing socio-cultural context. As a result, O'Connor *et al.* (1997:6) say that the historical phenomenon is interwoven in both the structures of the living system and the structures of the environment. O'Connor *et al.* (1997:6) argue that it is important to consider the effect of the variables in the developmental process to adulthood when you work with the learners. Deviation from normal development does have a significant effect on the biological, intra-psychic and interpersonal

functioning. Research done by O'Connor *et al.* (1991:74) shows that the ecosystemic model cannot always include all the aspects of the ecosystem of the learners.

As mentioned previously, the basic unit of the ecosystemic model is the learners (O'Connor *et al.*, 1997:4). O'Connor *et al.* (1991:24) contend that learners function on three levels:

- as a physical body;
- as learners who have interaction with their world, especially through interpersonal relationships;
- as representatives of the internal working models of the world.

O'Connor *et al.* (1997:7) describes the working model as one that firstly focuses on the learners' individual functioning, and then it focuses on the relationships, family relationships, peer-group relationships and other social relationships. They further argue that the model also focuses on the functioning of the learner within other systems where they are directly involved, for example, the school, the church, medical systems, law systems and mental health systems. It is important to understand that all these systems influence the learners (O'Connor *et al.*, 1991:24).

The whole ecosystemic approach can be summed up by saying that the learners and their behaviours exist within a context of a variety of interactive systems, that include the physical, the interpersonal, intra-psychic and metasystems that change over time. The ecosystemic approach considers all the systems when the behaviour of the learner is evaluated.

Within the ecosystemic framework, the Developmental Theory is integrated for the purpose of this study. I will discuss Developmental Theory in greater detail in 1.7. According to Jernburg (1979:30), the development and play therapy is based on the perception that a healthy carer-child relationship is important and it resembles the main purpose of Developmental Play Therapy (Brody, 1995:9).

1.7 A REVIEW OF KEY CONCEPTS

1.7.1 Developmental Play Therapist

A Developmental Play Therapist according to Brody (1995:13) is a person that "touches". Touching the child is the central and crucial method of Developmental Play Therapy.

1.7.2 Psychotherapy

For the purpose of this study psychotherapy will be described as the application of a specialized technique in the support of mental disabilities and the problems to adapt in the daily situation. In general it is accepted that it only includes psychological techniques such as group therapy, play therapy, client-centred therapy and psycho-analytical and behavioural therapy (Gouws, Louw, Meyer & Plug, 1982:250).

1.7.3 Developmental Psychology

According to Louw *et al.* (1998:90), and Barlow and Durand (2001:6) developmental psychology is the study of human development over the entire lifespan from conception to birth. Bornstein and Lamb (1999:416) say that the years between infancy and the entry into the formal educational setting are marked by dramatic developmental changes. In this regard Louw *et al.* (1999:9) therefore state that the developing person as a whole is important, because humans are different, complex and many-faceted beings and different aspects develop in different ways, at different tempos and at different life stages. It is therefore important to be aware of the different stages and development of the child.

1.7.4 Support

Brammer (1985:96) says that support is a condition in which the person being helped (helpee) feels secure and comfortable psychologically. It includes awareness of well-being and satisfaction. According to Lawrence and Brammer (1985:96), support comes from three sources:

- the relationship itself, where the helpee experiences the helper's acceptance and warmth
- experiencing direct help in the form of reassurance or environmental support

- experiencing the helper's assumption of major responsibility in the relationship as temporary expedience to reduce stress reactions.

1.7.5 Rapport

Rapport is built on a mutual respect between client and therapist. Establishing rapport means that the counsellor must gain the client's trust (Stead & Watson, 1999:107). McLeod (1993:195) says to build rapport the therapist needs to provide the "core conditions" of empathy, congruence and acceptance. McLeod (1993:195) also states that relationships between people are profoundly influenced by general factors such as social class, age, ethnicity and gender. A therapist should be aware of the significance of these demographic characteristics, and be able to adjust his/her style or approach accordingly.

1.7.6 Empathetic Understanding

Empathy is often used without understanding its real meaning. The therapist should be able to place him in the client's frame of reference in order to have accurate understanding of a client's feelings, ideas and aspirations (Stead & Watson, 1999:107). According to Egan (1985:95) empathy is the ability to enter into and understand the world of another person and to communicate this understanding to him or her. Roger (in Egan, 1985:95) states, "Empathy at its deepest, is a 'way of being', a way of 'being with' others, a way of appreciating the complexities of their worlds".

1.7.7 Emotions

Emotions are more than just feelings, because the person as a whole is involved. Emotions can also be defined more easily than feelings due to psychological changes like acceleration of the heart beat, higher blood pressure and sweating (Jordaan & Jordaan, 1990:583).

1.7.8 Feelings

It is not always easy to distinguish feelings from emotions. For the purpose of this study feelings will be seen as a conscious experience that forms part of emotions, for example, a feeling of anger, fear or happiness (Jordaan & Jordaan, 1990:582).

1.7.9 Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder features maladaptive levels of inattention, excessive activity and impulsiveness (Barlow & Durand, 2001:G2). The DSM-IV-TR (2000:85) describes ADHD as a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. Hyperactivity may be manifested by fidgetiness or squirming in your seat, or not remaining seated when expected to do so. Impulsivity manifests itself as impatience, difficulty in delaying responses and blurting out answers before questions have been completed.

1.7.10 Acceptance

Complete acceptance of the client is very important in therapy. The therapist must accept the client's attitudes and feelings and should not judge them (Stead & Watson, 1999:16). In this regard, Axline (1989:19) says that complete acceptance of the child is of vital importance. It is a respect for the child's ability to be a thinking, independent, constructive human being. Axline (1989:82) also confirms that complete acceptance of the child is shown by the therapist's attitude. The therapist should guard against any criticism or show any impatience. Accepting the child is important to the success of the therapeutic process.

I included the concepts empathetic understanding, rapport, support and acceptance in my key concepts, because they are important therapeutic skills needed in therapy.

1.8 STRUCTURE AND PRESENTATION

This thesis consists of five chapters and is presented as follows:

In Chapter 1 the study is contextualized and its relevance is explained. An outline of the theoretical framework and the structure of the study is also given.

In Chapter 2 the literature on the importance of play and Developmental Play Therapy as a psychotherapeutic technique is explored.

In Chapter 3 the research methodology of the study is described. The data-production, data-analysis and the means of verifying the study will be explained.

Chapter 4 focuses on the implementation of the case study. Background information will be produced and the therapeutic sessions will be discussed and evaluated.

In chapter 5 the whole study will be concluded and the findings will be discussed. The weakness of the research will be highlighted and recommendations for further research will be made.

1.9 CONCLUSION

The aim of the study is to look at an effective psychotherapeutic technique to address the emotional needs of children using volunteer therapists – people (senior citizens) in the community - and learners in a primary school. The technique that will be studied is Developmental Play Therapy in a group situation. Developmental Play Therapy done in a group, with volunteer therapists, means the needs of more than one child can be addressed. With the aim in mind the research questions were formulated. I decided to do a qualitative case-study and reasons were given why the research method seems to be an appropriate method for the study. Developmental Play Therapy with children (with adults from the community as therapists) is done within an ecosystemic approach. The needs of the different subsystems will be viewed, that includes the child, the parents, the school, the community and society as a whole.

CHAPTER 2

PLAY THERAPY AS A PSYCHOTHERAPEUTIC TECHNIQUE WITH SPECIAL REFERENCE TO DEVELOPMENTAL PLAY THERAPY

2.1 INTRODUCTION

Play is the spur to happy, healthy growth and development. In play children do what comes naturally, getting to know things and people by touching, testing, copying. They are endlessly doing things, being things, just being or bursting out in rhythm (Crowe, 1983:115).

In the quotation above, Crowe (1983:15) assumes that play is important to the happy and healthy development and growth of a child, because it is such a natural phenomena.

Because of the nature of my study it was important to explore the role of play therapy and therefore also the importance of play in the development of a child. This chapter reports on the survey contemporary literature available on the importance of play in the life of a child that I undertook. The literature on play therapy will be discussed with a specific focus on Development Play Therapy. Seen from an ecosystemic framework, Developmental Play Therapy affects all relationships. These include the child's home, playing and social and emotional interactions that are important micro-systems according to Sian and Ugwuebu (1988:23).

2.2 THE IMPORTANCE OF PLAY IN THE DEVELOPMENT OF CHILDREN

According to Gesell, Ilg and Bates Ames (1977:9-11) many parents reach the stage where they would like to understand their own children. Teachers, on the other hand,

wish to understand every one of their pupils. To reach proper understanding, it is important that parents and teachers should appraise each child's behaviour in terms of his or her developmental history and his or her unique patterns of growth. External pressures will be modulated according to the individual's changing growth needs. Van Zanden (1989:287) argues that play can form an important role in the life of a developing child, because more than 70% of a child's day consists of play. Play activities can help children to develop their personalities, their sensori-motor skills and their social skills, as well as to develop cognitively.

Jones (1989:4) argues that playing is more than what children do to fill up their time while growing up. Beyond the urgent survival requirements of food, care and shelter, children need a variety of play activities for healthy physical, mental and emotional development. Through play children exercise and develop their growing bodies. Jones (1989:4) also confirms that play stimulates more than muscle development in children; it involves the mind and emotions. Children do not just jump, bang or run, or bounce. They jump with joy, they bang with anger, they run with fear and they bounce with pleasure. They play out their emotions and thoughts.

Gesell *et al.* (1977:347) also argues for the importance of play. In his view, children reveal themselves most clearly in their play life. They do not play from outer compulsion, but from inner necessity. It is a natural enjoyable exercise of growing powers. No one needs to teach a child to play. A child is ceaselessly active during waking hours, playing in one form or another. Play is their world, their business. Through play children recreate their real life experiences. Oppenheim (1984:XXI) states that psychologists have looked at children's play, especially the play of young children, from two different points of view. Firstly play is seen as a window into the child's emotions. The language of play is the language of feelings. Secondly play is seen as a way of learning. Learning about social roles and relationships, objects, facts and about the social and material world. Both are valid and highlight the importance of play for a child's development. They should not be seen as competing, but as two essential aspects of children's play. Somerset (1976:17) confirms that a child's intelligence develops according to the extent to which it is nurtured and stimulated, and especially during the fast growing early years.

2.3 WHAT IS PLAY

In the everyday life of people the word "play" is used for diverse purposes, but according to Einon (1986:7) though play may be difficult to describe and to define, it is easy to recognize. Mothers often misuse and abuse the word play. They would tell the child to go out and play using the word "play" when they are busy, feel irritable and if they do not have time for the child (Matterson, 1987:12). Peacock (1987:3) states that it is unfortunate that the word play has so many definitions. Many people would agree that there is an urgent need for a different terminology because play has all too often been used to infer something rather trivial and non serious. The polar extreme to the word play, as in a child's context, Moyles (1989:16) views play as the essence of serious concentrated thinking and one purposeful means to learning. Play is a feature of adult life as well as childhood except that adults play when they have nothing better to do. The function of adult play is essentially a means of relaxation. Adult play is a means of filling in time between mainstream activities, like earning a living and rearing children. Practically everything a child does when he has not been asked to do something else is play. It can be joyful, it can be serious, it can be solitary and it can be social. The child's play is frequently repetitive and it is almost always creative. Moyles (1989:IX) considers that play is undoubtedly a means by which humans and animals can explore a variety of experiences in different situations for diverse purposes. Many children would come to nursery schools without the ability to involve themselves in play because of a passive upbringing.

Jones (1989:5) argues that play is a natural part of a child's life, as necessary to development as the food he eats. Play is pleasurable and rewarding but a child also needs interest, assistance, praise and love to add to the enjoyment. Children are highly sociable and need company as well as the opportunity to play on their own. They need a companion who talks to them, sings, play games and introduces him/her to the world. Even a newborn baby is aware of sounds, a baby can hear while in the womb and after birth quickly recognizes his mother's voice. It is therefore never too early to start talking and singing to a child because it is essential for listening, understanding and his own speech later (Jones, 1989:10). Lee (1977:340)

states that through play a child learns the skill to survive and finds some pattern in the confusing world into which he was born.

Newson and Newson (1979:12) confirm that children can shut out the everyday world with its reality-bound constrictions. It is very useful exploring and stretching the boundaries of thought and play. Each new occasion for play contains in it some element of past experience. Every child brings to her play, the uniqueness of her own personality. Basically play offers a stimulating environment for both intellectual and emotional creativity and potentially each child's play is the perfect expression of himself as a developing individual. It is important to bear in mind that play comes first and that we do not play as a result of toys and in theory we can say that toys are not needed. We can use anything as a toy if we describe what we are doing with it as play.

Einon (1986:13) says most children prefer to play if given a choice. The emphasis should always be on the side of encouraging, rather than directing. No special knowledge is needed to ensure that a child plays often enough. A child that is totally deprived of play for a very long time will come to a point beyond which all desire to play is lost. Like the hunger striker who eventually loses any desire for food, the chronically deprived child does not seem to play.

As mentioned, parents do not always understand the importance of play. Matterson (1987:12) argues that children who are happy will play most of the time, play constructively, imaginatively, shows progression in their play and shows signs of enjoyment and satisfaction. On the other hand unhappy children show a very different picture. They play less often, with fewer activities, for a shorter time and do not usually play well. Therefore according to Matterson (1987:54) all children are ready to play but they need a suitable safe and private space. They need a reasonable length of time and someone to play with.

2.4 DIFFERENT KINDS OF CHILDREN'S PLAY

2.4.1 Body-related play (from 3 months on)

Somerset (1976:18) argues that a baby's early response to light, sound, touch or food is a reflex action. A child needs tactile experience in the early months of life. In a normal home, playing is a happy occupation in a child's life. The infant plays with

everything that comes within the grasp of his hand or mouth, fists, toes, even his mother's face. This early play has been labelled as sensory-motor play.

2.4.2 Simple function play (from 6 months on)

Somerset (1976:19) says that the child plays with objects without taking their function into account, example shakes, scratches and squeezes them, but not in a function-related way. Things get torn up, tipped over, soiled or scattered, while the baby enjoys the "destruction". This destruction can be seen as positive learning, a step towards active construction and control.

2.4.3 Simple symbolic play (from 12 months on)

Somerset (1976:22) says that the child will pretend to be doing ordinary actions, like sleeping or washing. They will reproduce in a symbolic way what they had experienced, playing the parts that are most significant to them. Vygotsky (1977:76) confirms that symbolic play plays an important role in the transition from concrete to abstract thinking. Children try to symbolize the real physical world through their play. Moyles (1991:70) argues that past experiences are repeated and relived and new experiences can be linked to old ones. Therefore according to Piaget (1962:107) play activities are formed because the learner imitates the adult or older learners. These activities improve the motor development of the learner and allow the child to play symbolically, for example, to build a castle out of sand.

2.4.4 Constructive play (from 15 months on)

Louw, Van Ede and Louw (1998:302) are of the opinion that children "construct" something with objects, for example, they build a tower, or put a simple puzzle together. The child manipulates objects in order to create something. Somerset (1976:94) confirms that children who are competent in building things will see themselves as someone that can handle a particular problem and this will enhance their self-esteem.

2.4.5 Associative play (from 18 months on)

Louw *et al.* (1998:300) says that children use the same play materials when playing together, and they also talk to each other and therefore according to Moyles (1991:30) children of the same age interacting together develop interpersonal

discovery and competence. They understand themselves more and gain confidence in their own abilities.

2.4.6 Co-operative interaction play (from 30 months on)

Louw *et al.* (1998:301) contends that co-operative play includes pretend play and constructive play. Play is goal directed, because children want to achieve something. They play together with other children – sharing toys and planning games together. Sutton-Smith (1970:274) confirms that as children grow older they play goal-directed games because it is important for socializing, and according to Piaget (1962:108) it develops into games with rules as found in adult games.

2.4.7 Games with rules (from 60 months on)

Louw *et al.* (1998:301) is of the opinion that the child plays social games with several persons and, to some extent, sticks to the rules. To be in a game with rules at least two people should be in competition with one another (Louw *et al.*, 1998: 303).

2.5 FUNCTIONS OF PLAY

2.5.1 Physical Development

According to Louw *et al.* (1998:303) play activities promote fine and gross motor development. They also develop skills and the child's motor co-ordination benefits, for example, from playing with a ball.

