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## CHAPTER ONE

### IDENTIFYING THE STUDY

#### 1.1 INTRODUCTORY ORIENTATION

As children grow up, they are influenced by numerous issues which may impact either negatively or positively on their lives. Positive influences tend to lead to the formation of a positive intrapsychic structure. This means that positive influences lead to the formation of a positive self-concept, self-identity, self-esteem, and self-talk, as well as positive thoughts and emotions. The positive intrapsychic structure leads to the formation of a positive interpsychic structure: this means that children with a positive interpsychic structure are predisposed to develop healthy relationships with other people, e.g. significant others, peers, teachers, etc.

Negative influences may lead to the formation of a negative self-concept, negative self-identity, self-esteem, and self-talk, as well as negative thoughts and emotions. These lead to the formation of a negative interpsychic structure. This means that children with a negative interpsychic structure develop unhealthy relationships with other people and objects. Camilleri (2007:18) concurs by stating that negative psychological states can lead to dangerous activities and behaviours. These negative behaviours may be self-destructive or destructive to others. She goes on to state that these maladaptive behaviours may result in incarceration, hospitalisation or death.

Children with positive intrapsychic and interpsychic structures, tend to grow up into responsible and well-adjusted adults. On the other hand, children with negative intrapsychic and interpsychic structure are more likely grow up as troublesome adolescents and later as irresponsible adults. To prevent the latter from happening, children from good socioeconomic families are taken to professionals, like psychologists, for therapy. Camilleri (2007:55) acknowledges that therapeutic interventions with at-risk children, are vital for preventing negative outcomes and healing existing ones. Unfortunately, children from low socioeconomic families do not

have that option of consulting with psychologists. However, some children from low socioeconomic communities, turn out to be responsible and well-adjusted regardless of the fact that they do not have the privilege of consulting with psychologists.

Camilleri (2007:50) attributes the resilience to what she calls moderating factors. Moderating or protective factors, according to her, are elements that protect children from the possibly debilitating stressors that they face. When these factors are present, children will not develop negative outcomes despite exposure to stressors. She further states that moderating factors have a strong influence over child outcomes and play a vital role in determining whether children will thrive or decline in their communities. I believe that play is one such moderating factors. I believe that some children use play therapeutically without knowing its psychological value or effects. I also believe that some indigenous forms of play, used by children from low socioeconomic populations, are therapeutic in nature. Ntsihlele (2003:4) agrees, as she states that though children regard their play as recreational, it is in fact a valuable aid towards their healthy development.

I investigated whether Mmaskitlane, one of the African indigenous forms of play, has therapeutic effects in my masters' study in 2010. The study successfully proved that Mmaskitlane does have therapeutic effects. I believe that it is due to such indigenous therapeutic play, such as Mmaskitlane, that children from low socioeconomic families, who cannot afford to get professional help, are transformed into responsible, well-adjusted teenagers and adults. If Mmaskitlane can be effective outside therapy, I believe it can be even more effective when utilised by professionals in therapy.

The following rationale will place this research into perspective and explain the necessity for undertaking the study.

## **1.2 RATIONALE AND MOTIVE FOR THE STUDY**

The following are factors that motivated me to conduct this study:

### **1.2.1 Lack of research on indigenous play therapy techniques**

Literature plays a vital role in all studies as it provides the basis and reference for such studies. In her research on children with Asperger's syndrome, Sanders (2003: 2) reports that she had to use a lot of overseas literature, since she could not find sufficient sources in the South African context. Like the above mentioned researcher, lack of literature on indigenous play techniques was the main challenge I was faced with in my masters' study. Kekae-Moletsane (2008:374) agrees that there is a tremendous need for research work on African play, especially in psychotherapy.

The outcomes of this study would alleviate this problem as the report will add to a limited literature on indigenous play therapy techniques. I believe the reason why there is little research on indigenous psychotherapy techniques is because there is a lack of literature on indigenous techniques. I therefore, believe that an increase in literature will result in an increase in research in this area. It stands to reason therefore that the outcome of this study has the potential to enhance research in indigenous phenomena.

### **1.2.2 Commercial viability**

Kekae-Moletsane (2008:367) reports that Mmaskitlane is one of the non-commercialised games played by most children from South African previously disadvantaged communities. The fact that it is commercially viable means that it can easily be utilised by any therapist as long as they are familiar with how to use it. Registered educational psychologists intending to go into private practice can easily use the technique regardless of the fact that they may have few capital resources when starting their practices.

The commercial viability of the technique will ensure that clients are not denied services. For example, a lack of resources in government departments will also not hamper the provision of services to deserving clients, provided that therapists are familiar with the use of this technique.

### **1.2.3 The need to familiarise educational psychologists with the technique**

Since the dawn of the new democratic dispensation in South Africa, many black children have enrolled in the former Model C schools. Educational psychologists

working in such schools would derive great benefit from the use of Mmaskitlane in therapy, as would the children receiving therapy. Many black children are familiar with this form of play but I do not believe that, this is the case with therapists. The outcome of this study would lead to therapists, throughout the country (and not only those from former Model C schools) being informed about, and familiarised with, the use of the game.

Educational psychologists in the Department of Education work in collaboration with teachers, who identify learners in need of therapy and then refer them to an appropriate professional. Many teachers from black communities are used to seeing learners playing Mmaskitlane, but I believe that, they do not know its implications. Not all learners who play the game require intervention. Happy and well-adjusted learners also play it. Teachers should know who to refer, and when. When psychologists are familiarised with the play, they will be in a better position to conduct workshops with teachers on how to identify which of the learners playing Mmaskitlane require referral for therapy. In therapy Mmaskitlane can be used to address these kids' challenges. In this case, Mmaskitlane would serve a dual role, that of an identifying tool as well as a therapeutic tool.

#### **1.2.4 Inclusion of indigenous play therapy techniques in training programmes**

I believe that indigenous play therapy techniques should be included in the training programmes for psychologists at all universities. Inclusion of indigenous techniques in training programmes would make the programmes culturally more appropriate and relevant. Unfortunately, I believe that, this is presently not the case. In order for the training programmes to be able to teach students the indigenous play techniques, the lecturers or psychologists training the students should also be familiar with the indigenous play techniques.

The outcomes of this study will be helpful in familiarising lecturers with this particular indigenous play technique. When the lecturers are familiar with the technique, the chances of the technique being included in the training programmes will be enhanced. Graduate psychologists will be familiar with this particular indigenous play technique, and the chances of the technique being used in therapy would increase. The increase in the utilisation of the technique would make it culturally friendly and appropriate.

### **1.2.5 Inclusion in the HPCSA's list of classified psychological tests**

The outcomes of this study will, together with what little literature on the technique exists, be used as the empirical evidence required by the HPCSA for classification of psychological techniques. I believe that, at present, there is not even one indigenous therapeutic play technique included in the HPCSA's list of classified psychological techniques.

I believe that inclusion of the technique in universities' training programmes, increasing use of the technique by practising psychologists, and its inclusion in the HPCSA's list of classified psychological techniques, will enhance the national use of the technique. I also believe that national use of the technique and its incorporation into the list of approved tests will enhance international recognition of indigenous techniques.

### **1.2.6 Need for recognition and acknowledgement of African psychology**

International recognition of Mmaskitlane will contribute not only to placing South Africa, but Africa as a whole, in its rightful global place in the field of psychology. Ndlovu (2009:1) concurs by urging that educators, policy-makers and other role-players should interrogate and review the African education system, especially as the African Renaissance takes shape. Ntuli (2002:54) also agrees by reporting that issues such as traditions, beliefs, values and knowledge take central stage and are vital in the African Renaissance discourse.

Africa's colonial past led Africans to hate and despise their traditions, beliefs, values and knowledge in order to adopt a Eurocentric mind-set. The legacy of cultural alienation is a clear and constant reminder that Africans need to re-examine their traditions, beliefs, values and knowledge and to redefine their future (Ndlovu, 2004:267–270). I believe that it is evident that Africans should, without discarding knowledge from the Eurocentric era, affirm their indigenous knowledge and add value to the academic world.

Knowledge of Western therapy techniques is very important, and forms the baseline or standard for measuring African indigenous techniques. The African Renaissance, according to Ntuli (2002:60), is about recapturing the space that Africans need in order to re-invent themselves and fashion themselves with knowledge systems and



strategies to lead them into the twenty-first century as independent people. However, I differ a little from this point of view, since I advocate for the inter-dependence of all nations, and not exclusivity for Africans.

An ideal situation, according to Kekae-Moletsane (2008:374), is to have an inclusive psychology in South Africa. She urges further that for the ideal situation to be achieved, other cultures must be embraced. I advocate for inclusive psychology in Africa as well as globally, and for this reason I believe that the outcomes of this study will benefit not only Africans but be a valuable contribution to the international community at large.

### **1.2.7 Self-actualisation**

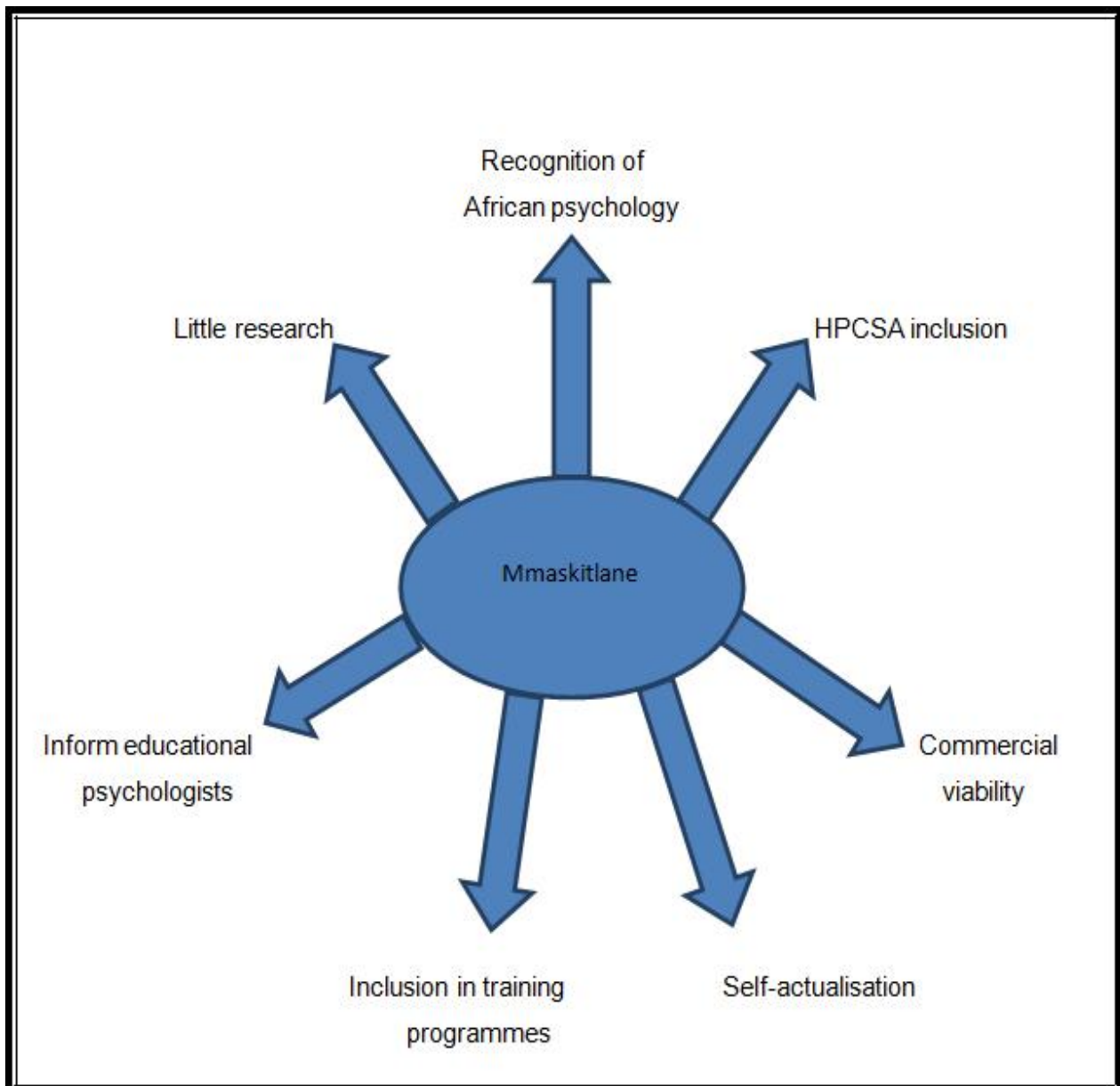
Many students are unable to study up to the level of a doctoral degree for a number of reasons, including the following:

- Lack of funds
- Time constraints
- Demotivation
- Lack of rewards, e.g. the current status quo seems not to value and appreciate people who have taken pains to study further. This is made evident by the way appointments to posts are made and the level of remuneration offered.

I too have been affected by some of these factors, but my desire to advance and promote the value of indigenous knowledge and culture is one of my priority goals and ideals. In addition, psychology has always been, and is still, my passion. To be able to link or integrate these two elements – the desire and the passion – is one of my ultimate goals.

The rationale for this study can be represented schematically as follows:

**Figure 1.1 Schematic representation of the rationale for the study**



### **1.3 THE NATURE OF MMASKITLANE**

The play is called Mmaskitlane in seTswana and, Masekitlana in seSotho, as documented by Kekae-Moletsane (2008:367–375). This kind of play or game is called Ukuxoxa in isiZulu, and many other black South African cultures have their own name for it. I believe that *soliloquy* may be the most appropriate English name

for this game. *The Oxford English Dictionary* defines a soliloquy as a speech in which a character speaks their thoughts without addressing a listener.

Ntsihlele (2003:6) describes three perspectives on play as follows:

- Traditional: children's rules are scarcely changed over a period of time
- Open : play is fantasised and improvised
- Original : play is individualistic and needs no company.

Mmaskitlane qualifies as play in terms of all of the above-mentioned perspectives. It is a traditional play in that it has been played for a very long time. However, its structure and rules have scarcely changed. It qualifies as an open form of play because it is an improvised game in which all materials used in the game are improvised. It is also very highly fantasised, (as expounded in 1.3.1 and 1.3.2 below).

Finally, it is an original form of play. It is a solitary play although there may or may not be observers when it is played. Children playing the game are only focused on themselves and the game. They are not addressing anyone. The child may take on the role of different people and act out a conversation between those various people when engaged in play.

Mmaskitlane is a game played by some South African populations and communities. Not all children in these communities like playing this game, and amongst those who play it some enjoy it more than others (Modikwe, 2010:37). This can be understood in terms of the work of Gil and Drewes (2005:35) who argue that we can learn something about the most common patterns. At the same time, it must be remembered that there is a huge difference both within each group and amongst individuals. It is a fact that some children within specific South African communities (or groups) enjoy the game; however, others may not like it. Furthermore, there is a difference in the extent to which the game is enjoyed even amongst those who like it.

The game exists in two forms. A discussion of the two forms of Mmaskitlane follows.

### **1.3.1 The first form of Mmaskitlane**

The first form is commonly played by children between the ages of three and five years. It is a monologue form of play without specific rules and structure. The child may be alone or in the company of others while playing. If there are observers, they may comment or ask questions about what is narrated. Should questions be asked, the player will give the answers.

In this form, children use two small stones to relate their narrative. One stone is hit against the other as the child tells the story. The way the stones are hit against each other differs with regard to:

- the amount of pressure exerted (how hard the stones are hit against each other),
- pace (the speed at which the stones are hit against each other), and
- frequency (the number of times that the stones are hit against each other) (Kekae-Moletsane, 2008:368).

There is a difference also in the non-verbal expressions, when different emotions are expressed. Positive emotions are expressed with the stones being hit with little pressure/force, at a slow pace, and with low frequency. The child speaks softly, with a sweet tone, and appears happy. Negative emotions, on the other hand, are expressed with the pressure applied to the stones being high and very frequent. The tone of voice is harsh and high, and the child appears to be sad and/or angry (Kekae-Moletsane, 2008:368).

### **1.3.2 The second form of Mmaskitlane**

The second form is also a monologue, but unlike the first form, it has fewer rules and a looser structure (Modikwe, 2010:38). Mercogliano (2007:73) suggests that play with minimal structure is often much more varied and richer in fantasy than play which is highly structured. It is commonly played by both boys and girls, mostly from the ages of eight years to twelve years, according to my observations (Modikwe, 2010:38). This could be because of the fact that, as children develop more powerful cognitive capacities and control systems, more complex forms of counter-factual thinking become possible and will occur under the right circumstances (Mitchell & Riggs, 2000:142).

The resources used to play the game are in most cases materials such as old exercise books or notebooks, old calendars or charts, and old pens. A pencil and an eraser are usually the only items that are in a working condition. Sometimes sticks are used for drawing on the ground as a replacement for the use of books, in which case sticks are used as a replacement for pens (Modikwe, 2010:38–39). In accordance with this, Gil and Drewes (2005:62) state that children across all cultures are creative and innovative in using natural and environmental materials to create toys for their games and other forms of play.