2.5.2 Cognitive Development

Play also contributes to the child's cognitive development. It creates opportunities for children to learn from others as well as to learn about their surroundings (Piaget 1962:102). In play, children can experiment with the environment. A comfortable and relaxed atmosphere is created in which children learn how to solve problems. When children are confronted with the complex problems of the real world, they can use the knowledge and skills they have learnt in play to solve these problems (Louw *et al.*, 1998:363).

Frank (1954:51) sums up the benefits of play in this way:

In play the child is learning to learn: he is discovering how he can come to terms with the world, cope with life's tasks, master various skills, techniques and symbolic processes in his way, then having gained confidence in himself and his capacity to relate to himself to learn other tasks and accept less congenial patterns.

Frank (1954:51) also argues that learners supply relevance to their world through play.

Piaget (1962:57) says that through play learners take on different roles, male or female, and then act out their roles as if it would have been presented in the adult world. They also learn through personal observations and activities in play. Erickson (1964:73) is of the opinion that learners organise their world and give some significance to it through play, as the macrocosmic adult world is sometimes too complicated and therefore they focus on the microcosmic world of play and use their experiences to understand the bigger whole.

2.5.3 Emotional Development

According to Louw *et al.* (1998:304) in play children can experience a feeling of safety and security if they do not experience it in their everyday life. Play can help children to cope with anxiety when playing. This will allow them to experiment with coping behaviour in a non-threatening situation and in fantasy games children can express their feelings in play.

2.5.4 Social Development

Louw *et al.* (1998:304) states that play contributes to the social development of children. Children are socialized through play. When children play, they learn sociably acceptable behaviour because while playing, they have to abide by certain rules. The difference between the adult world and the play world is that a play situation allows more latitude as far as rules are concerned than the real world. According to Piaget (1970:30) play does not only help with the development of cognition and personality, but it helps to develop important skills. Jones (1989:88) confirms that the child learns to control his body, his hands, his talking and understanding, his thinking and planning ahead, as well as his social skills. Somerset (1976:16) argues that in this complicated modern life children need more time to play more than ever before, if they are to discover the world, and their own place in it.

Normally children are eager to learn, but what they do learn will depend on what is available. They cannot learn what does not exist for them and can only explore, experiment and innovate freely if they are permitted to do so.

2.6 THE VALIDITY OF PLAY

According to Prinsloo (1986:129) children can learn to think through play. You do not just allow the child to play to keep them happy or quiet. Children's play does have a deeper meaning. Through play children learn to think because planning and playing a game require thinking. Therefore children should be allowed many opportunities to play with friends as well as on their own. It is also important to remember that play has no boundaries in time or space. It can move backward or forward at will. What children experience through play is self-regulated and self-chosen learning. The learning is permanent. Play is timed and paced correctly to suit an individual's rhythm of development. It links previous experience and prepares for the next leap forward into the future (Somerset, 1976:151).

Frank (1954:60) believes that play allows learners to discover themselves and to identify their weak and strong points and to develop their skills and interests. Louw (1990:313) says that play and play material, in co-operation with other people, draw energy from the learners. Play helps to focus their attention and to give them direction in their performance. According to Louw and Sutton-Smith (1970:276) it is important to realize that learners often do not have the opportunity to be spontaneous in their reactions and performance in other activities in which they are engaged. Furthermore West (1996:12) list the following important benefits of play:

- Development of physical skills.
- Discovery of who am "I" and "not I".
- Understanding relationships.
- Experiencing and identifying emotions.
- Practising roles.
- Exploring situations.
- Learning, relaxing, having fun.
- Acting out troublesome issues.
- Achieving mastery.

Axline (1969:9) argues that in the majority of the white western world, play is to most children what language is to most adults. Bray (1986:19) confirms that children usually express themselves more freely using play than in formal "talking" interviews. They can reveal their troubles through play and use play as a therapeutic tool (Gavshon, 1989:49).

According to the following summary provided by Nickerson (1973:1-6), play enables children to express aggression and buried feelings and it can be a bridge between fantasy and reality:

- Play is a child's natural medium of self-expression, experimentation and learning.
- Feeling at home in a play setting, the child can readily relate to toys and play out their concerns.
- A play medium facilitates a child's communication and expression.
- A play medium also allows for a cathartic release of feelings and frustrations.
- Play experiences can be renewing, wholesome, and constructive in a child's life.
- The adult can more naturally understand the child's world by observing him or her at play, and can more readily relate to the child via play activities than through an entirely verbal discussion.

Oaklander (1978:160) explains that playing is how children try out and learn about their world. Play is therefore essential for healthy development through which they can develop mentally, physically and socially. Play is the child's form of self-therapy through which confusions, anxieties and conflicts are often dealt with. Children experience much that they cannot as yet express in language, and they use play to formulate and assimilate what they experience.

Viola Brody (1995) confirms that agreeable play and touch is important for the development and growth of children from their earlier years. Somerset (1976:16) refers to play as the core of the development of a child and it is used as:

- physical activity after restraint
- re-creation
- re-living of racial experience, or
- a practice or rehearsal of adulthood.

2.7 TYPES OF THERAPEUTIC PLAY

According to West (1992:14) play in therapy can be divided into several categories and therefore therapists should think carefully about the type of work we intend to undertake:

- Spontaneous play occurs when children "play" because they want to and for no other reason.
- Guided play is worker determined, for purposes such as giving the child permission and freedom to be a child, and play. It can be a means of knowing the child better. Guided play can be used to encourage carers to interact more favourably with, and enjoy their children.
- Assessment Play is also worker determined and usually time limited. Play-base methods can enable us to understand the child in ways that would not be possible if we relied on adult type interviewing techniques.
- Focused therapeutic play often results from assessment play or from detailed knowledge of the child, and usually attempts to deal with one or two previously identified issues. The aims and methods of therapeutic play is worker-directed and time-limited.

Within psychology, the importance of play in the life of a child has led to the development of different kinds of play therapies. The different types are Non-Directive Play Therapy (Landreth, 1991), Theraplay (Jernberg, 1979), Directive Play Therapy (Oaklander, 1978) and Developmental Play Therapy (Brody, 1995).

In Directive Play Therapy, Oaklander (1993:193) provides methods for children to express their feelings, to get what they are guarding inside out into the open, so that the child and the therapist can deal with the material. In this way they can reach closure, make choices and lighten the burdens they carry. Oaklander (1978:196) says that children express themselves easily through fantasy and projections.

Jernberg (1979) refers to Theraplay as a dynamic short term technique used on children with emotional and behavioural problems. It is based on the intimacy and physical contact significant of early mother-child attachment and structured play is used between the therapist and the child.

Non-directive Play Therapy is based upon the assumption that the individual has within himself or herself the ability to solve his or her own problems satisfactorily. By playing out his or her feelings and bringing them to the surface, getting them out in the open and facing them, he or she learns to control them or abandon them (Axline, 1989:14).

2.8 WHAT IS PLAY THERAPY AND THE ROLE IT PLAYS IN CHILDREN WITH EMOTIONAL PROBLEMS

West (1996:15) says that play therapy is a holistic approach, using play as a means of "helping" in a non-invasive way, the physical, spiritual, emotional and cognitive aspects both conscious and unconscious, taking account of the past, present and future of the "whole" child. Axline (1989:8) says play therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to "play out" his feelings and problems, just as in certain types of adult therapy where an individual "talks" out his difficulties.

Children are referred for play therapy when they exhibit behavioural and/or emotional problems. They may be "acting out", difficult to control, withdrawn, under functioning at school, or failing to develop where there is no medical or physical problems. Play therapy offers children unique relationships with an objective and accepting adult, who is not usually involved in other aspects of the child's life (West, 1996:16). Landreth (1991:24) argues that whatever has happened in the life of a child is communicated best through play, because most of the time their language development is at a lower level than their cognitive development. By playing out traumatic experiences through symbolic play, children can change their situation and find internal solutions. Singer (1986:42) makes a similar point in saying that play gives children the opportunity to search for and experiment with alternative solutions.

2.9 THE ROLE OF THE THERAPIST

According to O'Connor (1991:4) play is not always enjoyable and therapeutic. It entails therapeutic aspects and that is what the therapist should use during play therapy. The therapist should work from a specific theoretical framework to lead the child systematically to emotional well-being. West (1996:18) says that the therapist therefore accepts the child, the child's play and behaviour, and responds non-

judgmentally to what he or she is doing or saying. It is also important that the therapist maintain safety and therapeutic boundaries. The child is not criticized or questioned, apart from the play therapist occasionally trying to draw out what is happening in the playroom. He or she could do what they wish in any way, provided the playroom rules were kept (Axline, 1969:16).

Oaklander (1993:53) says that the basic purpose of the therapist in any session is to help the child become aware of himself/herself and his/her existence in their world. The process of work with the child is a gentle flowing one – an organic event. What goes on inside you, the therapist, and what goes on inside the child in any session is a gentle merging. Oaklander (1993:53) confirms that the therapist must be closely attuned to the child as he/she responds to the activity in order to recognise the ebb and flow of the child's process.

Oaklander (1993:61-62) also believes that anyone who works with children needs to:

- know about the workings of family systems and environmental influences
- know about the cultural expectations placed on the child
- believe firmly that each child is a unique, worthwhile person entitled to human rights
- be comfortable with basic counselling skills
- be open and honest with the child
- have a sense of humour and allow the playful, expressive child to come through.

She believes that children will open themselves to you only to the extent that they feel safe to do so (Oaklander, 1993:62). Working within an ecosystemic framework, it was important for me to acknowledge the working systems of the families and the environmental influences that could have an effect on the learners and the volunteer therapists.

Axline (1989:82) supports that the therapist shows complete acceptance of the child. She should maintain a calm, steady, friendly relationship with the child and be careful never to show impatience. The child is very sensitive and the therapist accepts the child exactly as he is. The therapist should establish a feeling of permissiveness in the relationship so that the child feels free to express his feelings

completely. A deep respect for the child's ability should be maintained, so that the child can be given the opportunity to solve his/ her own problems (Axline, 1989:101).

Klein (2002:3), West (1992:33), Dorfman (1951:226), Schoeman (1996:14) and Axline (1969:130) claim that rules and limitations are important in play therapy. The following is a summary of their views:

- Limitations are a link with everyday life and therefore help the therapist and the child client to keep contact with reality.
- Limitations give structure and set boundaries to the therapeutic relationships.
- Limitations build the child's self control, making him aware of his responsibility towards the therapist, the playroom and himself.
- Limitations offer security as they render predictability to the therapeutic situation.
- Limitations ensure that the child is able to play safely and freely.
- Limitations ensure the child's emotional safety, as without limits, the child may move into unknown and threatening emotional areas, leading to anxiety and feelings of guilt.
- The therapist should introduce only those limitations that are necessary to anchor the therapy to the world of reality and to make children aware of their responsibility in the relationship.

West (1996:34) argues that there are no hard and fast rules in play therapy. Children would normally be between the ages of four and eleven years, though it has been done with children as young as two and a half years, but we should keep in mind that very young children may have separation problems and sophisticated older children would not enjoy the prospect of spending time with a play therapist in a playroom.

2.10 PLAY THERAPY AND THE LEGAL PROCESS

According to West (1996:43) play therapy is not traditionally considered appropriate by the legal system for children who are to appear as witness in an abuse event even if on therapeutic grounds, remedial help is indicated. In some circumstances, a qualified and experienced play therapist, with permission from the court, may be able to undertake play therapy under specific conditions. The play therapist should ensure

that he/she has received clear directions about how to conduct sessions, and whether transcripts and video recordings are to be made available to the court.

Moustakes (1959:325) is of the opinion that smooth flow of the work is aided if accountability and confidentiality are agreed upon between play therapist and/or other professionals, carers and child, so that boundaries are clear and confusion and manipulation are avoided. When co-operation and mutual agreement exist between these significant persons, it is rare for the child not to begin to move in a positive direction.

2.11 DEVELOPMENTAL PLAY THERAPY AS PSYCHOTHERAPEUTIC TECHNIQUE

In their first years their spirits should be stirred up by rocking in the cradle ... and even by kisses and embraces; in their second, third and fourth years by means of agreeable play with them, or their playing among themselves ... If some little occupations can be provided for its eyes, ears or senses, they will contribute to the vigor of mind and body (School of infancy of Comenius, 1592-1671, in Somerset, 1976:17).

There is very little literature available on Developmental Play Therapy. I will therefore strongly rely on the literature of Viola Brody (1995), who spent thirty-five-years creating Developmental Play Therapy. Her own experiences with many children and teachers such as Des Lauriers guided her and gave her a laboratory for trying and testing ideas about effective psychotherapy. Developmental Play Therapy is based on developmental theories. It has been assumed that the early bonding of a person has a great influence later in life. It also has an influence on learners and how they approach their environment (Des Lauriers, 1962:21).

Brody (1995:X) explains that deep down within every individual there is a longing to be touched by a willing, caring and capable person. On the other hand the person that touches must be experienced and comfortable in the touching process to enable the child to grow towards a healthy maturity.

The specific aim of Developmental Play Therapy is to stimulate healthy child-adult relationships. If a possible bonding relationship exists, both the child and the adult will grow and benefit. Through the use of activities in the play therapy mother-child relationships are relived. Children are taken back to their babyhood and a healthy

relationship is created through the modelling of the therapist. The child is brought into contact with the self and negative experiences in the sub-conscious can be replaced with positive experiences (Brody 1995:7).

Bowlby, Ainsworth, Boston and Rosenbluth (1956:227) confirm the importance of touch in the lives of children. Many children become ill so that they can be touched by a doctor or nurse, adolescents get sexually involved and many boys play contact sport so that they can be touched. Children can only feel "touched" by a person that is present and really knows how to touch someone in a genuine way. These insights led Brody (1995:75) to make a thorough study regarding the healthy interaction between parents and young children. One of her findings was that both parents and children become aware of each other by playing games that include physical contact enjoyed by both parties.

2.12 GUIDING PRINCIPLES OF DEVELOPMENTAL PLAY

According to Brazelton (1990 in Brody 1995:7) there are six guiding principles of Developmental Play:

- Children who experience touch develop a sense of self. The therapy guides the individual child to acknowledge the fact that he/she does not form part of the therapist, but functions on his/her own and therefore can build a relationship with the other person.
- A capable adult must touch the child in order for the child to experience herself/himself touched.
- A capable adult can be identified as a person who knows how it feels to be touched, and therefore can guide the child through their experiences and will understand their reactions.
- To enable a toucher to feel comfortable about touching, he/she must be willing to be touched first. The experience helps to build a relationship with the child.
- It is important to realize that a child can only feel touched if he/she is willing to be touched. The therapist teaches the child to experience appropriate touch.
- Children experience being seen for the first time, after they have been touched. To build and provide a good relationship with a child it is important to realize that

a child can only feel touched if he/she is willing to be touched. The therapist must allow children to indicate when they are ready to be touched. Sensitivity and patience is important in this process. The therapist teaches the individual child to experience appropriate touch and to build and provide a good relationship. The adult controls the activities to enable the child to feel touched.

2.13 CHILDREN WHO BENEFIT FROM DEVELOPMENTAL PLAY THERAPY

According to Brody (1995:10) Developmental Play Therapy can be used in a wide range of disturbed children. Three categories that are currently receiving a great deal of attention are:

- **The sexually abused child**

Caring touch is extremely healing for abused children, as they have experienced inappropriate touching. According to Mitchum (1987:320) a child who has been a victim of incest has had one of his or her primary attachment relationships violated. Developmental Play Therapy gives the young child a chance to build a new attachment relationship with an adult therapist. Attachment according to the Webster Comprehensive Dictionary (1992:93) is an affection that binds a person to another person, for example, in friendship, love, regard, tenderness or union.

- **The ADD (attention deficit disorder) child**

Barlow and Durand (2001:441) describe ADD in children as problems with inattention. The child may appear not to listen to others, may lose necessary school assignments and books, and they may not pay attention to details, in the process making careless mistakes. According to the DSM-IV-TR (2000:85) Attention-Deficit is a persistent pattern of inattention. The DSM-IV-TR combines Attention-Deficit/Hyperactivity Disorder. The essential feature of Attention Deficit/Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. Although many individuals exhibit symptoms of both inattention and hyperactivity-impulsivity, there are individuals in whom one or the other pattern is predominant. Developmental Play Therapy allows these children to be more relaxed and to experience their bodies.

- **The destructive acting out child**

These children need help. Destroying things is usually a call for help. They have no inner core and break things without learning or remembering. They have been deprived of caring touch, which is the basic need of every child (Brody, 1995:9).