Materials used in this second form of Mmaskitlane are appropriate materials for play therapy, according to the requirements set out by Thompson and Rudolph (2000:386). According to these authors, therapists should make an appropriate selection of materials in order to achieve the envisaged goals. They further propose that play material should:

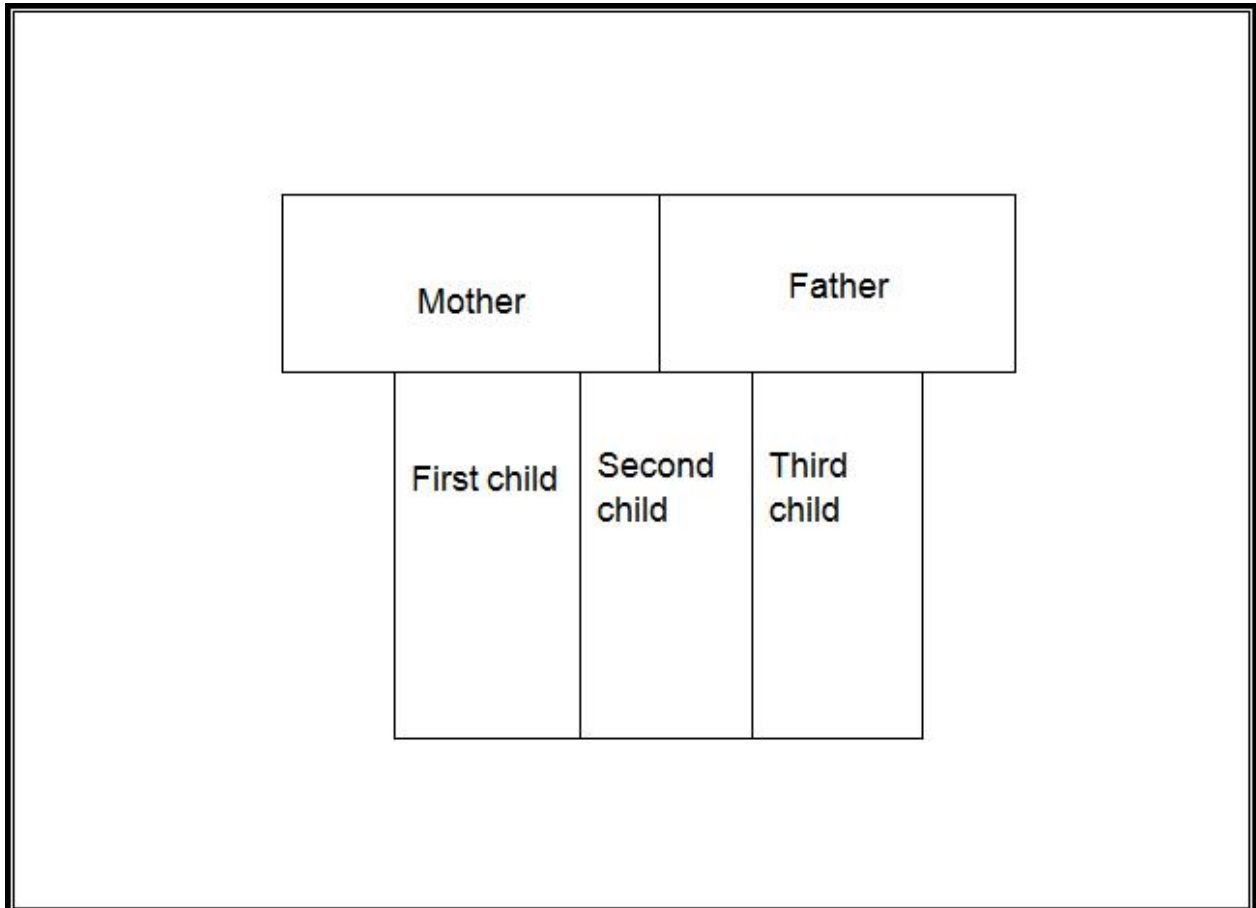
- facilitate the relationship between counsellor and child;
- encourage the child's expression of thoughts and feelings;
- help the counsellor gain insight into the child's world;
- provide the child with an opportunity to test reality; and
- provide the child with an acceptable means for expressing unacceptable thoughts and feelings.

Blocks or circles are drawn with a pencil on the book or chart. Names of people, places or things that the child wants to (or has to) involve in the game are written in the blocks or circles. The book or chart on which the game is to be played, is placed on the table in the play room. An old box or board is used as a base on which the book or chart is placed, to protect the table from being damaged as the child strikes at the circles or blocks on the book or chart (Modikwe, 2010:39).

The second option may be to play the game on the floor, in which case it will be up to the therapist to decide whether to use the above-mentioned protective measures or not. An old pen is used to point at the person, object, or place that is being role-played (Modikwe, 2010:39).

The following figure could serve as an example of how Mmaskitlane might look like:

**Figure 1.2 A visual representation of an example of Mmaskitlane**



Mmaskitlane is a solitary form of play as a child engages alone or perhaps with a friend or two watching and listening. In such situations it is a social activity and is used as a pastime. In the home environment, siblings like taking turns in playing and observing. If the game is played in the company of others, observers may comment or ask questions about what is narrated. Should questions be asked, then the player may give answers. In cases of very troubled or disturbed children, the child is found withdrawn and engaging alone, with no observer. Solitary play enhances knowledge of self, according to Spitz (2006:158), who argues that when alone we are at the origin of all real action that we are not obliged to perform. It is only when we are alone that we can encounter some of our dreams. Since Mmaskitlane is a solitary game, it may have the potential to assist children encounter certain dreams of theirs.

The question arises whether Mmaskitlane, especially the second form, may be used therapeutically as a projective and expressive activity.

Mmaskitlane is a verbal kind of playing. The children tell what is happening while pointing at the character and role-playing it. McCarthy (2007:45) states that the language used is as significant as the child's opening scenes, and offers a glimpse deep into their psyche. He goes further to say that because the child is protected by the symbol (the play tool), that glimpse can go straight to the heart of the matter, even indicating what needs to happen to rectify the situation (McCarthy, 2007:45). The researcher is of the opinion that while playing Mmaskitlane, children may feel protected to the point where they can verbalise what is troubling them.

The children change roles as they point at different characters, objects, and places. The game also stimulates a child's perception and imagination since the children perceive and imagine themselves as a character while playing. In line with this, Harris (2000:30) states that children temporarily immerse themselves in the part that they create. He goes on to say that they start to act on the world and to talk about it as if they were experiencing it from the point of view of the invented person or creature (Harris, 2000:30).

Children make numerous strikes at the role-played character as they talk. The intensity of the strikes varies from light (smooth), to hard (severe), depending on the emotions expressed. Light strikes are used at a low pace when positive emotions are expressed. Hard and intense strikes are used at high frequency when negative emotions are expressed. The strikes symbolise the surfacing of energy. McCarthy (2007:51) explains that a form of play in which energy surfaces in the context of such playing, as well as in the child's body-psyche, is a form of charged play. According to that explanation, Mmaskitlane qualifies as a charged form of play. The child appears relaxed and speaks in a low and soft tone when expressing positive feelings through Mmaskitlane. When negative emotions are expressed, the child appears tense, sad and/or angry. The way the child appears to feel in these examples tallies with what McCarthy (2007:51) calls the surfacing of energy in the child's body-psyche.

Children usually use a lot of force and become louder as they play scenes that are very emotional for them. However, when scenes that are less offensive are played they usually use less force and do not raise their voices. This observation can be

likened to Harris's (2000:31) statement that children also shift to the mood and tone of voice that is appropriate to the part that they are playing.

The rationale and purpose of this form of play is that it may be a means of expression through which children express feelings and, thoughts, and reflect on the relationship they have with themselves and the external world. This game offers a child the platform and potential to release negative feelings, such as anger and pain, which may be a therapeutic act.

I believe that Mmaskitlane may be a game of chance and may not necessarily be played by children in all communities. A game of chance is one that is decided by luck and not by skill. Gil and Drewes (2005:62) state that there is no culture without games of physical skill, whereas games of chance do not occur in all cultures. The implication is that games of physical skill occur in all cultures but the games that develop out of chance or by luck, occur only in some cultures. Göncü and Gaskins (2006:175) concur, stating that low-income children provide examples of pretend play since they also engage in the types of play that have not been noted in previous descriptions of middle-class children's play activities. I also believe that types of play such as Mmaskitlane that have not been used by middle- and upper-class children may be regarded as games of chance.

I am of the opinion that Mmaskitlane in both its forms may be one of the games that has not been commonly used in play therapy, but that could prove to be as effective as the games that are commonly used. The subject of this study has as its focus the utilisation of both the first and of the second form of Mmaskitlane.

## **1.4 ANALYSIS OF THE PROBLEM**

The analysis of the problem is discussed under the following subheadings: awareness; preliminary literature investigation; and research question.

### **1.4.1 Awareness**

Having completed the masters' training course in educational psychology in the recent past (2010), I am aware that the training programme for educational psychologists at the University of South Africa does not include indigenous play



therapy techniques. I believe (after consultation with different students from different universities) that various other universities in the country also do not include indigenous play therapy techniques in their training programmes.

As a result of the exclusion of indigenous techniques in university training programmes, many psychologists are not familiar with such techniques. I am aware that many of the workshops that are conducted to empower psychologists do not include indigenous techniques. There is therefore very little implementation of indigenous techniques, not only in play therapy but in psychotherapy in general.

I am also aware of the lack of literature on the subject. I believe research in the area of indigenous techniques is hampered by this lack of literature. The lack of both research and literature on indigenous techniques has created a vicious circle, since mainly western techniques are used in therapy while indigenous techniques are largely ignored. The value of indigenous play should therefore be recognised and used.

#### **1.4.2 Preliminary literature investigation**

The literature review familiarises the researcher with the latest developments in the area of research and related topics (Kekae-Moletsane, 2008:370). There is very little literature in the area of this research; on the other hand, there is sufficient literature on related topics, one example being play therapy in general. Play therapy, according to Modikwe (2010:17), is not just ordinary play, but is play used to enhance and achieve desired goals in therapy.

Mmaskitlane is a play therapy technique which, like all play therapy techniques, should be used in appropriate situations for therapy. Timberlake and Cutler (2001:52) emphasise the creation of a suitable play environment as a prerequisite for effective therapy. Not only should the physical environment be conducive for play therapy, but also the psychosocial environment.

Therapists should create an environment with a sense of safety and, security, and clarity as to what may be done. Cardinal limits of play therapy should be spelled out at the beginning of therapy (Timberlake & Cutler, 2001:52). However, I am of the opinion that some regulations should only be spelled out as, and when necessary. I believe that doing this will enhance spontaneity in clients. Prout and Brown

(2007:194) concur by stating that therapists should set appropriate limits in order for children to have a sense of clarity, safety and security. The use of transitional objects, acts as a point of connection between the child and the therapist, and enhances the formation of a therapeutic relationship (Camilleri, 2007:68).

Norton and Norton (2002:5) state that by providing a secure relationship for children, the therapist lays a foundation upon which children may build their therapeutic issues, test them, watch them crumble, then rebuild them in such a way that they can understand, tolerate and accept them. In other words, as therapists provide the relationship, children begin to add content to their play. As children make these additions, therapists provide acceptance, warmth, comfort and empowerment through the relationship while moving towards resolution. Prout and Brown (2007:194) caution therapists to commit to being genuinely engaged in a therapeutic relationship with children. The genuine engagement of the therapist will enhance the feeling of safety and comfort for children.

Kekae-Moletsane (2008:374), states that to be empathically heard and understood, is a healing experience. She further states that it is the experience of being acknowledged and validated by another person that can enable people to validate themselves. To be empathic listeners, therapists should not only be attentive to the surface content of the spoken words, but also, even more importantly, to the under-layer or “bass note” of the stream of thinking as it comes forth (Martyn, 2007:134). Perhaps most important of all is to reflect the empathic feeling with accurate consideration of contextual factors.

A further task of the therapist is to throw additional light on the drama that unfolds. That should be done modestly, always following the client’s readiness for more insight, and with rare exceptions abstaining from advice-giving and problem-solving (Martyn, 2007:134). Regardless of the extent of the therapist’s empathy, they should at all times refrain from solving their clients’ problems and rather let the clients solve them themselves.

When playing Mmaskitlane children use their bodies and, according to Camilleri (2007:69), therapists who use the body are best suited to address physical traumas. She reports that children, who have been physically abused, retain their traumatising memories in a sensory way. Such impairments can therefore only be accessed in a

sensory modality. She further goes on to say that the use of the body allows children to avoid intellectualisation, thus allowing a connection between body and mind to occur. This means that the child is involved as a whole or a gestalt in play. As a result, integrated healing takes place.

Therapists may either be directive or non-directive, depending on the case at hand. Camilleri (2007:68) agrees, stating that reparative experiences emerge based on changes made by the child or the therapist. When using the non-directive approach there are no extrinsic goals given to children. However, therapists aim to assist children to become consciously aware of thoughts, feelings and conflicts leading to their actions (Modikwe, 2010:16). Martyn (2007:134) concurs by stating that therapists put aside their own interests and concerns, including their own need for power, in order to serve the client.

In line with the non-directive approach, Norton and Norton (2002:13) caution that therapists should not assume that they know the best way for children to approach the world in order to resolve children's struggles. Doing so is misuse of power, and in many cases it is misuse of power that leads children to therapy. They further state that when children are allowed to be directors of their own play, they will create an environment in such a way as to let the therapist know what it feels like to be these children and live in their world.

The therapist's empathic experience may cause the therapist to leave the session with negative feelings, even to the point of feeling frightened or overwhelmed. When time comes for the next session with the particular client, the therapist might naturally find herself dreading it, anticipating a reoccurrence of the same feelings. Even if this is not a pleasant experience for any therapist, it is an indication that the therapist is performing adequately in the helping role (Norton & Norton, 2002:14).

In an unstructured, non-directive play therapy approach, children may incorporate the therapist into their play. This is an honour and a sign that they trust the therapist. It is very important for the therapist to respond positively to the invitation (Norton & Norton, 2002:15). In order for one to be able to participate in play, requires that one should be familiar with the form of play. When using Mmaskitlane in therapy, therapists should know when to let the clients direct their play and when not to do so.

It is also very important for a therapist to know when to give structure to a child's play. A directive approach to play therapy is also important, just as much as a non-directive approach is. There are times when it is appropriate and effective. Directive play is not instructing a child in an activity. True directive play therapy is mild, soft and non-threatening. It does not take away from children their sense of empowerment. An example of a directive approach is like asking a child questions such as:

- How were you feeling then?
- Can you put a sound to that?
- What did the monster's face look like?

The important principle is never to force a child, either obviously or subtly (Norton & Norton, 2002:17).

Reddy, Files-Halls and Schaefer (2005:82) concur by pointing out that literature supports the use of directive trauma-focused therapy over non-directive support to reduce most trauma symptoms in children. Giving structure to a child's play should be minimal to be effective. Play with minimal structure is much more varied and rich in fantasy than that which is highly structured (Mercogliano, 2007:73). While the first form of Mmaskitlane is structure-free, the second form is play with minimal structure.

When circumstances require therapists to give structure, they should know, when using Mmaskitlane, how much structure to give, when utilising Mmaskitlane. The Professional Board for Psychology (1974) states in point 45 that a psychologist who develops, administers, scores, interprets or otherwise uses psychological assessment techniques, interviews, tests, instruments or other measures referred to in the act, shall do so in a manner and for purposes that are appropriate in light of the research or evidence of the usefulness and proper application of such assessment methods. As the usefulness of the technique has already been proved, further research is therefore needed to produce and provide evidence of proper application of this play technique as required by the above-mentioned act.

The ethical rules further state, in point 48, that a psychologist who performs interventions or administers scores, interprets or uses assessment methods shall be familiar with the reliability, validation and related outcome studies and the proper

applications and uses of the methods he or she uses. The outcomes of this study will enhance the familiarity of psychologists with the reliability, validation and proper applications of the technique. Familiarity with a wide range of play therapy techniques is indispensable in play therapy, and is a prerequisite for appropriate, culturally diverse service provision.

### **1.4.3 Research question**

Seeing that there is so little literature and research on indigenous techniques, and yet such a great need for culturally appropriate services, the question arises: How can educational psychologists appropriately and effectively utilise Mmaskitlane in play therapy?

## **1.5 THE AIM OF THE STUDY**

According to Buchanan et al. (2009:10), the aim of health research is to generate new scientific knowledge with the aim of improving the diagnosis, treatment and prevention of diseases and other health problems. To be able to generate new scientific knowledge, this study will be approached in three ways. The first step will be to conduct a thorough literature study to inform the empirical study. The second step will be to conduct an empirical study to investigate the research question. The final step will be to consult with other specialised professionals who use the Mmaskitlane technique in play therapy.

The following will be done in order to achieve the aim:

### **1.5.1 Literature study**

A literature study will be done to provide information on:

- the game Mmaskitlane
- any indigenous play therapy techniques being used
- conducive situations for play therapy
- the utilisation of other play therapy techniques.