2.14 DEVELOPMENTAL PLAY PROGRAMME

2.14.1 Developmental Play group programme

Developmental Play can be done one-on-one, as well as in a group. The therapy can be presented in a group with trained therapists. The developmental play group programme is an intervention programme with a training model for play therapists, and touch for young children. It is play therapy that is intensive and focused. The developmental play group programme has a family atmosphere. Both the children and the adults have the opportunity to experience the intimacy of a one-to-one relationship and the excitement of learning to relate to peers within a larger group, the family unit (Brody, 95:140).

2.14.2 Material and activities that are used during Developmental Play Therapy

The Developmental Play Therapy programme is a person-to-person orientation. The action is between the adult and the child directly. Therefore play equipment and toys are redundant. The material that is needed is restricted. Material that can be used are a gym mat for each child and supplies like hand lotion, a mirror, a water bucket, paper and crayons. It is important to have an area free of furniture and other distractions. It is important to select a space, which can be used each session throughout the programme to provide continuity (Brody, Fenderson & Stephenson, 1975:44).

ACTIVITIES IN HELLO CIRCLE TIME (Brody *et al.*, 1975:16-18)

- **Follow the Leader Hello Song:** during this song the leader sings and looks at each child personally.
- **Follow-the-Leader with hand movements to music:** the leader makes movements with her hands according to music and the children follow.
- **Saying "Hello" with your feet:** the leader moves her feet to the middle and invites learners to touch her feet and notice the size of their feet.

- **Saying "Hello" with your hands:** learners say hello with their hands.
- **Pass-it-on:** the leader touches the hand or knee of the child next to her. The child passes it on to the next one.
- **Say "Hello" – games:** saying hello to parts of the body.
- **Cradling:** child on adult's lap, arms around child and then the child is cradled calmly.

INDIVIDUAL GAMES BETWEEN THERAPIST AND LEARNER (Brody *et al.*, 1975:16–18)

- **The slippery hand game:** the child and adult hold hands covered with lotion, the child pulls his/her hand until their hands slip apart.
- **Rocking games:** holding hands or with feet together. Adult and child rocks.
- **Clapping games:** the clapping of rhythmic patterns with hands together.
- **Write-on-me-games:** child or adult guess letters or numbers written on a part of the body.
- **Roll-me-out-game:** child is rolled out like dough and baked in an oven.
- **I'm stuck games:** where you pretend your hand is stuck on the knee or any part of the body and a "magic button" must be used.
- **Creative games:** own creative games where touching is initiated.
- **Row-the-boat game:** arms of adult around child and they row a boat together – arms move together.

2.14.3 Selection of Developmental Play Therapy adults

A Developmental Play adult must be enthusiastic about the programme and must commit him or herself to the duration of the programme. Willing parents, teachers, students and people in the community can be trained as therapists (Brody *et al.*, 1975:37).

2.14.4 Selection of children

Although the Developmental Play activities are effective for children with attention deficit disorder, sexually abused, destructive children and children with learning and social behaviour, they can be successfully used in normal children (Brody *et al.* 1975:10). "Normal" according to the Webster Comprehensive Dictionary (1992:863) is conforming to a type or standard. In psychology it refers to a person who is well-adjusted to the outside world, without undue mental tensions. Developmental Play Therapy has been effectively used with children from three to nine years old. In a group it is advisable to have children of more or less the same age. It is preferable to have a heterogeneous group of both adults and children (Brody *et al.*, 1975:44).

2.14.5 The stages of developmental Play Therapy

Brody (1995:10-11) and Brody *et al.* (1975:13) have identified different stages of the Developmental Play Therapy. Both the child and adult progress through a series of stages. These stages are similar to the stages that any two people might experience in their efforts to know each other and to mutually meet their needs.

2.14.5.1 Stage One: The honeymoon stage

According to Brody (1995:10–11) and Brody *et al.* (1975:40), both the child and the adult enjoy this phase. The child fantasizes that his/her needs will be met, and the adult experiences a warm giving quality from the child, and thinks it will last throughout, though it is very enjoyable for both the child and adult. This phase is important because the relationship between the child and adult is enhanced.

2.14.5.2 Stage Two: The painful stage

According to Brody (1995:10-11) and Brody *et al.* (1975:40) this is the stage where both adult and child experience a disturbance in the quality of their relationship. The continuity of the sessions may be broken as a result of holidays, sickness, school projects, or any other happening beyond their control. The child generally reacts very negatively and may exhibit negative behaviour. The therapist may experience the behaviour of the child as rejection. The child must be able to express whatever feelings he or she has. Brody *et al.* (1975:40) states that limits to protect the child are very important. The only three limits in Developmental Play Therapy are that the child is not allowed to hurt him/herself, another child, or adult, to make the room a shambles, or to completely distance him/herself from his/her adult partner. Limits

must be set, but the child must never be punished and must always have the security that the adult will never leave.

2.14.5.3 Stage Three: The separation and love stage

According to Brody (1995:10-11) and Brody *et al.* (1975:40), the child experiences the adult as separate from himself or herself during this stage. He or she begins to care for the adult and show this through touch. He or she begins to communicate effectively, because he or she can see himself or herself as separate. The child feels the affection of the adult and the adult feels much loved by the child.

2.14.5.4 Stage Four: The preparation for termination

Children are reminded of the termination six sessions prior to termination. They are reminded weekly of termination. Different reactions are shown by the various children. They may return to their negative behaviour, cling to the therapist or cry. By acknowledging their feelings of anxiety, and of losing something important to them, both the child and the therapist will at a later stage recognise that they have reached something special and that they are ready to separate (Brody, 1995:10-11; Brody *et al.*, 1975:40).

These are the development stages of the therapy as used by Brody (1995:12). In a group session, each session has different stages. Initially the session starts with a "circle time". There are three distinct stages that the children tend to go through as they experience "circle time". Stage one can be seen as the touching or getting to know stage, stage two the aggressive, motor or physical stage and stage three, the fantasy stage. After "circle time" an adult and a child play as a group. The therapist plays with the child. Physical contact according to Brody (1995:223) is very important throughout the play for both child and therapist.

The child must be continuously aware of the therapist. At the end of this contact the child and therapist greet each other. The child can be physically cradled on the lap of the therapist, singing a Lullaby. At the end the group comes together in a circle to tie loose ends and to provide closure before parting until the following session. This is called "juice time". The level of activity is substantially reduced. During this stage children share what they liked most about the session. Development Play Therapy brings the child into contact with their emotions and helps them to find the inner-self through the medium of touch. Touching takes place through suitable activities

initiated by the therapist. At the end the guidance of the child is followed. In Developmental Play it is important that the therapist stays near the child, and they must give the child the assurance that they will never leave the child on their own (Brody, 1995:15, 33, 221).

2.15 THE ROLE OF THE THERAPIST

The therapist plays an important role in Developmental Play Therapy. The role of the therapist links closely to the role of the therapist in Theraplay. According to Jernberg (1979:48) it includes the following:

- the therapist needs to have leadership qualities and self-confidence
- the therapist must be a pleasant person
- the therapist must show empathy
- the therapist is in control of the sessions, but can follow the guidance of the child
- the therapist must reduce any motor hyperactivity
- the therapist must be "present" during the emotional outburst of a child
- the therapist must focus on the present as well as the future
- the therapist must focus on the child where they are
- the therapist is the primary article in the room
- the therapist must keep sessions flexible and enjoyable
- the therapist must be able to identify feelings and emotions of children
- the therapist makes use of every opportunity to separate her/him from the child
- the therapist must ensure the child that he/she is unique, and important
- the therapist must insist on eye-contact, and
- the therapist must focus on possible information that the child presents.

2.16 CONCLUSION

In this chapter the importance of play as part of growing up has been emphasised. Play is the young child's form of improvisational dramatics. Through play the child

tries out his world and learns about his world: it is essential for his healthy development. It is a means of developing mentally, physically, and socially. Play is the child's form of self-therapy, through which confusions, anxieties and conflicts are worked because it serves as a language for the child and substitute words, because children cannot always express their feelings and life experiences. Through play children solve their problems and try out things in a safe play environment. It is fun for the child and helps to promote the necessary relationship between the therapist and the child. Through the medium of play, the therapist is able to build a positive relationship and support the child to discover his/her anxieties and fears and how to manage to function normally. Developmental Play is one of the play therapies that can be used in the development of the child. It is a therapy where touch is essential. It helps the child to come into contact with the self and healthy adult-child bonding is promoted. In chapter three the research design and methodology of the study will be discussed.

CHAPTER 3

RESEARCH METHODOLOGY

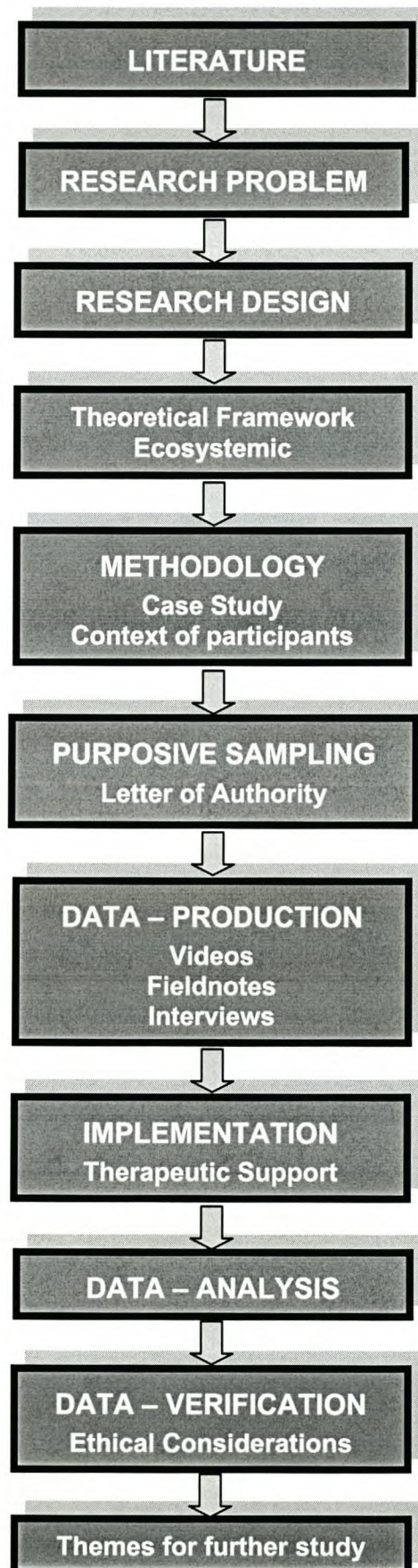
3.1 INTRODUCTION

In this chapter I will discuss the research methodology of this study. The different ways in which the data will be produced and analysed will also be explained. The ethical considerations and verification of the data through triangulation will be indicated and discussed. In keeping within the ecosystemic framework, I included data on the micro-system level, produced in part from observing learners during the play sessions. I observed their social and emotional interaction with the therapists and peers. In the class situation I observed their interaction with their teacher and peers. To gain information on the home environment of the learners I had individual interviews with their parents at the beginning and at the end of the research study. On the macro-system level information was produced in the therapy sessions, pre-sessions and post sessions of senior citizens who were trained as therapists, and formed part of the larger community that has an influence on them.

Babbie and Mouton (1989:5) confirm that research cannot be done without thorough planning and therefore a research design is important to ensure direction and to help the researcher to structure the data to reach his/her goal systematically. The problem must be formulated clearly because it will help the researcher to know the focus of the problem. Huysamen (1998:171) is also of the opinion that if the researcher understands the problem it will help to focus on the problem, and prevent the researcher from losing track or researching too widely. According to Huysamen (1998:172), research is therefore, an orderly, logical, and well-planned activity.

During my research study I followed the advice of Bogden and Biklen (1982:34) that once the researcher identifies the main problem it will be possible to distinguish the sub-problems. The research is divided into smaller sections and when the smaller problem areas are resolved, you move nearer to the main question asked, using different techniques to produce data in an orderly manner. The data are then arranged, rearranged, analysed and interpreted to establish and understand their meaning. Huysamen (1998:175) sees research as a circular process that starts with a question, moves through a process and ends with the answering of the question.

In Figure 3.1 a schematic presentation will be given of the research study.

FIGURE 3.1: Schematic presentation of the research study

3.2 THE RESEARCH DESIGN

My research question "Can Developmental Play Therapy with senior citizens as volunteer therapists be implemented in a primary school?" was formulated because of my interest in the Developmental Play Therapy programme together with my experience as a teacher. I wondered how I could apply the therapy to target a group of learners in a school situation. Thinking of the importance of the ecosystem in which a child lives, helped me in forming a design for my research study. The aim was to implement Developmental Play Therapy in a school situation and to train volunteer therapists. I decided to approach a primary school and an old age home in a community. By using learners in a Grade-R class I would involve most of the systems and subsystems namely the child, the family, the school, peers and the wider community.

According to Merriman (1991:6), and Babbie and Mouton (2001:74) research design or types of research can be seen as an architectural "blueprint or plan" of how a researcher intends to do his/her research. The research problem will dictate the various research methods and procedures according to the type of design. Babbie and Mouton (2001:9) also refer to research methods as ways in which data is collected and analysed. The methods that will be used must also secure that the design is valid, reliable and then the collected data can be used to make the necessary assumptions. According to Babbie and Mouton (2001:152) research is a complex term and can be interpreted in different ways. Researchers should be clear on the purpose of their research and why they want to do the research. Bogden and Biklen (1982:2) contend that research is one of many different ways of knowing or understanding because it is a systematic process of collecting, analysing, interpreting and to use data to understand, to predict or to control an educational or psychological phenomenon or to empower individuals in such context.

Huysamen (1998:170) has identified certain steps that can be followed to ensure successful research. Everything starts with an initial question to which a researcher wishes to find an answer. The question normally originates because of inquisitiveness and frustrations, or basically because of something that is not clearly understood and needs more clarity. Research needs to be done according to a specific plan where thorough planning is essential. A well-planned research design is

needed to ensure direction and to enable the researcher to collect the relevant data so that he/she can systematically reach the initial purpose.

According to Merriam (1991:19) and Leedy (1993:139), qualitative research takes place in a natural context, and can be adapted according to particular needs. The researcher uses techniques such as interviews and observation in seeking to work holistically. By contrast, quantitative research is more structured and can be done in unnatural areas, for example a laboratory. The techniques used to collect information are tests and questionnaires. The findings are normally precise and reductionist (Merriam, 1991:19).

My research study is in the form of a qualitative case study. An additional description of qualitative research according to Newman and Benz (1998:16) is the following:

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical material – case study, personal experience, introspective, life story, interview, observational, historical, interactions, and visual texts – the described routine and problematic moment and meanings in individuals' lives.

Patton (1990:22) and Blaxter, Hughes and Tight (2001:1) state that qualitative research supplies us with a detailed description of situations, persons, interactions, happenings, observed behaviour or parts out of documents, correspondence records of case studies, and statements of participants in a natural context. McLeod (2001:2) says the primary aim of qualitative research is to develop an understanding of how the world is constructed. It is a process of careful rigorous inquiry into aspects of the social world.

Qualitative research takes place in natural circumstances where things happen and the human behaviour can be observed (Blaxter *et al.*, 2000:12). In a similar vein, Dooley (1995:260) argues that the advantage of qualitative research entails direct observation and unstructured interviewing in natural field settings. The researcher attends to the social transactions that occur in the setting and may also collect relevant documents and artefacts. Qualitative data production appears spontaneous and open ended and usually has less structure and planning than quantitative

research. Methods of triangulation, that will be discussed later in the chapter, compare different interviews and perceptions of the same subject or behaviour.

All research has a specific aim. The aim of my research is exploratory in nature. According to Babbie and Mouton (2001:79) it is typically concerned with a new interest in a relatively new field. This kind of research sets out to investigate one or more cases to see "what is going on" and to describe the observations made. In exploratory studies one group or an individual is generally studied.

Exploratory studies are particularly valuable in situations where little is known to formulate a specific hypothesis – exploratory research should lead to the development of the hypothesis (Louw *et al.* 1999:32). Babbie and Mouton (2001:80) also says that an exploratory study is done because of the following reasons:

- To fulfil the inquisitive needs of the researcher to a better understanding.
- To test the possibilities for further studies.
- To develop methods to use in similar studies.
- To bring out central concepts and constructs of the study.
- To identify the priorities for further studies.
- To develop a new hypothesis on existing phenomena.