### **1.5.2 Qualitative investigation**

A qualitative investigation will be carried out to:

- Explore various ways of utilising Mmaskitlane in play therapy
- Collect data from parents, guardians and teachers of participants
- Analyse and interpret data from the collateral information as well as from participant observation
- Determine which are the most effective ways of playing Mmaskitlane
- Formulate guidelines for educational psychologists to implement the indigenous technique.

### **1.5.3 Specialised professionals**

The fact that many educational psychologists are not familiar with Mmaskitlane does not imply that there are none who are familiar with this form of play. There are a few psychologists and registered counsellors who do make use of this play therapy technique. I will consult and make contact with professionals who administer the play technique and then:

- The aim of this study will be explained
- Their voluntary assistance will be sought
- Enquiries will be made about the professionals' experience in the implementation of the technique
- I will ask them to furnish me with information about specific, appropriate cases in which they have used the technique effectively
- The identifying aspects of the cases will be disguised in accordance with the requirements of The Professional Board for Psychology (1974:33(a)).

The research procedure will commence with a literature study to review effective play therapy techniques, including indigenous techniques.

## **1.6 RESEARCH METHOD**

### **1.6.1 Literature study**

The research procedure will commence with a literature study to review effective play therapy techniques inclusive of indigenous techniques. A thorough study of recent literature will be carried out in order to be able to rehearse the implementation of play therapy applications.

### **1.6.2 Research design**

A qualitative research design will be employed. Titus (2004:11) describes qualitative research as research that produces formal statements which provide new ways of understanding the world. He further reports that qualitative research produces knowledge that is practically useful for those who work with issues of learning and adjustment to the pressures and demands of the social world.

Case studies will be used to carry out the empirical investigation. According to McMillan and Schumacher (2006:316), in a case study data analysis focuses on one phenomenon which is selected in order for it to be understood in depth, regardless of the number of participants or sites for the study. Single-subject design, also known as within-subject design, will also be used. Phares (2003:77) reports that both case studies and single-subject designs, allow thorough investigation of one child or a small number of children. She goes on to say that the single-subject design is well grounded in the behavioural tradition. According to her, it is often used to assess changes in behaviour related to behavioural interventions.

McMillan and Schumacher (2001:399) state that exploratory research examines topics in which there has been little prior research. I believe that there has never been a study aimed at exploring effective ways of using this play in therapy. The lack of research on the subject qualifies this study to be considered exploratory research. McMillan and Schumacher (ibid.) further state that case studies are appropriate for discovery-orientated and exploratory research.

Children under the age of six years will be observed as they engage in the first form of Mmaskitlane. Observation will be used to discover which of the two forms is mostly preferred by the six and seven year olds. Samples of eight to twelve-year-old

children will be used to explore how they engage in the second form of the game (Modikwe, 2010:37–38).

### **1.6.3 Description of the universe and population**

The universe according to Strydom and Venter (2002:209) refers to all potential subjects who possess the attributes in which the researcher is interested. For the purpose of this study the universe is seen as all learners from black South African primary schools, who experience emotional problems. Strydom and Venter (2002:198) explain that the population concept refines the universe to the total set from which individuals or units of the study are chosen.

I will identify the first population of this study to be children under six years of age, from black South African primary schools in the Tshwane North District of the Gauteng Department of Education, who experience emotional problems. The second population will be identified as children between the ages of seven and thirteen, from black South African primary schools in the Tshwane North District of the Department of Education, who experience emotional problems.

### **1.6.4 Sampling**

Sampling, in any given study, is determined by the research objectives and the characteristics of the research population. In this study purposive sampling will be used. In purposive sampling participants are selected according to preselected criteria relevant to a research question (Mack, Woodsong, MacQueen, Guest & Namey, 2005:5). Adequate description of the participants is a prerequisite in sampling according to Phares (2003:86). I will ensure the appropriateness of the participants given the fact that results of qualitative research cannot be generalised beyond the characteristics of the sample. Participants in this study will be selected based on their familiarity with Mmaskitlane, age appropriateness, and the need for therapeutic emotional intervention.

The sample size, in purposive sampling, may or may not be fixed prior to data collection depending on the resources available, time, and the research objectives. The objective of this study is to accumulate sufficient information in order to be able to come up with proper guidelines for the use of Mmaskitlane as a play therapy technique. In order to achieve this goal, I will involve as many participants as



possible, up to the point of reaching theoretical saturation. Mack et al. (2005:5) state that purposive sample sizes are often determined on the basis of theoretical saturation, i.e. the point in data collection when new data no longer bring additional insight to the research question.

Participants will be chosen from schools and the intervention will be done mostly in schools. In accordance with this, Phares (2003:87) states that the school system is a wonderful place to collect data about children and adolescents, especially in schools with a diverse learner population.

### **1.6.5 Data collection**

In-depth interviews will be held with teachers, referred learners, and their significant others. Specialised professionals will also be interviewed. Apart from the fact that interviews give a human face to the research problem, conducting and participating in interviews can be a rewarding experience for participants and interviewers alike. In-depth interviews offer participants an opportunity to express themselves in a way that ordinary life rarely presents them with (Mack et al., 2005:29). Both verbal and non-verbal information from the interviews will be documented.

Where applicable, interviews will be recorded. The recorded interviews will be transcribed verbatim. Field notes will be written discreetly during participant observation. Expansion of notes to cover all details, including both implicit and explicit information, will be done immediately after the observation sessions. During observation I will note only what is actually taking place and not what I anticipate. In order for me to be able to report only neutral observations, I will constantly question myself about my assertions, for example, "What is my evidence for making this claim?"

### **1.6.6 Data analysis**

Data will be analysed by means of content analysis. Kumar (2005:220) states that content analysis provides the basis for identifying the main themes that emerge from the responses given. I will organise the data in such a way that the methods used by participants to play Mmaskitlane will be organised into three groups: the effective ones, the most effective ones, and the not so effective ones. The focus will be on the most effective ways of playing the game. This is in accordance with McMillian and

Schumacher (2006:316), who state, that in a case study data analysis focuses on one phenomenon which is selected to be understood in depth regardless of the number of participants or sites for the study.

I will avoid giving my interpretation, and will rather give an objective analysis of what I observe. Giving one's interpretation may be wrong at times. To avoid making an incorrect analysis, I will frequently question my assertions. Secondly, to avoid making mistakes I will constantly consult the participant observation data in accordance with Mack et al. (2005:16), who state that frequent consultation of participant observation data throughout a study can inform instrument design, save time, and prevent mistakes.

### **1.6.7 Ethics**

The well-being of all participants will be prioritised in this research undertaking. Buchanan, Fisher and Gable (2009:14) caution that social research must be conducted with adequate safeguards to protect the welfare and rights of participants. Participants will not just be used to achieve the goal of the study; their dignity will be respected. I will take all reasonable steps to see to it that the psychological needs of the participants are catered for.

I will take all reasonable steps to ensure that I adhere to all ethical requirements at all times. According to Buchanan et al. (2009:14), researchers should develop a partnership with the host community, inclusive of but not limited to participants. Permission will be sought from the Gauteng Department of Education to carry out the study. Informed consent will be sought from the principals and the teachers at the schools of the sampled learners.

Informed written consent will be sought from the parents or guardians of the participants, since children can be regarded as vulnerable. Vulnerable individuals, according to Buchanan et al. (2009:12), are individuals who are legally not capable of giving informed consent, such as children and mentally challenged adults. An explanation of the goal and the nature of the study will form part of the informed consent. Buchanan et al. (2009:12) further state that, informed consent must be voluntary, and that a rationale for the study must be provided to the subjects. I will

ensure that all stakeholders understand that participation is voluntary and that participants are free to withdraw at any given time.

I will ensure that no participant can be identified from any reported data. In order to achieve this anonymity, all identifying information will be blocked out from reported data. By doing this, participants will be freed from the risk of being identified (Buchanan et al., 2009:12).

## **1.7 EXPLANATION OF TERMS AND KEY CONCEPTS**

### **1.7.1 Mmaskitlane**

Mmaskitlane is a game played by African children. It is a solitary form of play although there may or may not be observers when it is played. The child may take on the role of different people and act out a conversation between these various people when during the game.

Children usually relate stories about things that worry or excite them, things they imagine, their wishes, things they detest, things about people they detest, and things around them during the play. It is a play without specific rules or structure and is not a form of competitive play. Players, including shy children, express their feeling as they talk to themselves (Kekae-Moletsane, 2008:368).

### **1.7.2 Educational psychologist**

An educational psychologist, according to Roets (2001:4), is a person with a direct masters' degree, who is registered as a professional psychologist as well as with the Board of Health Professions. Educational psychologists are involved in assessment, diagnosis and intervention in order to optimise functioning in the broad context of learning and development (Professional Board for Psychology, 5.1).

### **1.7.3 Play therapy**

According to Schaefer and Kaduson (2006:165), play therapy is a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures. The therapist provides selected play material and facilitates the development of a safe relationship for the child to fully express and explore the self

(feelings, thoughts, experiences, and behaviour) through play. Play therapy makes use of play because it is the child's natural medium of communication, and because it allows for optimal growth and development.

Play therapy in this study is perceived as a special relationship between a child and a therapist, who ensures that the relationship benefits the child by enhancing the therapist's ability to make sense of the inner and outer world of the child through play.

#### **1.7.4 African Renaissance**

*The Oxford dictionary* defines a renaissance as a period of revival in art and literature. The African Renaissance is therefore seen in this study as a period of revival of African art and literature. Ndlovu (2009:1) describes the African Renaissance as the period during which Africans began to re-examine their lives and, their past to find out what aspects of their culture can still be of use to them at this time in their history, and what has to be discarded.

### **1.8 FURTHER WORK PROGRAMME**

Chapter two will deal with the literature review and provide the theoretical background to play therapy, effective play therapy techniques, and indigenous play therapy techniques, including Mmaskitlane. The points listed under 1.5.1 above will also be discussed in detail.

Chapter three will present the research design and methodology in more detail.

Chapter four will report on the findings of the empirical investigation. The results of the interviews and observations will be discussed. A report of the case studies will be given.

Chapter five will provide guidelines for the effective utilisation of Mmaskitlane.

Chapter six will provide a summary of the study, discuss its limitations, and make recommendations.

## **1.9 CONCLUSION**

This chapter has been critical for orientating the study and setting its focus, and ensuring that the research remains focused on its main theme. The theme is to explore various effective ways of utilising Mmaskitlane in play therapy. The rationale and motive for the study were discussed. The nature and the types of Mmaskitlane were explained. The analysis, the aim and the methodology of the study were explained. The chapter has also attempted to highlight the need for more research on indigenous play therapy techniques.

## **CHAPTER 2**

### **LITERATURE STUDY**

#### **2.1 INTRODUCTION**

This chapter deals with an intensive literature study which formed the basis for the empirical study which was subsequently carried out. A report will be given on the theoretical framework which informed and supported the study. Important concepts such as indigenous psychology play and play therapy will be explained. Mmaskitlane as a play therapy technique will be described in both its forms. Other conventional play therapy techniques that have similarities with Mmaskitlane will be explained.

#### **2.2 THEORETICAL PHILOSOPHICAL FRAMEWOK**

This is a qualitative study which is informed by the philosophical framework of Gestalt play therapy, hermeneutics, and social constructivism in particular. The approach taken is that of a narrative focus. It will follow both the Western and the indigenous psychological perspectives.

##### **2.2.1 Gestalt play therapy**

Gestalt therapy emanates from Gestalt psychology, which emphasises the holistic, organismic and biological theory of human functioning and growth. Blom (2004:3) describes gestalt as a whole or entity which is more than its component parts. It refers to holism and views individuals as a complete whole rather than made up of individual parts. It works on the premise that an individual cannot be looked at without accounting for the environment and the external influences that play a role in the individual's life (Ireland, 2007:37).

Gestalt therapists believe that it is the task of therapy to assist clients to define the nature of their lives in terms of meaningful wholes. They encourage clients through the use of techniques to find meaning for the actions that they engage in and the situations in which they find themselves (Ireland, 2007:37–38).

Secondly, Gestalt therapists believe that a central task of all human beings is to find a way of giving meaning to their perceptions, experiences and the existence that they lead. Thirdly, they also believe in polarities. Ireland (2007:37) describes polarities as opposites that complements or oppose each other, and which are found in all aspects of life. An example of emotional polarities would be a person who feels sad about one thing but at the same time also feels happy about something else (Ireland, 2007:37).

Blom (2004:38) believes that Gestalt theory has a positive view of human nature. It takes the approach that people are able to become self-regulating and that this enables them to work towards achieving a sense of unity and integration in their lives. Furthermore, the Gestalt theory holds that the most important areas of concern are the thoughts and emotions that people experience at any given moment. Normal and healthy behaviour occurs when people act and react as gestalts or total organisms (Thompson & Rudolph, 2000:164).

Another fundamental aspect of Gestalt therapy is the belief that everyone has had to repress or suppress aspects of themselves because of the fact that they were not supported in their environments (Ireland, 2007:38). Such aspects are relegated to the background and as such become unfinished business. Gestalt therapy is used to assist the person to gain awareness of, or to shed light on, that unfinished business. People are then encouraged to focus on the complete experience, including all of the senses, in a here and now atmosphere. After people gain awareness of unfinished business, they are better able to understand themselves and are therefore able to choose whether they would like to make any changes (Ireland, 2007:38).

In the case of children with emotional problems, the aspect of unfinished business also applies. It is the aspect that the therapist needs to focus on in therapy so as to encourage children to gain awareness of the unfinished business that led them to suppress or repress certain aspects of themselves. That people's bodies and feelings are better indicators of the truth than their spoken words, is another of the Gestalt theory tenets. Gestalt therapists therefore focus on people's body language and draw attention to their emotions (Ireland, 2007:38–39).

The following is a summarised explanation of different assumptions that define Gestalt theory. However, even if these assumptions are explained separately, they cannot be understood without encompassing each other:

- Gestalt therapy is phenomenological; its goal is awareness and its methodology is that of awareness
- It is based wholly on dialogic existentialism, i.e. the I/thou relationship
- Its conceptual foundation or world view is based on holism and field theory
- It focuses on the here and now of emerging experiences
- There is a creative experimental attitude to life and the process of therapy (Ireland, 2007; Joyce & Sills, 2005).

Gestalt theory is based on certain concepts which also form the basis of Gestalt therapy. These concepts are: figure and ground, the I/thou relationship, awareness, the child's process, sensory modalities, unfinished business, contact boundary disturbances, resistance, responsibility, projections, and layers of neurosis (Blom, 2004; Ireland, 2007).

### **2.2.2 Gestalt principles**

The following is an explanation of these Gestalt concepts:

#### **2.2.2.1 Figure and ground**

The figure and ground concept refers to the idea that when one object is the most significant object for the individual, it is in the foreground (figure) of their attention. This means that the figure is that which is most important at a given time. All other things form part of the background. The ground refers to anything that the individual has experienced at the time. A good gestalt is when one figure is perceived after another, which indicates good experience. When movement from the figure to the ground is interrupted for whatever reason, it can result in unfinished business. Unfinished business interferes with good contact with the self, others, or the present environment. In cases where one has more than one need at a time, the most dominant one will be attended to first (Blom, 2004:13; Ireland, 2007:40).



#### 2.2.2.2 The I/thou relationship

The principle of the I/thou is an important principle that has great implications when working with children. The here and now interaction between the therapist and the client is fundamental to the experience of therapy. Gestalt therapists do not believe that they are more important than their clients. It is imperative that therapists become genuine, congruent and non-judgemental. Therapists must act openly, and children must be met with respect and without manipulation. There should be no expectations overriding the therapeutic situation and children should not be pushed more than they can cope with (Blom, 2004:54; Ireland, 2007:41).

The mutuality that is exchanged in this relationship allows the client to be affected by the therapist, and the therapist by the client. This relationship allows clients to explore their uniqueness and to come to an awareness about themselves. The complete acceptance of clients by therapists enhances changes of behaviour in clients. Clients will observe therapists and the way they interact with them before they can feel comfortable and believe that the therapist sees them on an equal level. It is important for therapists to see themselves as being on the client's level as this cannot be pretended (Blom, 2004:56; Ireland, 2007:41). For children with emotional problems this can be an empowering experience.

#### 2.2.2.3 Awareness

The capacity to focus, attend, and be in touch with the now moment is what is referred to as awareness. Facilitating this, together with assisting clients to become aware of their processes, is one of the therapist's main roles. The promotion and encouraging of full and free-flowing awareness in the here and now is the cornerstone of Gestalt practice (Joyce & Sills, 2005:27). It is a form of experiencing, of being in contact with the environment and the self. It enhances the process of meaning construction since it is only when one is aware of one's situation that one can give meaning to it. It makes it possible for children to understand their needs, which in turn allows them to make choices and to take responsibility for such choices (Ireland, 2007:42; Overberg, 2003:60).