The literature makes it clear that exploratory studies give the researcher insight and understanding to collect accurate data. According to Miles *et al.* (1994:114) the biggest shortcoming of exploratory research in general is that the research seldom supplies satisfactory and definite answers, but rather gives more direction to the research and provides insight into methods that can guide the researcher to possible answers.

3.3 CASE STUDY METHOD

Within a case study different sub-methods are used, for example, interviews, observations, documents and record analysis, and work samples. Gillham (2000:13), Stake (1998:258), Adelman, Jenkins and Kemmis (1983:3) and Moore (1983:44) define a case study as "an examination of a specific phenomenon such as a program, an event, a person, a process, an institution, or social group".

Feagin, Orum and Sjoberg (1991:63) name four characteristics of a case study:

- It concentrates on specific situations, happenings, programs or phenomena.
- It is descriptive in the sense that the end-result is a rich-thick description of the entity researched.
- It discovers new meaning, expands on current knowledge or confirms what has been discovered previously.
- It is inductive and leads to generalizations, concepts and hypothesis originate from the data.

I was the primary instrument in the production and analyzing of data. Merriam (1991:37) says that a researcher needs certain characteristics such as:

- Adaptability and flexibility, because research is not rigid and situations may ask for adaptations.
- Being a sensitive observer and analyser, because a researcher must be sensitive to the context, all persons involved, hidden agendas and non-verbal behaviour.
- Being a good communicator, that will have empathy with the respondents, be an active listener and have the ability to build rapport with the respondents.

Since a case study is a bounded "system" emphasising the unity of wholeness of the system, but confining attention to the aspects that are relevant to the research problem at the time (Stake, 1988: 258), I considered it an appropriate method to use. My decision was strengthened by the following views. According to Feagin *et al.* (1991:2) a case of study can be defined as an in-depth, multifaceted investigation, using qualitative research methods, of a single phenomenon. Merriman (1998:13) and Feagin *et al.* (1991:2) describe it as a thick description where the study has been conducted in great detail, where a full description is given of the incident or entity being investigated. My study focused on the group of learners and the adult therapists selected. The context needed to be described in detail for the sake of understanding and interpreting the case study.

3.4 PARTICIPANTS AND CONTEXT

Three boys and two girls from the Grade-R group at a primary school were selected for the sample. Two were Afrikaans speaking and three of them were English speaking. The ages varied between five years and six years of age. The volunteer therapists were five elderly ladies from an old age home in the immediate area of the primary school. These volunteer therapists were coupled with learners.

I chose the particular primary school and old age home, because of the good relationship that existed between the school and the old age home. Both the school and the old age home are situated in the same area, within walking distance of each other. A broader discussion on the choice of school and the old age home will be provided in Chapter Four.

3.5 SAMPLE

A purposive sampling strategy was used. In purposive sampling, researchers choose respondents because of certain characteristics (Dooley, 1995:136). Miles and Huberman (1994:29) state that purposive sampling is based on the assumption that the researcher wants to discover, understand and to gain insight. To achieve the purpose of my study I decided on the following:

- A population of learners in a Grade-R class in a primary school setting, identified with the help of the educators.
- Parents of the learners identified would be asked to be available for interviews during the process.
- The Grade-R teachers would have to give their consent before being interviewed.
- Volunteers from the community (in this case an old age home) would be asked to volunteer and commit themselves to being available once a week for at least four months.

Louw *et al.* (1998:628) say that the labels society attaches to the elderly and the way in which the elderly accept these labels will influence successful ageing. The interaction between the elderly and their environment should not necessarily be negative. Opportunities for interaction enhance the elderly person's feelings of

competence. Encouragement of elderly persons' active involvement in the community should increase their life satisfaction and positive feelings about themselves. Considering the above, using senior citizens as volunteer therapists could provide positive reconstruction of the environment affecting their self concept and general well-being.

3.6 METHODS OF DATA PRODUCTION

I use the term "data production" rather than "data collection" to reflect the idea that an ultimate reality does not exist, but that reality is constructed according to one's own unique perceptions of experience (Gough, 1999:264, cited in Le Grange, 2001:80).

Dooley (1995:272) states that qualitative research begins with gaining entry into the target setting and defining how the researcher can make inquiries. Data production consists of observing and interviewing, and thus activities alternate with revising the variables and categories that guides observations. Because of its in depth and extensive nature, qualitative data proves to be lengthy.

According to Babbie and Mouton (2001: 282) multiple data sources should be used in case studies, because in most cases the researcher of a case study is the research instrument. Multiple data production is essential, so that data can be compared at a later stage (Huysamen, 1998:174). According to Merriam (1991:69) the use of more than one method of data-production is called triangulation. Triangulation is important to ensure that data produced from different sources can be compared to confirm that the correct information has been noted.

Babbie and Mouton (2001:249) state that data can be produced without instruments and can take the form of the following:

- video-recordings
- field notes
- interview notes
- documents
- artefacts.

In my research study I used data production methods such as video-recordings, field notes and unstructured interviews.

3.6.1 Video-Recordings

Video-recordings of each therapy session were made. The video-recordings were to ensure that the verbal and non-verbal behaviour of learners and volunteer therapists were captured. Adelman *et al.* (1983:73) and Harding and Meldon-Smith (1996:59) say that video-recordings are the best way to capture all the details. As facilitator of the process I was actively part of each session. It was possible for me to observe the process afterwards and to identify themes. I analysed the transcribed video-recordings, my reflections on each session, my field notes and the unstructured interviews in order to interpret the therapeutic process.

Benjamin (1981:67) points out that picture (such as provided in video-recordings) has added sound and sight to hearing and seeing to listening. We are no longer limited to the spoken word. It gives us access to movement, to gesture, to the rich and ever changing world of body language – in short, we have access to the entire range of behaviour. We can observe it over and over if we choose.

Prosser and Schartz (in Prosser, 1998:116) also state that image-based researchers have discovered the valuable contribution photographs can make, both in practice and presentation of our work. Like our field notes and other forms of empirical data, photographs can provide us with unbiased objective documentation of the social and material world. Through photographs, we can discover or demonstrate relationships that can be overlooked and we can communicate the feelings or see the emotion imported by activities, environments and interactions of people. The value of the video-recordings made during my study was that I could view and review video-material to write down data and to analyze the observations made during the viewing of therapy sessions. Every time I looked at a session I could see things that I had missed before.

3.6.2 Unstructured Interviews

Interviews with minimum structure are typical of qualitative research. Questions can develop into a more structured format as the study unfolds (Cohen & Manion, 1992:312). Silverman (1993:88) says that interviewing, whether structured, semi-structured or unstructured, is an effective data-production technique, because useful information can be gained, because the researcher can present questions on facts, emotions, motives, current and previous behaviour, standard of behaviour and

conscious reasons for actions and emotions. Patton (1990:96) confirms that interviews in qualitative case studies are done because we can interview people to find out more about the things we cannot observe. We cannot observe feelings, thoughts and intentions. To find out more about the world of people and their perspectives we have to interview them.

Engelbrecht and Green (2001:91) draw attention to the fact that the community, school, classroom and family systems interact with one another and with developmental processes in the life and experiences of any individual, learner and in the life of every educator. In the light of this, interviews with parents and educators were done at the end of the therapeutic process and weekly interviews were done with the volunteer therapists. Working within an ecosystemic approach, made it important to communicate with the role players involved in the child's life and affected by the therapeutic process.

3.6.3 Field Notes

For the purpose of my study field notes were made during this study. According to Babbie and Mouton (2001:454) analysing non-verbal communication is important in qualitative studies. This can be noted in field notes. Adelman *et al.* (1983:78) confirms that field notes enhance the quality of the information of interviews. Field notes also play an important role in the reflection process that is not captured on video.

3.6.4 Observations

Burroughs (1975:98) argues that observations are the most basic and most direct method of securing behavioural data which exists. Observations were made during therapy as well as during interviews with parents, educators and volunteer therapists. According to Mertens (1998:315) it is important that the researcher adopt dual roles. Firstly the researcher should be an instrument of inquiry, and secondly the researcher must be able to stand aside and to be an objective observer.

3.7 DATA ANALYSIS

Bogdan and Biklen (1982:154) describe the process of data analysis as involving working with data, organizing it, breaking it down, synthesizing it, searching for

patterns, discovering what is important and what is to be learned, and deciding on what you will tell others.

In this approach the researcher identifies categories of data and then, through a process of clustering extracts a few broad themes (Engelbrecht, Swart & Eloff, 2001:258).

Data analysis in qualitative studies is an on going systematic comprehensive process, which includes reflection. Merriam (1991:123) says that data-analysis and data-production are a joint activity in qualitative research and starts with the first interview, because data-analysis is the process of making sense out of collected data (Merriam, 1991:127). Continuous data-analysis is important because it ensures a focused research and prevents the repetition of data. Feagin *et al.* (1991:132) contend that it is important that researchers know the research problem and the case that will be studied, but they will not know what they will discover, on who or what they must concentrate, or what the final analysis will be. Continuous research is therefore important because it gives direction to the research and prevents the production of unfocused repetitive data.

To analyse my data I read through my field notes and interviews and viewed the video-recordings thoroughly. Proser (1998:99) says that the general view is that films, videos and photographs are acceptable as means to record data. Images play a minor role, or occasionally a supporting role, but only rarely as evidence or to represent findings in mainstream qualitative research. In my case study I made use of video-recordings as a supporting role to the other methods of data production. I used them in addition to the field notes, observations and interviews with the different role players. Mouton (1996:111) underlines the importance of reading through research information repeatedly to gain a holistic view of the therapeutic process. I found the image-based research very useful because I could view the process of my study a few times. However, there are two methodological arguments used against image-based research. Firstly cameras, equipment and the act of "shooting" make the researcher more "visible" in the process, damaging rapport and inhibiting participants' everyday behaviour and activities. Secondly there is a deep concern that the image-based researcher is insufficiently self-conscious since the act of creating an image requires a combination of personal awareness of knowledge selection, technical, and artistic judgements (Prosser, 1998:104-105). I found the

above to be true only at the beginning of the sessions. As the participants became more relaxed and used to the process the video-taping did not seem to disturb the rapport of therapist and learner or self-consciousness of the researcher.

My approach to the data-analysis of my research was to make field notes of every session and to write down any observations. I made video-recordings of every session. I decided to make use of a coding system to analyse the data collected. Codes according to Miles and Huberman (1994:56) is a form of labelling that the researcher attaches to significant information in the study.

According to Straus and Corbin (1990:61) the researcher reads the material and engages in a process of "open coding". This process has been defined as the "process of breaking down, comparing, examining, conceptualizing and categorizing data. Finally, I read through all the data and viewed the videos again to have a holistic picture of the process. I compared the data, for example, field notes, video-recordings, observations and interviews to confirm the validity and reliability of the data through the method of triangulation.

I summarized the data, looked at possible themes and decided on codes. After that I read through the data and used the codes to identify themes and sub-themes as set out in Chapter four: Table 4.3. The codes that I used, were in the form of abbreviations as indicated in Table 3.1. The themes and sub-themes were based on two categories namely the therapeutic skills and possible emotions in both the therapists and the learners. The codes help to organise data so that meaning can be given to it. The organising of the units helps the researcher to make the necessary findings for the study.

Strauss and Corbin (1990:137) argue that the coding and recoding is best done when the analysis of the data is completed, in other words when the incidents are classified, categories confirmed and all the regularities identified. The analysing process must not be stopped before the researcher is confident that all the categories were identified. I therefore read through the notes until all the categories were identified. Miles and Huberman (1994:56) see coding as a form of analysis and refer to it as follows:

To review a set of field notes, transcribes or synthesized, and to dissect them meaningfully, while keeping the relationships between them intact, is the stuff of analysis.

TABLE 3.1: List of codes for possible themes

Anxiety	anx.
Calmness	cal.
Commitment	commit.
Communication	commun.
Confidence	confi.
Cradle	C
Creativity	creat.
Emotions:	
• Learner	emot.L
• Therapist	emot.T
Empathy	emp.
Eye-contact	eyec.
Future	fut.
Holiday	hol.
Parents	Par.
Physical contact	phys.con.
Reflective guidance	refl.g.
Scholastic performance	schol.perform.
Social contact	soc.cont.
Spontaneity	spont.
Structure	struct.
Termination	term.
Trust	Trust
Ability	abil.
Acceptance	acc.
Resistance	resis.
Withdrawal	withdr.
Active	act.
Safety	Safe
Relaxed	rel.
Body language	bodyl.
Emotional maturity	emot.M.
Rapport	rap.
Availability	avail.
Balanced	bal.
Observe	obs.
Community involvement	Comm.inv.

3.8 DATA VERIFICATION

Feagin *et al.* (1991:140) says there are many question marks around research that is done in the form of a case study. The first question asked is about the validity and reliability of the results and whether it can be generalized to the broader context.

Guba and Lincoln (1981:378) comment as follows on the following, on the validity and reliability of case studies:

It is difficult to talk about the validity or reliability of an experiment as a whole, but one can talk about the validity and reliability of the instrumentation, the appropriateness of the data-analysis techniques, the degree of relationships, between the conclusions drawn and the data upon which they presumably rest, and so on. In just this way one can discuss the processes and procedures that undergrid the case study – were the interviews reliably and validly constructed; was the content of the documents properly analysed; do the conclusions of the case study rest upon data? The case study is, in regard to demonstrating rigor, not a bit different from any other technique.

I made sure that the procedures and techniques that I used in my study were appropriate and used in the correct way. The in-depth planning of my study, secured further reliability and validity.

Data verification is important to secure internal validity. According to Adelman *et al.* (1983:97) internal validity is important. The findings of the research should correspondent with reality, and precisely what was suggested in the above quote.

In a case study the researcher should investigate the thoughts of a person regarding reality. Walker (1980:45) indicated the importance of the fact that the researcher should give a realistic structure of reality and the researcher must be honest in her perceptions. Merriam (1991:168) confirms the above in the following quote:

In this type of research it is important to understand the perspectives of those involved in the phenomenon of interest, to uncover the complexity of human behaviour in a holistic interpretation of what is happening.

According to Merriam (1991:170) there are six basic strategies to confirm internal validity.

- Use triangulation, the use of two or more methods of data collection.
- Confirm with participants about the validity of data.
- Ensure that data-production is continuous and over a period of time.
- Ask colleagues to comment on the findings as the research develops.
- Involve participants during the research.

- Evaluate your (the researcher's) view of the world, theoretical orientation and own assumptions before the initial start of the research study.

In my previous discussions I mentioned that I made use of triangulation in my study. During my study that took place over sixteen weeks, I had discussions with the volunteer therapists and the teachers on the behaviour of the learners and the experiences of the volunteer therapists. I did not only use my own judgements and perceptions, but those of the others involved.

Using triangulation and to verify my data, I read through my notes and made use of coding to identify the themes. I confirmed these with my observations and the interviews I had with the volunteer therapists, teachers and parents of learners. I viewed the video-recordings and made notes of the themes that I could observe, the body language of the learners and the volunteer therapists. Lastly I verified my information with the observations done, field notes, interviews and video-recordings.

Validity and reliability normally goes hand in hand. Lincoln and Guba (1985:120) says that it is quite positive that if internal validity has been confirmed, the study will also be reliable. To make sure of the internal validity of my research my selection of participants were unbiased to exclude any negative effects on the study that could cloud the outcome of the study (Cohen & Manion, 1994:175). I did not choose specific individuals to be part of the study as all the therapists volunteered. To further secure the internal validity of my study I gave a realistic structure of reality and honest perceptions of my observations so that it can make sense to the reader. The researcher can improve the reliability of a case study, considering the following:

- The researcher must explain his/her assumptions and theories on which the study is based quite clearly.
- The researcher must give a thorough description of how the research is conducted and how he/she arrived at the findings of the study (Merriam 1991:175).

If the above is considered Moore (2001:48) is of the opinion that a case study can be useful. Attention must be given to two aspects: namely that the case must be representative of the topic and the group of the population that will be researched. This has been showed previously in this chapter (3.4) regarding the sampling, which showed that the group used was representative of the population for the research.

If a researcher can describe his/her research methods clearly and confirm them, this will enhance the validity of the study, Merriam (1991:175). It is also important to mention the theoretical approach that the researcher used. I used the ecosystemic approach as mentioned previously in my study.

3.9 ETHICAL CONSIDERATIONS

According to Babbie and Mouton (2001:271) and Adelman *et al.* (1983:124) research should be done in an ethically correct way. The ethics for psychologists (Health Profession Act, 1974) were the guiding principle for all actions taken by the researcher during the research project. I received permission from the Western Cape Education Department, the principal of the primary school, their governing body, and the management team of the old age home to do my research. The parents of the learners were asked for their consent to allow their children to be part of the research group.

According to Miles and Huberman (1994:164) ethical requirements demand that the researcher be honest in the use of methods and in the report of the results. To meet this criterion I made recordings of all the therapy sessions and discussed the sessions with the volunteer therapists. The right to privacy, non-participation and confidentiality and the right to expect experimenter responsibility were therefore also respected (Tuckman, 1994:13).

All raw data, for example, field notes and personal documents from the case study were handled in strictest confidence and remained the property of the researcher and the participants only (Fourie, 1997:43).

3.10 CONCLUSION

In this chapter the research design and methodology of my study was discussed. My study explored whether Developmental Play Therapy could be used effectively in a primary school setting using participants in the community as volunteer therapists. My research was done using a qualitative case study and was exploratory in nature. Purposive sampling was used to identify the learners at the primary school and willing participants at an old age home. In the data-production I used video-recording, unstructured interviews, observation and field notes. The data analysis

was done using transcriptions of video-recordings, interviews and field notes. The validity and reliability of the study was enhanced through triangulation. For ethical purposes all raw data regarding the research was treated as confidential and the property of the researcher and participants. In my next chapter the therapeutic process will be discussed and evaluated.

CHAPTER 4

CASE STUDY

4.1 INTRODUCTION

In the previous chapters I discussed why I chose to do a case study and presented the reasons for the validity of the research. The chapter that follows will first detail the background information of volunteer therapists and learners. Next the therapy sessions and all the other role players in the case study will be discussed and evaluated. All the Developmental Play sessions were videotaped and personal interviews with the volunteer therapists, parents of learners and teachers were held at the end of the sessions to determine the experiences of the therapy and the progress and behaviour of the learners. In this case study, approach from an ecosystemic viewpoint, it was important to include as many of the systems that influence each other. The learner as the central part of the wider system was the focus point of the study. The other systems that were used to assist the learner were the family system, the school system, the peer system and the local community that formed part of the wider system.

4.2 CONTEXT

The five participants volunteered spontaneously and committed themselves to the process of the research. According to Leedy (1993:128) the principles of ethical propriety lies in the consideration, honesty, fairness, openness of intent, a respect for the integrity of the individual and an informed willingness on the part of the participant to participate voluntarily in the research activity. For ethical reasons different names were substituted for the real names of the participants.

The five participants were all women that stayed in the same old age home. Four of the women were of the same race and culture. The old age home is situated in a middle-class socio-economic area and in walking distance of the school. There was also a caring relationship between the old age home and the school. The learners of the school visited the citizens of the old age home on a regular basis and especially

on special occasions such as spring day, during Easter and the festive seasons to hand out gifts and to do drama presentations. During the year the school would also invite the people at the old age home to attend certain functions of the school.

The fact that the volunteer therapists stayed together in an old age home was also positive regarding the availability and time that goes with training sessions and therapy sessions. McLeod (1993:212) also considers that the two most common dilemmas in training therapists are balance and time. No matter how long a course is, the time available can be a problem. Time was not a problem in my study because the selected seniors were available and times could be discussed that suited all of them. The time frame necessary for a balanced training (theory and practical demonstration) and therapy also proved not to be a problem because none of the ladies were involved in a full-time occupation.

TABLE 4.1: Volunteer therapists

Name	Age	Marital Status	Children	Grand Children	Previous Occupation
Jane	88 years	widow	two	none	nurse
Milly	68 years	divorced	four	three	nurse
Megan	67 years	single	none	none	dressmaker
Eve	73 years	widow	four	ten	dressmaker
Mona	72 years	widow	three	seven	housewife

Five learners were identified in the Grade-R class through purposive. The names of these learners were also changed for ethical reasons.

TABLE 4.2: Learners

Name	Age	Gender	Number of Children in family	Reason for referral selection in sample
Ydie	6 years	female	2	Behavioural problems Attention - seeking Mom expecting a baby
Jack	6 years	male	3	Behavioural problems Parents going through a divorce
Jona	5 years	male	2	Hyperactive Not focused
Luke	5 years	male	2	Does not communicate Very shy
Landi	6 years	female	2	Talkative and attention - seeking

The group of learners consisted of three boys and two girls. Three of the learners did not live in the immediate feeding area of the school and travelled to school by bus or taxi. Both parents of all the selected learners worked full-time. Two of the learners stayed with their grandparents in the afternoon after school and three of them stayed at after-care facilities at school and in the immediate area till five-thirty in the afternoon.

Sian and Ugwuegbu (1988:150) contend that the way children behave with their peers differs from society to society. This is dependent on the organisation of, and values within the society's socio-economic system. Children that are brought up in the same culture behave similarly to children in the same circumstances from another type of culture. Sian and Ugwuegbu (1988:150) are therefore of the opinion that the social behaviour of children, no matter which society they live in, relates closely to the way adult life is conducted: children are born potentially similar no matter where they live, but their development and behaviour will be shaped by cultural variables.

In the light of the above and the fact that most of the parents of learners in a school had full-time occupations and were forced to put children in day-care and after-care facilities, they can be influenced by their peers, at school and in the afternoons, that is for most of the child's day. Horchschild (1990:11) argues that each marriage bears the footprints of economic and cultural trend which originates outside marriage. The rise in inflation which has eroded the earning power of the male wage, the expanding service sector which has opened up jobs for women and new cultural images are changes that can affect the life of a family, especially the children. All these changes can be confusing for children and affect their identity. I felt that the learners selected for this research study would also be affected by these changes. Therefore they could benefit from Developmental Play Therapy which would allow them to experience their individuality and to build their self-concept (Brody, 1995:7). As Brody (1995:135) points out, even normal children can benefit from, and need some touch, to acknowledge and experience the beauty of their own existence.

4.3 IMPLEMENTATION OF THE STUDY

4.3.1 Implementation: Phase One

4.3.1.1 *Administrative Aspects*

To gain permission and access to the different institutions, letters were written to the Western Cape Education Department, the principal and governing body of the primary school and the management team of the old age home. Discussions were held with the manager of the old age home, the principal and teachers of the Grade-R class to give them information on the research study regarding the process, and what would be expected from the school and the volunteer therapists.

4.3.1.2 *Selection of Volunteer Therapists*

A Developmental Play Therapy demonstration by Dr R. Newmark (supervisor) was held for the interested senior citizens at the old age home. The purpose of the research study, what would be expected from the volunteers, the length of the programme and how training sessions would be conducted, were discussed. Volunteers could then opt to be trained as therapists. Five women volunteered to be part of the research process.

4.3.1.3 *Selection of Learners*

Letters with background information on the research study were sent to the parents of the learners in the Grade-R classes. Parents could indicate whether their children could be considered as participants of the research study or not. Children for the study were then selected from those whose parents had given permission through purposive sampling, with the help of the teachers. A description of purposive sampling was given in Chapter 1. Five learners were selected, two girls and three boys. In the description of the learners that follows, the real names have not been used.

Ydie, a six year old girl with behavioural problems in class, was selected. She presented with attention-seeking behaviour and would never stop talking in class. During an interview with her parents her mother said that she had problems at home too. Ydie was the younger of two children. She fought daily with her sister and would not listen to her parents. Her mother was pregnant and she related Ydie's behavioural problems to the pregnancy. Dworetzky (1995:300) confirms that sibling

rivalry can cause conflict and that parents should discuss baby-care activities with the child and refer to the expected baby as a person instead of just "the baby".

Jack, a six year old boy was the youngest of three children. He presented negative behavioural problems at school. He would isolate himself or fight with his peers. His mother mentioned during the interview that she and her husband were in the process of getting a divorce. She worked a full day and had to go away from home often. The children would stay with their grandmother who lived with them, but also worked half-day shifts. Jack constantly fought with his brothers and was very aggressive at home. Dworetzky (1995:295) says that most data concerning the effects of divorce on children point to anger, fear and shock, and that it is common for children to feel guilty or in some way feel responsible for the divorce and to become withdrawn or depressed. Parental support is important to prevent possible developmental disruptions.

Jona, a five year old boy and the younger child of two children presented with problems of hyperactivity. He would never sit still in class, was easy distracted and never completed tasks in class. Both his parents worked and he stayed with his grandmother after school. His mother confirmed during the interview that he would never sit still. He only did something if it interested him, and then only for a short while.

Luke, a five year old boy and the younger of two children was very quiet in class. He never talked to the teacher and only played with one or two friends, much younger than himself. He was also academically slower than his peers despite the fact that his parents gave him extra support at home. Both his parents worked and he stayed at aftercare until his mother picked him up in the afternoon. During the interview with his mother she confirmed that he was a loner at home too. His brother was much older than him and lived with the grandparents. Luke could be seen as an only child, because his brother was eighteen years of age and not living at home.

Landi was a six year old girl. She was the younger of two children. Her brother was in grade 1 and less than a year older than Landi. Last year she and her brother had been in the same Grade-R class. According to the teacher she would do everything for him and at times took over the mother role. This year she showed attention-seeking behaviour and would never stop talking in class. She would "bully" her peers

and be the one to complain. She stayed at after-care in the afternoon. Most of the time she would be the last one to be picked up despite complaints from the principal of the after-care. Her mother never came for the interview but completed the letter of authority and confirmed telephonically that she would not have a problem if Landi was part of the research group. The teacher mentioned that Landi's parents never attended meetings and barely responded to requests from the school.

4.3.2 Implementation: Phase Two

During the first three sessions of the study, training was given to the volunteer therapists. According to Brody (1995:8) the adult must experience being touched in order to be a toucher. The therapists were allowed to be touched by an adult partner and to feel comfortable in the touching process.

Session One of the training was held at the old age home. On arrival at the old age home all the ladies were already in the hall, waiting for the session to start. The ladies sat in a semi-circle on chairs because it was more comfortable considering their age. We started with a relaxation exercise to help them to relax and to be focused on the process. We then said "hallo" to our bodies because as Brody (1995:8) confirms it is important to experience the touch of your own body first before you can touch another person. The different Developmental Play games e.g. slippery hand game, the gingerbread cookie game of Brody (1995:357) broadly discussed in Chapter Two were discussed and demonstrated. In the Gingerbread Cookie game the therapist tells the child that she is going to make child into a wonderful Gingerbread Cookie. The therapist puts the child onto her lap and holds the child tightly and says that she is putting the child into the mixing bowl. She shakes the child around and makes the sound of the mixer. Then she pretends to roll the child out with a rolling pin. This is done slowly and gently. Then the cookie is shaped with a cookie cutter, head, hands, arms, legs, etc. The child is placed on the lap to bake in the oven, making the "shh" sound of the oven. A big fuss is made when the cookie is ready. The face of the Gingerbread Cookie is then decorated touching the face of the child physically.

The session ended with a reflection discussion about their first experiences. All the volunteer therapists experienced the touching as positive and did not experience any discomfort being touched by another person or to be the "toucher". At the end of the

first session individual interviews were held with the individual participants. We completed a genogram sharing their family histories. I found the sharing of information on their lives to be a therapeutic process for all of them. It gave them an opportunity to reflect on their lives and children.

The second session started with a quiet time to be centred and to connect with the self. A practical demonstration was done with a child while the volunteer therapists observed. After the demonstration the process was discussed and they could ask questions relating to any of the activities.

During the third session the ladies had another practice session, which was enjoyed thoroughly and the excitement to start with the actual therapy with the learners was high. During reflection time I asked the ladies to visualize a possible child that they would like to work with. They were prepared to work with children from different race-groups and their feelings about it were discussed. They all confirmed that they did not have any problems regarding the race and culture of the children. I regarded the racial discussion as important because West (1996:27) says that it is good practice for the child and therapist to share the same racial background. If it is not feasible, careful consideration has to be given to the pros and cons of the therapist and child coming from different racial groupings. The ladies committed themselves again to the process and felt that they would like to make a difference in the life of any child if possible.

During the fourth session I first had a pre-session with the volunteer therapists. Pre-sessions were held at the beginning of all the sessions. During pre-sessions we would share anything that was important to them during the week. The mutual interest in each other proved to be therapeutic to everybody and a good way to start sessions. The ladies said that they would like to start sessions with a prayer because they thought it to be important for the success of the therapy process. The five adult pairs met in the same room. We used chairs for both adult and child because it was convenient for both of them. Except for the chairs and a bottle of lotion, no props (such as dolls or toys) were used. According to Brody (1995:142) the three limits must be spelled out at the beginning of the session to the children:

- (1) they are not allowed to run around in the room;
- (2) they must remain in their chair next to their adult partner; and
- (3) they are not allowed to hurt themselves or the adult partner.

The children were introduced to the Developmental Play programme as a group during circle time. The activity was led by the leader so that adult and child could meet each other. During this session children were passed on and played with for five minutes to meet all the therapists. At the end of the session the children were told that they would meet in the hall every Monday morning and that one of the adults will be their partner. The children started off quietly because of the new experience. They seemed to be quite anxious to be part of the program. At the end of the session I helped the ladies with the choice of their children. They were all very excited and looked forward to the next session. A few of the comments were:

Jane: "I really look forward to the next session." (emot.M)

Mona: "My kind is tog so oulik." (acc.)

Milly: "My child looked so scared at first." (emot.L)

Megan: "I wonder, will I be able to do the right thing?" (emot.T)

For session five, the volunteer therapists arrived at school five minutes before the time. They were looking forward to the session with the children. The excitement was contagious. Mona mentioned that she had come down to the bus earlier than the suggested time, because she did not want to be late. The children generally responded positively to the games. Jack, however, showed some resistance and refused to take off his shoes. He said he would rather talk to his partner to avoid being touched. Luke enjoyed the games, without saying a word, and did not respond to anything requested verbally. At the end of the session during reflection time, Jane mentioned that Landi, who was her child-partner, allowed everything and responded wonderfully to her enjoyment. Megan, who was unmarried and had no children, mentioned that she was still uncertain and does not know whether she was doing the right thing. She was comforted by the others who ensured her that she had done well. During my observation of the session, I noticed that the children would not make eye-contact. They were still looking around, and were very inquisitive of the

happenings around them. I made the volunteer therapists aware of the importance of eye-contact and they promised that they would work on it positively.

Session six started after a week's holiday. Both therapists and learners said that they enjoyed the break, but were glad to be back. The class teachers confirmed that the learners reminded them every Monday of their therapy session. During the pre-session Jane told the group that she had been in hospital for an eye operation. She was actually scared that she would not recover in time for the next therapy session. Luckily the week's holiday had been enough for her to recover fully. During this session the therapists worked on eye-contact with the learners. Milly partnered Jona, who was very active and she had to be very creative in her activities to capture his attention for a while. She was worried about the fact that he could not focus for too long, and wondered what happened in class. She was actually confident that it would improve in future. Megan mentioned during reflection time that she thought that she should stop the sessions, because she felt that she was not doing the right thing. I had an individual session with her and explained to her that there is no right or wrong in the games that she was playing. I praised her for the excellent work she had done thus far with Ydie, who was very demanding and always wanted her way. At the end of our discussion she decided to carry on, recalling that she had committed herself at the beginning of the process. After I told her that she had done well, she seemed more confident and relaxed and I was glad that she was prepared to carry on with the therapy despite her fears about her competence.

During session seven, in our pre-session, the volunteer therapists reflected on the Grandfather and Grandmother morning they had attended at the school the previous Friday. Jane, who was Landi's partner, said she was glad she had been there because Landi had had no support. When they could join their parents or grandparents, Landi had gone to Jane and sat on her lap. Jack had joined Milly, his adult-partner, instead of his grandmother who was in the audience. Luke's grandparents were not there and he had joined Margaret for the rest of the morning. Ydie and Jona shared their time between their own grandparents and their therapists. This was a very positive experience for both the therapists and the learners. They mentioned that they had felt very happy and needed and believed that they had connected with their partners. During the adult-child activity it was observed that Jack was quieter than usual. He refused to take off his shoes. Milly

played along and acted as if it was not a problem and invented other touching activities. Ydie and Landi enjoyed every minute of the individual attention they received. Landi was seen as a positive little girl by her partner, who could not imagine her to be a problem in class. Luke was still very quiet and enjoyed the games played with him. Eve could keep the connection with Jona for longer periods because she tried out different touching activities to keep his attention. During this session I could observe that the learners made more eye-contact with their partners and were less interested in their surroundings. Therapists and learners bonded and enjoyed being together.