#### 2.2.2.4 The child's processes

A child's process refers to the way in which they present themselves to the world in order for their needs to be satisfied. Every person has a unique process which encompasses temperament and how they get things done. It is very important for therapists to follow children's processes and to allow them to express their processes in an unhindered manner. When therapists understand their client's processes and keep them in mind throughout therapy, they are able to address them on the client's level, to allow the client to feel a sense of control, to empower and encourage a sense of responsibility, and to allow them to feel that they are in congruence with their processes (Blom, 2004:83; Ireland, 2007:42-43; Schoeman, 2004:47).

#### 2.2.2.5 Sensory modalities

People experience the world through their senses. That is why the Gestalt approach focuses on the sensing body as being the major source of integration. Individuals make contact with the environment through the senses, which allows them to become aware of themselves and their different emotions. Different memories are accessed through the senses, which is the reason why Gestalt therapy aims to achieve sensory awareness. Through sensory awareness people are able to live fully in the world, and discover the connection between their minds and bodies (Ireland, 2007:43; Schoeman, 2004:137–138).

Therapists use the sensory modalities to focus the clients on the here and now by encouraging the clients to focus on what they are experiencing through their senses at any given time. Therapists should take cognisance of the fact that individuals have different primary senses with which they communicate. Therefore, if the client is unresponsive, it is possible that the therapist might be communicating with a sense that is not favourable to the client. Therapists may incorporate sensory modalities into all spheres of the therapeutic relationship. They can constantly make clients aware of the different senses that are being activated, for example, by making the clients aware of what can be seen, heard, smelt or felt at any given time (Ireland, 2007:43–44; Schoeman, 2004:139).

#### 2.2.2.6 Unfinished business

Unfinished business refers to a situation in the past that an individual has been unable to reach closure about. An unfinished experience stays in the foreground and needs to be worked through, by making use of awareness so that it can be completed and returned to the background. This will make space for the next unfinished business to be attended to (Ireland, 2007:44; Joyce & Sills, 2005:130).

Unfinished business comes about as a result of a number of factors that hinder one from reaching a resolution, and may cause the situation to remain like that for a long time, causing discomfort and frustration. Lack of awareness results in the business remaining unfinished, and this, in turn, may lead to the available energy and psychological resources, being held in or repressed around the unfinished situation. The repressed energy may have a negative effect on the individual's life, since they might lack the energy to focus on other issues. Human nature strives to complete the unfinished business, albeit in a pathological manner. Should this be the case, it will resurface, and the individual needs to work through it again in a healthy, functioning manner before the individual can experience relief (Ireland, 2007:44; Joyce & Sills, 2005:132).

#### 2.2.2.7 Contact boundary disturbances

Contact in Gestalt theory refers to the way in which individuals make contact with the environment. It occurs in all spheres of life, with things and, people, and within ourselves. Contact, according to the Gestalt view, is made from a boundary on the edge of ourselves, and it is here that people are able to differentiate what belongs to them or to someone else. For the individual to maintain a sense of separateness, it is vital that contact takes place on the boundary of the self. This way the contact will not overwhelm or threaten them. For contact to occur, the boundary between the individual and the environment needs to be permeable and flexible. This will allow the individual to be emotionally nourished (Ireland, 2007:44–45).

An interference, interruption or prevention that occurs along the contact boundary is referred to as a contact boundary disturbance. It usually occurs without the individual being aware of it. Over time it becomes the individual's manner of being in the world. Contact boundary disturbances occur when people are no longer able to maintain a

balance between themselves and the world. The boundary between self and other becomes blurred and one is no longer able to respond to one's real needs as one is unaware of what they are (Blom, 2004:21; Ireland, 2007:45).

People use a variety of ways to avoid contact with others, usually with the belief that they will be protecting themselves. This helps the individual to maintain the present unfinished business in their lives. Contact boundary disturbances usually take one of the following forms, according to Ireland (2007:45–51):

### 1) Deflection

Deflection refers to turning away from what feels uncomfortable and avoiding direct contact with others or the environment. Through deflection, awareness of the environment is reduced. Often when a painful experience has occurred, deflection is used where an individual avoids contact as a way of handling the difficult experience. Such individuals are unable to understand the experience and the emotion, and are therefore left feeling vulnerable, resulting in the avoidance of contact. Individuals who use deflection often try to lessen the intensity of their feelings. Deflection interferes with contact between two individuals, i.e. the one sending the message and the one receiving it. Children with emotional problems may use deflection by changing the topic, or not answering questions which make them feel uncomfortable (Ireland, 2007:45–46).

### 2) Retroreflection

Retroreflection means pulling inward into oneself what one fears to express outside of the body. It refers to turning back on ourselves what is rightly meant for someone else, or doing to ourselves that which we would like someone else to do to us. One treats oneself as one would actually treat others. Retroreflection usually occurs when one needs to experience an emotion that is considered dangerous, often grief or anger (Blom, 2004:27–28; Ireland, 2007:46).

### 3) Confluence

Confluence refers to coming together with or to become one with, and it creates a loss of the experience of identity. It occurs when there is a lack of boundaries between the individual and the environment. The boundaries are blurred and

therefore individuals are unable to distinguish themselves from the environment. The individual's sense of self is negatively affected, and weakened. No sense of boundary exists, and therefore differences are diminished (Blom, 2004:21–25; Ireland, 2007:46).

#### 4) Introjection

Introjection occurs when an individual takes in beliefs, values and emotions from other people in the environment without questioning those beliefs, values and emotions, being aware of them, or criticising them. Such individuals have often taken so much from the environment and others that they have lost their self-identity. The introjected belief, idea or behaviour is not integrated into the individual, and it remains foreign to the person. The fact that it is not questioned or criticised may lead to the development of new unfinished business. This has a negative effect on the individual's self-awareness (Blom, 2004:22; Ireland, 2007:47).

#### 5) Projection

Projection refers to a situation where one holds the environment responsible for what happens to one. Ideas, beliefs and feelings are projected from the individual onto the environment because they are too difficult or painful to deal with. Such individuals do not take responsibility for what they project onto the environment. This means that people who use projection as a contact boundary disturbance attribute to others their own thoughts and emotions. Often people lose themselves through projection, as they see in others what they do not see in themselves (Blom, 2004:25; Ireland, 2007:47).

#### 6) Desensitisation

Desensitisation refers to the process of numbing body sensations. By so doing, individuals keep the experience of pain and discomfort out of their awareness. Such individuals function without contact with the environment and themselves (Blom, 2004:29; Ireland, 2007:47).

#### 2.2.2.8 Resistance

Joyce and Sills (2005:107) report that resistance occurs in the therapeutic situation when an individual attempts to avoid emotional pain. Resistance can be seen as a

method by which children protect themselves from the unknown or something that may be unexpected (Ireland, 2007:48).

At the beginning of therapeutic relationships clients hold back some parts of themselves as they are still unfamiliar with the therapists. Therapists should therefore expect to experience resistance in new therapeutic relationships. When clients become relaxed and comfortable with the therapists, they usually stop being resistant. However, when a new theme is uncovered or when the current theme becomes too difficult, clients might resort to being resistant again (Schoeman, 2004:38).

Resistance can often be confused with contact boundary disturbances because resistance is also one way in which children try to protect themselves. It is a normal and an important part of Gestalt play therapy, according to Ireland (2007:48), as it helps to indicate the level of contact that the child has, as well as their level of energy. Blom (2004:62) concurs by stating that resistance occurs when children refuse to work in therapeutic settings, and that this is normal and can be expected in therapy. Resistance needs to be addressed so that therapy can be effective.

#### 2.2.2.9 Responsibility

The key to a successful adjustment is the development of personal responsibility (Thompson & Rudolph, 2000:165). Blom (2004:59) concurs by saying that both the therapist and the client are responsible for themselves. This means that irrespective of what type of situation a person finds themselves in, they are responsible for the meaning that they give to that situation and how they are going to react to it (Ireland, 2007:48). Ireland goes on to say that responsibility goes hand in hand with awareness, since individuals must be aware of themselves in order to be able to choose their own responses.

#### 2.2.2.10 Projections

Projections refer to disowned or alienated parts of the self, according to Joyce and Sills (2005:124). Projections are often used in a constructive manner as part of experiments during Gestalt therapy. Clients are encouraged, through creative experiences, to project parts of themselves into the therapeutic work that they are doing. Therapists then encourage clients to take ownership of the projections as a

way of helping them to gain awareness of their identity and to promote contact with the self and the environment (Blom, 2004:25; Ireland, 2007:49, Joyce & Sills, 2005:124).

#### 2.2.2.11 Layers of neurosis

According to Ireland (2007:49), there are five layers of neurosis that people use to depict how they fragment their lives and prevent themselves from maturing and succeeding. These five layers can be regarded as the benchmarks in the counselling process, and according to Thompson and Rudolph (2000:166) they can be considered to be the steps to a better Gestalt way of life. It is important for therapists to identify where children who are experiencing emotional problems fit in amongst the layers, and to help them move from one layer to the other.