Session eight started with a pre-session. Volunteer therapists reflected on their individual journals that they kept regarding their feelings, experiences and their therapeutic relationships with the learners. Jane, Landi's adult-partner, experienced the process as therapeutic for herself. She felt that as a mother she had worked full day and therefore felt guilty for possibly neglecting her children because of her work. She could now be supportive to Landi, whose parents worked all day and where there could be a lack of support. She was thinking of school functions and meetings like teacher-parent interviews where the parents were never available. Milly felt that she bonded well with Jack who initially was not comfortable with the touching. Eve continued being very positive about the therapeutic process. She mentioned that she could keep Jona busy with games and that he focused more on one adult-child relationship. Before he would be talking and was more interested in the other learners. Megan said that she felt more confident and comfortable with Ydie and the therapy process. Mona did not write anything because she found it difficult to write. She felt that she was making contact with Luke who talked more often and would see that her chair was ready and would carry it back to the circle again. During the therapeutic process I observed that Jack was continuously talking to Milly. Reflecting about it at the end of our session she mentioned that he had opened up more and was actually sharing things that happened at home. All the other learners connected well with the therapists and I could observe, at this stage, that all of them were more relaxed and were enjoying the adult-child interaction. At this stage I also discussed termination of the sessions with them. According to what I observed, this was not well received. These are a few of the comments heard:

Ydie: It will not be nice if we cannot come again.

Jack: No!!! It is not fair that we cannot come anymore.

Landi: I will miss Jane too much.

During session nine I observed more obvious changes in the adult-child relationships. The learners, at this stage, initiated more of the games in the sessions. Both therapists and learners were more focused in their own one-to-one session. A lot of creativity could be observed in the sessions. Jane moved in the imaginative "shopping mall" helping Landi to fit on clothes and playing the role of beauty therapist doing facials, manicures and pedicures. Milly and Jack played forest games where animals crawled up the trees, washing their "babies" and brushing their hair. Termination was confirmed again. During reflection time the volunteer therapists said that they feel like a family and they would miss the sessions if they came to an end. Mona mentioned that she found Luke quieter than usual and she thought he had not been feeling well. Discussing Luke with the teacher she confirmed that he was sick, and that his mother phoned to say that he refused to stay at home because he did not want to miss the session.

During session ten we discussed the learners and where they were at this stage. The comments on the learners were as follows:

Jane: Landi is more like a small child enjoying the attention she gets.

Megan: Ydie still wants to manipulate the games at times.

Milly: I find Jack to be more open and more relaxed during the play sessions.

Eve: Jona is more calm, but does not like to be cradled.

Mona: My child is talking more than normal and I like it very much.

During my observation of the session I also noticed that Jona tried to wriggle out of the cradling process. He is still very active in class as well as at home. Sitting still for a few moments is difficult for him. Luke did not only start talking in therapy sessions with Mona, but his teacher complained that he talks too much in class. I suggested that she should not stop him, but instead try to manage his talking properly and use it positively.

Session ten confirmed how well the therapists had adapted to their role. During this session they had created their own games. Ydie wanted to manipulate games, but it was handled well by her therapist. Luke had started to communicate more and became more active in circle time. His educator complained that he was becoming very talkative in class.

Sessions five to eleven had a definite structure. The children were all very spontaneous during circle time. Therapists and learners bonded well and enjoyed being together. These sessions confirmed Piaget's statement (1962:27) that these learners experience safeness during the therapy. I observed that the calmness and maturity of the therapists had an excellent effect on the learners. The time together had become special, not only for the learners, but also for the volunteer therapists. The therapy session had become part of the Monday routine for the learners. During the adult-child session Megan had to set limits for Ydie, because she wanted to do her own thing. I observed that Megan did the limit setting in a firm, friendly manner with positive results. Good rapport had been built between Milly and Jack. He initiated most of the games and shared more of his experiences at home with her. This confirmed the mutual trust that existed between them. During the "Goodbye" session the learners pretended to be asleep. They enjoyed the fuss that was made to wake them up. They were reminded of termination again so that they can be prepared for the separation.

During session eleven therapists and learners bonded excellently. The sessions had become the highlight of the week for both therapists and learners. The maturity and calmness the therapists brought with them had had an excellent effect on the learners. The time together had become special and part of their daily Monday routine.

The volunteer therapists normally had a quiet time before the group therapy. During session twelve I asked them if they would like to share anything that they brought with them from their special place.

Jane: I was in my room at the old age home. This is where I feel safe and where I can relax. (This could indicate that not only do the learners need safety and security, but also the adults.)

- Milly: I brought with me the peacefulness of God's creation and the knowledge that it is good. (This statement indicated a possible inner peace that she experienced and the positive connection that she made with God – again a need for safety, security and peace.)
- Megan: I prefer not to share my experiences. (This could be because Megan was still lacking self-confidence and felt uncertain. I reassured her that it was fine if she preferred not to share with the group.)
- Mona: I brought with me the beauty of flowers and trees. (When I asked her to tell us more she explained that it gives her a feeling of peace when she thinks of the flowers and trees.)
- Eve: I brought with me a piece of gold, because I imagine heaven to look like it. (She confirmed that it gave her inner peace and thankfulness for all the good things.)

During circle time I observed that the children were very talkative and spontaneously communicated with the adults. This, to me, was a confirmation of good adult-child relationship and rapport. Ydie asked if she could be the leader and was excitedly welcomed by the group. This showed that she felt confident and comfortable to take the lead. In the individual sessions all the learners were occupied with their games. Jona did not mind the cradling anymore. Luke became more confident. In my observation I found that he would initiate touching games and made more eye-contact with Mona. In the "goodbye time" Luke was the only one who was sleeping. Everybody made a fuss and warned the others not to be noisy. It took him quite a while to wake up. This was significant to me. Before he would just be there and only followed the others. He was a little more confident and was the only one who decided to sleep. This was the last session before termination. Learners were reminded again that there was only one session left.

At the last session the volunteer therapists expressed their fear of termination during the pre-session. We discussed possible follow-up sessions in the new year when the learners started grade 1. In our adult-child session they played all their favourite games. I observed that the learners were less talkative and connected it to the termination of the session. During goodbye time each learner gave their volunteer therapist a thank you card they had made in class. The volunteer therapists gave

each of the learners a goodbye gift. This, according to what I observed, made the goodbye easier for the learners. The fact that it was the end of the term and the beginning of the summer holiday made it also easier on the learners. It was not just the end of the therapy session, but the end of the year, and also the end of Grade-R.

During the reflection session I congratulated the volunteer therapists on their commitment during the research study. They attended all the sessions and always arrived five minutes before the time. Their positive attitude towards the school and the learners helped them to connect and to commit themselves to the research study. The volunteer therapists were sad to say goodbye but grateful that they could assist the learners and the school. Final comments on how they experienced the research study and the therapy process were the following:

Jane: My child was so wonderful and I enjoyed to do the therapy, because I could not do it with my children due to a long working day.

Megan: I learnt a lot from the sessions, although it is difficult for me to work with children, because I am not used to them.

Eve: It was an honour to be part of the process and I enjoy children.

Mona: Wonderful! I really liked the therapy and I love my "child".

Milly: I enjoyed the sessions and it was a good feeling when I noticed the change in Jack.

We concluded our sessions on a sad, but positive note. The therapy sessions proved to be successful and the volunteer therapists declared themselves willing to do the therapy in future if needed.

During the last four sessions I had reminded the therapists and learners that they had four sessions left to be together. The learners would shake their heads negatively confirming that they did not want the sessions to stop. The therapists mentioned that the sessions had become important to them and they enjoyed being with the learners. In the last session the learners played all their favourite games. Each of the learners made a special card for their therapists. The last session ended quite tearfully for the therapists. The farewell was short, but left grateful and fulfilled therapists behind. The learners showed their dissatisfaction because they would not be seeing their therapists again, but remained their bubbly selves.

4.3.3 Pre-sessions

Each session during the research process started with a pre-session. During these sessions the therapists shared feelings and important happenings in their lives. These times became significant to the therapists. During these sessions they supported, listened and cared for each other, that played an important role in the mental health of the therapists. Observing what mutual support, caring and listening meant to the volunteer therapist, the words of Cattanach (1992:147) notes that the therapist needs to understand the emotional effects of her work on herself and to keep children safe, the therapist must also stay safe. She must seek help and supervision, share and burden, know when to stop and rest and do and enjoy other things. Jane, who was very creative and did needlework, shared information about the needlework that she does and how she enjoys it on different occasions. At another time she found comfort sharing with the others her fears whether her eye operation would be a success and the gratitude of the group when it proved to be successful. Eve was quite involved in the church circle. She helped the church with its voluntary services twice a week. On occasion, she shared her experiences during her voluntary sessions and how they had enriched her life. Milly was a retired nurse. She was divorced and had brought her children up as a single parent. She was quite active at the old age home, where she found it rewarding to help with the elderly people who were bed-ridden and those who could not move around on their own. She would do duty in the sick bay, and would read to those who are very sick and needed comfort. Megan had grown up in an orphanage as a child. She had no immediate family as she had never married and so found this "family" support within the group enriching. The group helped her to become more confident especially in the field of the therapy sessions. At one stage she mentioned that she enjoyed the talking sessions because it was a new experience for her. Mona who had problems with her health found encouragement in the support of the others just because they listened to her. Reflecting on a few of the incidents made me realize the importance of sharing and how it helped the volunteer therapists to keep mentally fit.

4.3.4 Reflection sessions

All the sessions also ended with a post session/reflective session where we evaluated the therapy process, the self and the learners. In these sessions we evaluated the therapy process. Volunteer therapists shared their emotions and fears

and anxieties could be dealt with. In discussions they shared new ideas regarding activities that could be tried out. At times I asked them to close their eyes and to think about the child-adult experience. Milly who was a divorcee, co-incidentally worked with Jack whose parents are going through a divorce. She mentioned that she could relate to him and possibly his feelings because her own children had been more or less his age when she got divorced. Megan who stayed in an orphanage from a very young age up to eighteen years realized the need for caring and touching. She mentioned that she had volunteered for the programme because she wanted to do what she never had. Because she had never had children of her own, she sometimes found the process difficult or thought that she was not doing the right thing. These reflection sessions helped her enormously and supported her to believe in herself. Jane decided to take part in the research study because she wanted to do for the learners that she thought she failed to do for her own children. She was very creative in her touching games. Reflecting on some of the sessions she said she had found the therapy excellent, not only for the child, but for herself too. Mona said that she started the sessions because she worked closely in the community. On moving into the old age home, she felt rather worthless. Doing Developmental Play Therapy meant a lot to her as a person and she felt she could do something by helping others.

The volunteer therapists found the reflection sessions positive, and I found it significant because I could observe and evaluate the success of the programme and my role in the process.

4.3.5 Interviews

- **Teachers**

Interviews with the Grade-R teachers and parents were held after the therapy sessions. The teachers confirmed that there had been an obvious change in all the learners. Ydie was more positive and less demanding in class. She was prepared to take a back seat in class and to allow other children a chance to do things. Landi had become her responsible self again. She would do things without complaining and with less talking. She also did not expect the teacher to pay attention to her all the time. Her teacher mentioned that it seemed as if she had grown up overnight. Jack was less negative in class. He would also communicate his feelings more openly

with the teacher. He had also stopped being aggressive in his behaviour and his teacher found it all very positive. Luke had come out of his shell according to his teacher. He had more friends and talked in class – sometimes so much so that she had to stop him. Before he would not say a word and only had one or two younger friends. Jona was still very busy. He could focus more at times, but still had a problem with being easily distracted. He struggled to complete tasks. In his case, according to my qualitative evaluation, I felt that he would need additional therapy sessions in future. The teachers felt that the therapeutic Developmental Play Therapy had been a success. On Monday mornings the learners would remind them of their session. There was consensus that it should be applied in all schools in future to support learners.

- **Parents**

I had interviews with the parents at the end of the sessions to ask them if they had observed any changes in their children. Ydie's little brother had been born. Ydie's mother had thought that she would be negative towards him, but was surprised that she was very careful when handling the baby. She was also less demanding and enjoyed school more. Jack's parents had finalized their divorce. They said that he was less aggressive at home. They had explained to him what would happen in future and he seemed to accept it well as far as they could see. Jona was still very active and restless at home, sometimes uncontrollable according to his mother. I suggested that she should take him for a full assessment at a psychologist to look at possible medication to help him with his hyperactivity. Luke's mother reported that he had more self-confidence at home. He would try out things on his own. Before he was more timid and never tried anything new without help. Landi's parents never came for their interview, and any other attempts to make an appointment failed. Asking the parents how they felt generally about the research study, they said thought it had been a success. It had motivated the children more and they looked forward to the Monday sessions.

- **Principal**

I had an interview with the principal of the school and asked her how the sessions had affected the school programme. She was very positive about the support that had been given to the learners. At no stage had the school been disrupted or

inconvenienced by the research study. She was grateful for the commitment of the volunteer therapists and commended them for their punctuality and time. She was very positive about the future of such a group programme as a means of supporting learners at schools.

- **Director of the old age home**

In an interview with the director of the old age home she confirmed that the research study had not affected the daily programme of the old age home. Transport had been arranged by the old age home although the volunteer therapists could walk to the school. She was of the opinion that the ladies had experienced the therapy process very positively and that they had enjoyed the fact that they could support the school and the learners.

- **Grade 1 - Teachers**

An interview was held during the third term of 2003 with the grade 1 teachers. Ydie had become a responsible young girl and was progressing well academically. Luke was still very young for his grade but showed good progress. He had adapted well in grade 1 and was getting a lot of support from his parents. Jack had started grade 1 and adapted well. He was academically stable and very responsible. He had changed schools in June when his parents got divorced and he moved with his mother to a new area, where he is attending school. Landi was doing very well in Grade 1. She was one of the top ten learners in her class despite the fact that there is still very little support from home. Jona also started in grade 1 this year. His teacher complained that he did not complete tasks, was distractible and very active and restless in class. A psychometric assessment was done as recommended last year after the therapy sessions. At that stage he was on Ritalin and was possibly going to repeat his grade.

Doing the Developmental Play Therapy at school was not a problem. It did not affect the school, the school programme, the teachers or the learners negatively. The sessions were held in the hall at the school. The time fitted in with the daily routine of the school and the day programme of the learners. The volunteer therapists could arrange their time and programme to fit into that of the school and the learners. This is in line with the statement made by Engelbrecht and Green (2001:91) that in the ecosystemic approach, the community, school, classroom and family systems

interact with one another and with developmental processes in the life and experiences of any individual learner and in the life of every educator.

4.4 DATA-ANALYSIS

During the process of data-analysis I identified two categories, namely the therapeutic skills of volunteer therapists and the experiences of both the therapists and the learners. Different themes and sub-themes that occurred during the therapeutic process were then identified. A sample of the data-analysis is shown in Table 4.3. The most prominent themes and sub-themes identified are set out schematically in Table 4.4.

Examples of how I transcribed the raw data of the videos, interviews and field notes can also be seen in Addendum 8. The section that follows (4.4.1) will give a short description of the different themes and sub-themes that were observed during the research process. The themes that I identified were based on the training of therapists. According to Barbara, Siepker and Kandaras (1985:23) therapists involved need certain qualities. These qualities are being able to accept children where they are, the ability to be empathetic, to communicate verbally and non-verbally, to be consistent, to be committed, to be self-confident, and to be calm.

TABLE 4.3: Sample of data-analysis

Session 8: Monday 28 October 2002

Fieldnotes and Observations

Pre-session	Sub - Themes	Main -Themes
It is Monday morning at 8h15. The normal calm and relaxed ladies are waiting for me. This is part of the Monday routine that never expects of anybody to be flexible. All the volunteer therapists are here, on time, looking forward to the day. The old age home had their annual fete and all the ladies found it to be a relaxed enjoyable function . Eve said that it was a great success, but she had to rush off to her granddaughter's wedding at 12 o'clock. Jane enjoyed the fete talking to other people from the community . She could encourage a lady that was going for a hip transplant . Milly said she had a busy week helping with the preparations for the fete. There was more than enough to do, if you were prepared to help. Megan and Mona just confirmed that they were all very busy and mentioned that they were amazed at the response of the community .	Emot T rel. avail s.prog	Emot
	Obs. exp.	Emot.M refl.g
	v.comm	comm
	w,rel	empathy
	comm..inv	future

Reflection	Sub - Themes	Main -Themes
During reflection time Milly observed that Jack needed to talk to her. He shared his experiences of the week with her. She felt that the talking was important to him . Jane experiences Landi as "very intelligent" . She feels that Landi knows exactly what to do and is not shy to ask or do things. She thinks that Landi plays like a "real little girl" . She likes it if Jane says hallo to very part of her body . Milly said she is doing fine with Ydie and that they enjoy it to be together. They made a ball and Ydie liked the idea . Mona experience that Luke is very quiet . He would not say a word, but allows the playing of the games quietly, but laughs more spontaneously . Eve finds that Jona is still very busy and he looks around. He enjoys every game and the contact that she has with him. He finds the cradling still uncomfortable .	v.comm acc rap. bodyl. Emot.L. Ap.str.creat. act. eyec. c	Comm. Emp. Emp. Comm. Emot. S. confi. Comm. Comm. Cal.

Video-Recording	Sub - Themes	Main -Themes
In "Hello" time all the learners enjoy the special "hello-time" . Landi and Jona wanted to be the leaders . To stand infront looks like a good experience for them.	emot.L spont. independ	emot. s.conf. s.conf.

DP – session – Adult + Learner	Sub - Themes	Main -Themes
Jane is doing very good . She has the ability to capture the attention of the learner and to keep eye-contact . She says "hallo" to every part of the body , using different ways to do it. It seems as if Luke is getting more out of his "shell" . He is laughing more often and his actions are more spontaneous . Milly praise Jack for taking off his shoes. It is the first time that he is willing to take off his shoes . He enjoys the games with his feet. He is very talkative . He told Milly that it is only for the session , because in class he received a book for good behaviour. Milly shows Ydie how to make a ball from foil. She physically took Ydie's hands between hers to get a round ball. It looks as if Ydie likes it , Jona looks very busy . The game that Eve is doing seems to be interesting for him. The cradling seems to be a problem . He is just relaxed for a very short while , and then worms him out of Eve's arms. In "circle time" Eve brought some snacks for the children. The children enjoy the singing to say goodbye . Jona wants me to say goodbye to him first . This shows that he is feeling comfortable to ask something that he wants.	eyec bodyl. creat. spont. v.comm.. dec.mak. v.comm n.comm.. create f. act. Obs. c rel. f obs spont	comm.. comm.. s.conf. s.conf comm.. s.conf. comm comm.. s.conf. refl.g comm.. refl.g cal. Cal. Refl.g Refl.g s.conf

Interviews	Sub - Themes	Main -Themes
At the end of session eight I had short interviews with the volunteer therapists.		

Jane	During this interview I commended Jane with the way she is doing the Developmental Play games. She was worried that if I praise her in front of the group they may feel jealous , or that they are not good enough. On asking her how she feels about the sessions. She responded: " I find my little girl very intelligent and like a real child. " She is enjoying the sessions and that she can do to Landi what she never experienced with her own children , because she was working full time.	v.comm.. f. emot T rel. emot.st. acc. Emot.st.	Comm. refl.g emot emp emot.M. emp. Emot.M.
Milly	Milly got divorced when her children were quite young. She feels that she can relate to Jack's feelings , since his parents are also going through a divorce process. I asked her how did she find him today because I noticed that he talked a lot. She agreed: "Today Jack just wanted to share his experiences of the week . I realized that he needed the talking and allow it. " She enjoys the sessions and feels that it is an achievement that Jack decided to take off his shoes for the first time, and actually enjoyed the games very much. I assured her that she is doing very well , and should be proud of herself.	rap. acc. v.comm dec.mak. dis.	emp. emp. comm s.conf refl.g
Megan	Megan being a single person without children said she finds it sometimes difficult to work with children . She thinks: "Ydie is a wonderful girl who likes playing a lot." I praised her for the good "ball idea" that she did with Ydie. This made her feel better because I could sense that she needs continuous confirmation because she feels insecure at times .	acc. dis. obs. f.	emp. refl.g refl.g
Mona	She enjoys little Luke. "Hy is dan so oulik ." On asking her how she feels about the sessions up to now she responded that she did not think that it would be so wonderful . She is worried about the fact that Luke does not communicate , but mentioned that he enjoys it and laughs a lot . I praised her for understanding Luke and that she accepts him the way he is .	acc. spont. v.comm spont. acc.	emp. s.conf. comm s.conf. emp.
Eve	Eve is always positive . She feels good about the previous sessions . She argues: " Jona is a lively little boy and I must just accept it . She told me that she tries out different touching games to keep his attention. She feel although the cradling time is still short, it is getting better and longer than in previous sessions..She feels positive about the therapy and the contribution that she can make in the life of Jona.	bal. acc. creat. c- c+ comm..inv.	emot.M. emp. s.conf. cal. cal. Fut.

Session 12: Monday 25 November 2002

Pre-session	Sub - Themes	Main -Themes
All the volunteer therapists feel good to be at the session. Jane had a quiet week and tried to catch up with her needlework after her eye operation. She also showed a new pattern to a newcomer at the home. Milly spent most of her time with those in bed, supporting and playing cards with them. Mona visited her children over the weekend and regrets the fact that the sessions are nearly to an end.. Megan had a quiet time and read most of the time. Eve had an appointment with friends from Port Elizabeth, but decided to cancel it because she did not want to miss the DP-session.	emot.	emot.T
	emp.	acc.
	commit	avail.
	emp	wirelat
	refl.g	disc
	emot.M	bal.
	Commit.	Avail.
	emot.M	bal

Video – Recording	Sub - Themes	Main -Themes
The learners started the session being very active . Eve is struggling to get Jona settled . Arms are swinging around as he explains something to Eve. She managed to start the play sessions and it seems as if he is enjoying the games . Jane and Landi are totally focused on the games that they are playing. It seems as if they have forgotten everybody around them. Mona has all Luke's attention . He is actually talking to her spontaneously , Talking in session is something new for Luke. Milly seems more comfortable with the touching games . Ydie is less demanding and seems to be more relaxed – leaning against Milly and telling her something. Milly just knows how to handle Jack. He laughs at everything and it seems as if Milly is trying out a new game .	Comm.	act.
	Comm.	bodyl.
	Emot.	L
	Comm.	eyec.
	emp.	rap
	Comm.	bodyl.
	Comm	V.Comm.
	s.conf.	comfortable
	cal	rel.
	comm..	bodyl.
	s.conf.	spont.
	s.conf.	creativity

Reflection Session	Sub - Themes	Main -Themes
The commitment of the volunteer therapists is remarkable . During this session they mentioned that they will miss the sessions and that their Monday routine will be broken . It made me aware that they need structure and routine in their daily pattern as much as the learners. On asking the why would it be a problem , they all agreed that if they do not have a definite planning it makes them anxious and nervous , and they find spot arrangements difficult . They suggested that if we do another Developmental Play programme they would be glad to be part of it, because they feel that in doing it they can help the learners , the parents and the school . For them it will be a good thing because they feel that they can do something in the community where they live.	commit	rel +
	struct.	avail.
	struct.	w + s.prog
	struct.	s.env.
	emot	emot. T
	emot	emot. T
	fut.	P. follow
	fut.	comm.inv.

TABLE 4.4: Final themes and sub-themes

VOLUNTEER THERAPISTS THERAPEUTIC SKILLS	
THEMES	SUB-THEMES
1. COMMITMENT	safety reliability availability
2. EMPATHY	warm relationship good rapport
3. EMOTIONAL MATURITY	emotionally stable stability balanced
4. SELF – CONFIDENCE	apply strategies spontaneity independence decision-making
5. CALMNESS	avoid unnecessary talking relaxed
6. REFLECTIVE GUIDANCE	observe discussion experiences feelings
VOLUNTEER THERAPISTS AND LEARNERS	
7. COMMUNICATION	eye contact verbal communication body-language
8. STRUCTURE	safe environment weekly set program physical contact
9. EMOTIONS	therapist learners
10. FUTURE	possible follow-up community involvement ecosystemic approach

4.4.1 Description of the themes that emerged for the volunteer therapists

4.4.1.1 Commitment

The volunteer therapists committed themselves for the duration of fifteen weeks. They were available, punctual, positive and willing to be part of the process. Their enthusiasm was contagious to both the facilitator and the school environment. The learners that they were coupled with experienced a safe environment.

4.4.1.2 Empathy

Four of the therapists were married and have children. They dealt with the learners in a warm friendly manner. Megan, who had no children, mentioned feeling a little uncomfortable at first. As the process unfolded she became more relaxed and gave more of herself. The learners could feel the friendly warm atmosphere and connected with the therapists almost immediately.

4.4.1.3 Emotional Maturity

All the volunteer therapists were between the ages of sixty-seven and eighty-eight years old. Except for Megan and Jane, all the others were grandparents. Despite their age all of them were active in different areas at the old age home e.g. reading and helping others. In the therapy sessions the learners could sense their calmness and the fact that they were always relaxed and available.

4.4.1.4 Self-Confidence

Self-confidence refers to how confidently the therapists took part in the therapeutic activities. Megan and Mona were not sure whether they would do the right thing. After the first two sessions they were in control and more at ease with themselves and the process. All the therapists projected confidence and could deal with situations independently.

4.4.1.5 Calmness

The therapists brought with them an attitude of calmness. They were relaxed and ready to accept the learners who were coupled with them. The calmness they brought to the therapeutic process had a positive influence on the Grade-R learners that were very active. Being calm and relaxed, indirectly influenced the learners to be less restless and active.

4.4.1.6 Reflective Guidance

After every session the facilitator and therapists discussed the session. During these sessions the therapists also shared their deeper feelings and became supportive of the needs of each other. The growth of the learners was evaluated and the therapists felt comfortable to share their own views about the process.

4.4.2 Experiences of Both Therapists and Learners

4.4.2.1 Communication

Stead and Watson (1999:109) point out that communication is not only limited to verbal form. Body movement, body language and the use of interpersonal space are also forms of communication. The counsellor should be sensitive to his or her non-verbal or body-language and ensure that it does not present an obstacle to the practice during the therapy.

At first the learners were so active and inquisitive about their environment that it was difficult to keep eye-contact with them. During session five the therapists worked to maintain eye-contact with the learners. Luke experienced the touching passively at first. During session nine he responded more spontaneously and communicated with his therapist. Jack's body-language showed that he was not comfortable being cradled. Later, during session eight, he started to initiate activities that included more physical touching. Jona struggled to make eye-contact. Being very active, his therapist managed to engage him in creative activities. Ydie and Landi enjoyed the attention and experienced their therapists and the therapeutic process positively. The therapists, as Stead and Watson (1999:109) suggested, could maintain a sensitivity to the body language of the learners and their own body-language never proved to be a problem in any of the sessions.

4.4.2.2 Structure

Structure creates an atmosphere of security. Fleet (1994:15) says that structure informs children of general boundaries while maintaining an inviting atmosphere. The Developmental Play Therapy group programme provided the structure that both therapist and learner needed. The therapy sessions were done in the daily school programme of the learners. The children enjoyed the structured, yet relaxed atmosphere of the therapy sessions. Landi and Jona, in particular, came from less structured home environments and the structured process of the therapy gave them a feeling of safety and security and they acted more and more confidently during sessions. Fleet (1994:15) confirmed that structuring helps the learners to distinguish between the special open environment of the play sessions and everyday life with its greater number of restrictions. The structuring skill also teaches the parents (in this

case the volunteer therapists) what to say to the child during therapy and how to handle breaks, end of sessions and departure from the playroom.

4.4.2.3 Emotions

As Louw *et al.* (1999:202) point out, all individuals experience certain emotions i.e. feelings such as joy, sadness, surprise, anger, fear, resistance, blankness, etc. The emotions that most of the learners portrayed most of the time were joy, resistance, surprise, but at first mostly a blank expression.

Different emotions could be identified during therapy sessions. Contentment during the cradling could be seen on the facial expressions of the learners. Both learners and therapists started each session with excitement. At first resistance could be seen on Jack's face during cradling and he pushed the therapist away, but that changed gradually to contentment. The therapists played along with the different emotions the learners experienced. Their own emotions were dealt with during our reflective sessions.

4.4.2.4 Beyond the sessions

Although the therapeutic process had stopped, the learners would still be part of their families and the school environment. The therapists were from the community and could be used in future therapy sessions, when needed. Therapy according to West (1996:195) needs to adapt to changing circumstances. "Therapy" is not just for the province of white western-orientated, fee-paying middle class people, but is currently seen as having something useful to offer most people including children who have undergone trauma and difficulties, especially in their developmental years (West, 1996:195).

4.5 CONCLUSION

In this chapter the implementation of the study was discussed. Five volunteer therapists were trained to do Developmental Play Therapy on five Grade-R learners in a primary school. The learners were all experiencing behavioural problems, hyperactivity, communication problems and attention seeking-behaviour. Twelve Developmental Play Therapy sessions were conducted in which the trained therapists were coupled with the learners.

At the end of the therapy I did the data-analysis through using a coding system. I identified ten themes namely commitment, empathy, emotional maturity, self-confidence, calmness, reflective guidance, communication, structure, emotions, and future. The themes reflect the therapeutic skills that were observed during the research, as well as the emotions observed in both the volunteer therapists and the learners.

The chapter that follows will include the ten themes and recommendations for future studies.

CHAPTER 5

CONCLUSION, FINDINGS, EVALUATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Doing my study within the ecosystemic framework, developing individuals were studied in interaction with the multifacets of the systems, the ecosystem in which the child exists (O'Connor & Ammen, 1997:1). An ecosystemic model cannot always include all the aspects of the ecosystem of the learners (O'Connor *et al.*, 1991:74). In this study I was able to include the functioning of the learners, family relationships and peer group relationships. The study was done at school involving the principal and teachers of the learners. The local community was brought in, when volunteer therapists, representative of the community were trained to do Developmental Play Therapy with the learners.

In this chapter the findings of this study will be discussed. The ten themes identified in chapter 4 will be the focus of discussion. All the findings and evaluations will be related to the literature. This study will be critically evaluated and recommendations will be made for further studies.

5.2 SUMMARY OF CHAPTERS

According to Huysamen (1994:170) the research question is important. The specific question for the research study as stated in Chapters one and three was "Can Developmental Play Therapy with volunteer therapists be implemented in a primary school?"

In this study five volunteer therapists were trained to do Developmental Play Therapy on learners in a primary school. The therapists had three sessions of training. The therapeutic process on the learners consisted of twelve one-hour sessions. Each session started with a pre-session and ended with a post session to provide orientation and reflection guidance to the volunteer therapist.

In Chapter Three the depth of the role of play in the lives of children was reported. Developmental Play Therapy, one of the play therapies, was closely investigated. The Developmental Play Programme as discussed in Brody (1995) was implemented with volunteer therapists from the community and Grade-R learners from a primary school. The Developmental Play Group Programme proved to be an appropriate medium to address the emotional needs of a group of learners running concurrently with their normal daily programme.

In Chapter Four the research process of a qualitative case study was discussed. This case study was of an exploratory nature. Different techniques were used to produce data, namely interviews, video-recordings, observations and field notes. Coding was used for the data-analysis.

In Chapter Five the implementation of the study was discussed. Ten themes from the data were identified, namely commitment, empathy, emotional maturity, self-confidence, calmness, reflective guidance, communication, structure, emotions and future.

5.3 DISCUSSION OF THE FINDINGS OF THE STUDY

In this section the themes that were identified during data-analysis will be discussed.

The study focused on a specific program, namely Developmental Play Therapy. The results will be broadly discussed in the ten themes that were identified so that the end-result can be a rich-thick description of the research (Feagin *et al.*, 1991:60). The new insight offered is that the Developmental Play Group Programme can be done in a school situation with learners using senior citizens as therapists. At the end of the research I suggest that Developmental Play Therapy can possibly be used at other schools, using trained adults from the community as therapists.

5.3.1 Therapeutic skills of the therapists

5.3.1.1 Commitment

The first theme was commitment. Commitment may be described as the dedication and involvement with a particular course of action (Webster, 1992:264). In the therapeutic process according to West (1992:180) the therapist should be punctual for sessions. In this way they show respect, commitment and a sense of safety and reliability towards the child. The volunteer therapists proved their commitment by

being available for fifteen weeks. They were dedicated and punctual for every session. This provided the learners with a sense of safety and security. The learners were never disappointed and no alternative arrangements were necessary during the research process.

5.3.1.2 Empathy

The second theme identified was empathy. Egan (1994:123) defines empathy as a form of communication involving both listening to and understanding the client. A therapist should show understanding towards the feelings of another person. Fleet (1994:5) confirms that the therapist must develop a warm relationship with the child, to establish good rapport. The therapist should also move into the child's world with empathy, and must attempt to see situations through the eyes of the child (Guerney, 1983:28). The therapists provided a warm understanding atmosphere during the sessions. They could build a good rapport with the learners. Despite the age difference the therapists could relate to the children's developmental level.

5.3.1.3 Emotional Maturity

According to Jernberg (1983:139) the therapist should be emotionally mature and balanced, with good social functioning. Her maturity should enable her to empathise with the child without over-identification. The therapists were not only mature in age, but also showed emotional maturity. They showed a sense of understanding of the learners, the school environment and the therapeutic process. West (1992:166) says that if the therapist is emotionally engaged with the child, and has worked on her own inner child in personal counselling they may feel what the child feels. The therapists seemed to be comfortable with their own inner feelings, and therefore they could understand the learners they worked with.

5.3.1.4 Self-Confidence

Porter (1983:141) argues that the therapist must be able to make rapid decisions when dealing with children. In order to trust her own judgement and implement different strategies she must have confidence in herself. During the first session the therapists seemed to be nervous and uncertain. Understandably they were uncertain at the beginning of the process. During the process their confidence developed and they felt more in control. During the fifth session of the therapy Eve, Jane and Milly could apply different strategies to make contact with the children. They could also

initiate different games and confidently made suggestions and gave their own views on situations that occurred during the therapeutic process. Megan, who did not have any experience with children, became comfortable and confident working with her child.

5.3.1.5 Calmness

According to West (1992:162) it is important that the therapist is relaxed and calm. She should avoid speaking too soon, too often and too much. She should avoid loaded remarks and be confident that she has sufficient theoretical understanding of the process. During the first few sessions the therapists seemed to be anxious, but as the process unfolded they became more relaxed.

The fact that they were mature and balanced meant they brought with them a calmness that influenced the learners they worked with. They accepted the children unconditionally and did not overload them with unnecessary talk.

5.3.1.6 Reflective guidance

Whenever a therapy session is completed, it is important to comment on the therapy session, what has been observed and experienced – "to let off steam and to make sense for ourselves of all that had happened" (Drost & Bayley, 2001:10). After every session reflection was done. Discussing their feelings and experiences proved to have a positive effect on the therapists. This was also a caring and nurturing procedure for them. During these sessions they would discuss their feelings openly and they confirmed that they experienced the discussions therapeutically. After every reflective session the volunteer therapists mentioned that they feel positive after our group discussions.

5.3.2 Experiences of therapists and learners

5.3.2.1 Communication

Schoeman (1996:9) says communication with children differs from communication with grown ups. Non-verbal communication is particularly prominent. This is expressed through gesture, facial expression, appropriate touching and play. Guerne (1983:45) suggests that the therapist sits at the same height as the child because the body language of the adult should show that they care. To have the therapist and child at the same level, chairs were used. Both the therapists and the

learners were comfortable to sit on chairs. Developmental Play Therapy is usually done on the floor. In this case chairs were used because of the age of the volunteer therapists.

During sessions four to six the learners avoided eye-contact. They were so involved in the surrounding environment that it was difficult to capture the whole self. Working positively on maintaining eye-contact the therapists succeeded in keeping eye-contact from session seven. Using both singing and talking during "Circle time" and "Goodbye time" the learners enjoyed the sessions taking part in every activity. Jack, after being uncomfortable with the touching process at first, initiated contact by taking the therapist's hand and suggesting activities. Luke was very passive during "Circle Time" and "Goodbye Time". During session nine he would pretend to be asleep when they gathered at the end of sessions. He would enjoy the fuss that was made to wake him up. Developmental Play Therapy gave the therapists the opportunity to keep physical contact with the learners although the learners avoided eye-contact at times.

During sessions learners would share their experiences of the week with their therapists. They would enjoy the individual attention that was given to them. Wells (1985:6-33) argues that being a careful sympathetic listener and responding to the meaning intended by the speaker are qualities that characterise the behaviour of conversationalists of any age. It is particularly important when interacting with a less adept conversational partner.

Therefore Frank (1954:52) suggests that play should be seen as a language through which learners can express their emotions and experiences and it can be seen as a language equivalent to the language of adults. Developmental Play Therapy provided the medium of communication to both the therapists and the learners. Drost and Bayley (2001:4) contend that children will generally respond positively when they feel they are listened to, accepted and valued. Under these conditions they are willing to question themselves and to learn. When there is a lot of damage to a child's self-esteem the individual attention that they experience in Developmental Play Therapy can help them to build a positive self-concept.

5.3.2.2 Structure

Not surprisingly, these Grade-R learners showed a definite need for structure. According to Drost and Bayley (2001:15) structure is an important way of providing predictability and security. The Developmental Play sessions were done weekly during the daily programme of the learners. The same place and time provided the security that the learners needed. Structure also refers to routine. The routine in the therapy sessions gave the learners a safe environment. They explored within the known environment, and would suggest activities on their own. Piaget (1970:27) points out that play therapy should be fun and not threatening. The Development Play Games enabled the learners to develop through play, without feeling threatened.

5.3.2.3 Emotions

Both the therapists and learners experienced different emotions during the therapeutic process. According to Schoeman (1996:8) the individualisation and attention that the child experiences in therapy is in itself therapeutic even without any inputs from the therapist. In this study, the therapists appreciated the fact that they were still needed in the community and could play an important role in the lives of the children. Du Toit, Grobler and Schensk (2001:89) argue that the emphasis should fall on the uniqueness of each community member, with his/her own frame of reference, experiences and realities. The therapist brought with them a uniqueness and experience that enriched the therapy process.

The therapists also accepted each individual unconditionally as confirmed by Douglas (1976:26) and Corey (1990:201) that a genuine acceptance of each individual with his unique strength and weakness is important. Uniqueness of the person is the expression of thoughts, feelings, beliefs, convictions, attitudes and actions. The therapists could deal with their emotions during the reflective sessions. The learners worked through their emotions through the medium of play. During the therapeutic process it became obvious that the children were given an opportunity to express their emotions to a willing adult that understands.

5.3.2.4 The Future

The findings of the study suggest that the therapeutic process and the implementation of Developmental Play Therapy in a group situation was a success.

Using volunteer senior citizens as therapists to do the therapy worked well. The therapy was done at school without disrupting the daily programme of the learners. Therapy was terminated after fifteen weeks. Possible follow-up sessions could be arranged if deemed necessary.

The theoretical framework in which I worked was the ecosystemic approach which calls for the involvement of the role-players in the lives of the learners. In this case, the child, the home, the school and the community could all be involved in the research study. The parents could easily be contacted because reporting back on the development of the learners was necessary. The educators of the learners gave their input on a regular basis. The volunteer therapists representing the community committed themselves, to the project. Teamwork and the geographic circumstances complemented the therapy process. As mentioned the therapists stayed at an old age home in the immediate area of the school. The educators, parents and learners were readily accessible because they were connected to the same primary school. According to Donald *et al.* (1997:74) the learners should be supported in totality, and the fact that all the systems collaborated effectively, it facilitated the successful implementation of the study.

5.4 REFLECTION OF THE PROCESS

Facilitating and training senior citizens from the old age home was a unique experience for me. Their enthusiasm and positive attitude was inspiring to me, the educators and the learners. In implementing the Developmental Play Programme, some of the needs of more than one child could be addressed simultaneously. The therapists valued the opportunity to give a positive input and to be involved with children.

At first I was anxious and wondered whether the therapists would be able to be part of the process for all the sessions. It was a new venture and the age and health of the therapists had to be taken into consideration. Despite all the concerns they proved to be an excellent team.

The learners experienced the Developmental Play sessions as enjoyable. It was part of their weekly programme and they would not miss any of the sessions. The therapeutic process of Developmental Play Therapy proved to be a strong

therapeutic technique for different kinds of behavioural and emotional problems. Developmental Play Therapy brought a positive change in the behaviour of the learners and their educators experienced them to be different in class. The process was not only therapeutic for the learners, but also for the therapists. We all experienced the value of appropriate touching. The way in which people are touched and the sincerity of the touching, can convey a unique message to the other person.

The special and individual attention that the learners experienced made them feel special and important and enhanced self-esteem. They could relate to the therapists. Some of the learners did not have grandparents who played a positive role in their lives and all of them had parents who worked all day. The therapists were able to fill the gap.

The uniqueness of the research programme was that the needs of both therapist and learner were met. The problems of the learners were addressed at school, in a known environment, easily accessible, structured, safe and on a regular basis. On the other hand the elderly therapists who lived in an old age home felt needed, worthy, capable and respected.

5.5 LIMITATIONS OF THE STUDY

In the process of my research I became aware of possible limitations for the study.

- The study has been done in a middle class area. All the role players lived in the immediate area of the school and were connected to the school. This made the research study easy, accessible and viable. The availability and transport could have been problematic if the participants lived far from the school. In this study all the participants could be contacted at the same time, because they lived in the same old age home. In other situations this might be a restriction.
- The literature regarding Developmental Play Therapy was limited. To my knowledge, the resources regarding this therapeutic technique are restricted. In the literature review I therefore had to rely on the work of Brody (1995).
- The primary school where sessions were conducted had a comfortable school hall. It was separate from the main building and free from possible disturbances. A suitable hall in other situations may be a problem especially in disadvantaged areas.

- To find an appropriate time to accommodate both therapists and learners was possible in my research study. The therapists could adapt to the times allocated for therapy sessions. To find appropriate times that will be suitable for both therapist and learner could be a possible handicap in other situations.

5.6 RECOMMENDATIONS FOR FURTHER STUDY

As indicated, Developmental Play Therapy is an area where little research has been done in South Africa. The restricted resources are an indication that the field is open and that the opportunity for research is enormous. Developmental Play Therapy is a powerful technique for both "problem" and "normal" children and therefore further research should be done to explore the implementation of the therapy in other groups.

The study was done in a group with volunteer therapists from an old age home. This was one target group. Other groups that could be explored are people connected to the school, for example, parents, teachers and students. The volunteer therapists created their own "touch" activities. Exploring different touch activities in Developmental Play Therapy could be another field of study.

Training sessions must be held with the therapists to ensure that they are capable and comfortable with the process. A professional qualified therapist should facilitate the therapy sessions.

According to McLeod (1993:219) only a few studies have been carried out on the evaluation of the effects of training programs. There are major unanswered questions concerning methods of addressing ethical and cross-cultural perspectives in training. There are few courses for training trainers and supervisors. The specific training and supervision needs of non-professional or volunteer counsellors have also not been assessed. There is, therefore, room for a great deal of additional theory and research in this area.

The study was also done with a small group of five volunteer therapists and five learners. Further studies with a bigger group and in different diverse groups could be necessary.

5.7 CONCLUSION

The Developmental Play Group Programme using senior citizens as therapists was a positive experience for the learners and senior citizens of this study. The therapists were committed and dedicated throughout the study. The volunteer therapists developed their therapeutic skills, contributing to the success of the therapy. These skills as mentioned in chapter three and chapter four, can be used by the therapists in their daily environment. Developmental Play Therapy is a powerful technique that did not only benefit the learner, but also the therapists. Both the therapist and learner experienced appropriate touch that could improve their self-esteem and self-worth.

The role of play in the lives of all learners is significant. It is therefore important that the therapist should have knowledge on the importance of play and the effect that it has on a child. If the therapist has adequate information on the role of play in the child's life, she can use it therapeutically and it can assist the emotional problems of learners. When volunteer therapists are used in the Developmental Play Group Programme, care must be taken in the selection of therapists. A criteria list should be drawn up and therapists should be selected accordingly.

The Developmental Play Group Programme is an effective therapeutic programme that can be successfully implemented in a school situation. The learners can be supported in a group in their normal daily programme. People in the community can be involved in the school and trained as therapists. It does not have to be isolated, but can be done as an additional service to the school and the learners.

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REQUEST TO GAIN ACCESS TO A SCHOOL: M ED PSYC STUDY PROJECT

**MRS CYNTHIA EVELYN BOTHA Student No. 13700812
UNIVERSITY OF STELLENBOSCH**

I hereby request permission to conduct the undermentioned research at a primary school in partial fulfilment of my MEdPsych Degree as an Educational Psychologist at the University of Stellenbosch.

Title Project:

Implementation of Developmental Play Therapy with learners between the ages 4 to 6 years old in a Primary School – A Case Study

Researcher:

Cynthia Evelyn Botha (nee Coetzee)
MEdPsych Student
University of Stellenbosch

Research objective:

To explore the experiences of learners as clients' between the ages 4 to 6 years old and senior citizens as volunteer therapists during the implementation of Developmental Play Therapy in the Primary School .

Research Instruments

The research will be done as a Case study. Six Senior Citizens of an old age home will do the therapy and six selected learners of a primary school under the strict supervision of the therapist for plus minus sixteen-hour sessions – once per week.
Proposed group

Six selected learners of a primary school and six residents of an old age home will work together as partners.

Research Procedure

One hour weekly sessions for plus minus 16 weeks with the 6 volunteer therapists of an old age home and 6 learners of a primary school under the supervision of the therapist, Cynthia E Botha.

Confidentiality

The information gathered from the sessions will be used for research purposes only. Therapy sessions will be videotaped in regulation with the ethical code of conduct.

Your speedy answer to my request will be appreciated as I would prefer to visit the school as soon as I get a reply from you – if possible at the beginning of September 2002-07-31.

Yours truly

C.E. Botha

Tel.: 021 886 5850 (H)
Fax. 021 886 5850
Cell. 082 374 8973

ADDENDUM 2

01.08.2002

Dear

Request to train a group of volunteers as therapists in a Master of Education (Educational Psychology) research study.

I hereby request your permission to train a group of volunteers as therapists. The purpose of my study is to train seniors from an old age home in Developmental Play Therapy – as part of the community – to do the therapy on learners in a school in the area.

If you give me permission I would arrange a suitable date to explain the project to you and interested residents.

Thank you

C.E. Botha
MEdPsych STUDENT

ADDENDUM 3

11 Julie 2002

Geagte

Hiermee wil ek graag toestemming vra om 3 of 4 leerlinge te gebruik om deel te wees van my navorsing.

Die navorsing sal ongeveer 16 weke duur vir ongeveer een uur per week in samewerking met inwoners van 'n ouetehuis.

Indien moontlik wil ek ook graag tentatief 'n afspraak reël om 10h00 op 7 Augustus 2002 waartydens Dr Newmark, my promotor, meer inligting sal verskaf.

Indien u meer inligting vereis kan u gerus met my kontak maak. Lede van die beheerliggaam is welkom om die besprekingsessie by te woon.

By voorbaat dankie.

Die uwe

C.E. Botha

ADDENDUM 4

05 September 2002

Dear Parents/Guardian

RESEARCH PROJECT: C E BOTHA: MEdPsych STUDENT

I would like your permission for your child to participate in a research project of the Department of Educational Psychology. I am a trainee educational psychologist and need to do a research project as part of my course work.

I intend to support the children through **Developmental Play Therapy** with the help of volunteer therapists from an old age home. This study will be conducted under the supervision of Dr R. Newmark of Stellenbosch University.

I will need five learners for the therapy. The sessions will be held once a week at school for an hour.

Letters were given to all Grade R learners. Five learners will be selected to participate. An interview will be held with individual parents of the five learners.

Yours faithfully

Mrs C E BOTHA

Dr R NEWMARK

.....Reply Slip

I would like my child

..... to be/not to be part of the research
project.

Signature:

Date:

ADDENDUM 5

NAVORSINGS-STUDIE: AANRAKINGSTERAPIE

Toestemmingsbrief van Vrywillige Terapeut

Ek _____ verklaar hiermee my bereidwilligheid om vrywillig deel te neem aan die navorsingsprojek om aanrakingsterapie op leerders van 'n primêre skool te doen onder leiding van die terapeut.

Handtekening: _____

Geteken te _____ op die _____

RESEARCH STUDY: DEVELOPMENTAL PLAY THERAPY

Letter of Consent of Voluntary Therapist

I _____ hereby declare myself willing to be part of the research project as voluntary therapist to do Developmental Play Therapy on learners of a primary school under the supervision of the therapist.

Signature: _____

Signed at _____ on the _____

ADDENDUM 6