Following are the five layers of neurosis:

##### 1) The phony layer

This layer can be viewed as the outermost layer of the personality. It includes the roles that people play in the lives of children. It can be characterised by unresolved conflicts because often people are trapped into trying to be what they are not. The cause of this in children could be introjects they internalise from the environment. Usually this happens when children seek acceptance from others by trying to fit into roles that others have defined for them. This layer is not a true reflection of children, since they act according to the internalised expectations of others (Blom, 2004:35; Ireland, 2007:50).

##### 2) The phobic layer

This is also a layer of imposed roles, where children become aware of those fears of theirs which accompany their maintenance of the roles expected of them. This can be a very frightening experience and may lead to feelings of anxiety. Children acting in this layer continue to act according to the internalised expectations of others, regardless of the anxiety this causes them. Such children may even resist changing the behaviour (Blom, 2004:36, Ireland, 2007:50).

### 3) The impasse layer

This layer also has high levels of anxiety and discomfort, and it is a layer where people usually get stuck. Children acting in this layer believe that they have no other way of dealing with their likes and dislikes, and as such are unable to act in a self-supporting way. It is a layer that generally sees a conflict between two polarities in people, the healthy side that wants to complete the unfinished business, and the unhealthy side that wants to avoid the hardships and pains that accompany working through the unfinished business (Ireland, 2007:50; Thompson & Rudolph, 2000:166).

### 4) The implosive layer

In this layer people become aware of ways in which they limit themselves, and they start experimenting with alternative behaviours in a therapeutic setting. Often children operating in this layer lack energy, and struggle to try new behaviours. It is vital that therapists encourage and motivate them for the new behaviour to be effective (Ireland, 2007:50; Thompson & Rudolph, 2000:167).

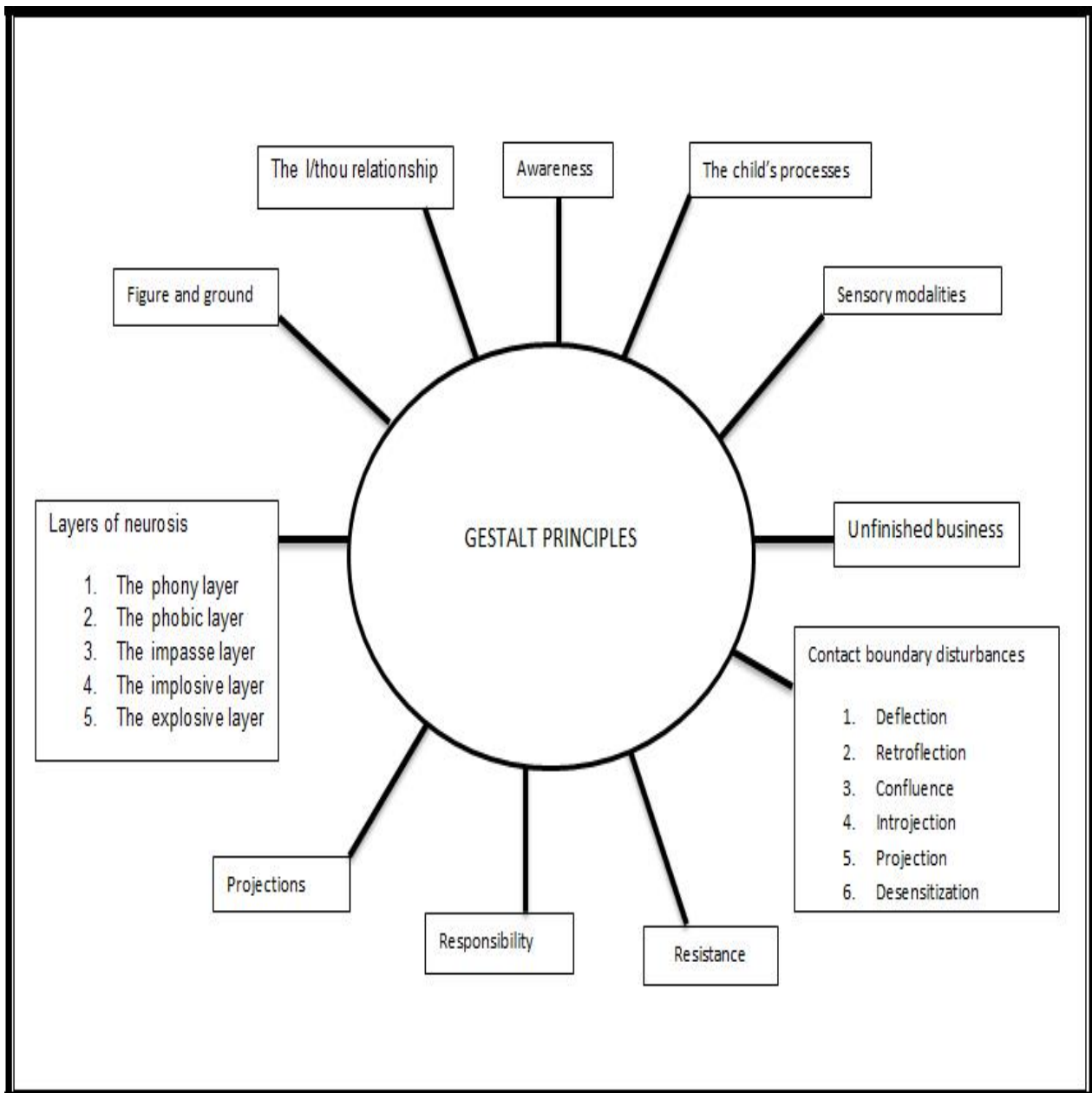
### 5) The explosive layer

Usually this layer is characterised by excess energy. It occurs when children practice, outside therapy, the new behaviours that they experimented with in therapy. When this works, the energy that was previously used to maintain their phony existence becomes available as extra energy. It is at this stage that children can begin to complete their unfinished business as they become aware of the feelings that they suppress or express. At this stage, children are capable of experiencing and expressing their true feelings (Blom, 2004:39; Ireland, 2007:51; Thompson & Rudolph, 2000:166–167).

The following is a figure showing summarised information on Gestalt play therapy:



**Figure 2.1 Summarised Gestalt play therapy**



### 2.2.3 Implementation of Gestalt play therapy

Blom (2004:5) and Ireland (2007:54) believe that Violet Oaklander can be viewed as the founder of Gestalt play therapy. They explain that in her implementation, Oaklander begins the process by building a therapeutic relationship with the client. She then makes contact, confirms the client's sense of self, and encourages emotional expression. She uses different mediums to encourage projection, and then follows with self-nurturance and termination (Blom, 2004:5; Ireland, 2007:54).

Ireland (2007:54–55) lists the model suggested by Oaklander for implementing Gestalt play therapy as follows:

- Have the children share their experience of drawing (or making the sand picture): the feeling related to the task, their process, what they thought while making it.
- Have the children share the drawing itself, describing it in their own way.
- Ask the children to elaborate on parts of the picture; this helps to further promote their self-discovery.
- Ask the children to describe the picture as if it were themselves, using the “I” words.
- Pick specific things in the picture for the children to identify with.
- Ask the children questions to aid the process: What do you do? Who are you close to?
- Emphasise or exaggerate certain parts of the picture to further focus the children’s attention and increase their awareness.
- Have the children conduct a dialogue between parts of their pictures.
- Encourage the children to pay attention to the colours they used.
- Watch the children for clues from their body language.
- Work with identification: help the children to own their projections, to make them part of themselves.
- Leave the drawing and focus on the children’s life situations, and signs of any unfinished business that have emerged from their drawings.
- Watch out for missing parts or empty spaces in the pictures, and make the children aware of them.
- Stay with the children’s foreground flows.

The above steps are, however, not meant to be followed in sequence. The steps were created to encourage the children to become aware of their existence in the world by gaining awareness of the self.

#### **2.2.4 Hermeneutic approach**

Hermeneutics is the activity of interpreting, and explores how meaning is constructed through language discourse, story and narratives. According to this type of analysis, the search for meaning is on-going, and the world appears as we interpret it. Knowledge is constructed through relationships and conversation with others. A therapist working in a hermeneutic way lets the client's story unfold until new meaning emerges. It is the therapist's curiosity about what is being said (how a client makes meaning) that engages the future narrative (Cattanach, 2008; Drewes, 2009; Schaefer & Kaduson, 2006).

Cattanach (2008), Drewes (2009) and Schaefer and Kaduson (2006) go on to say that hermeneutic conversations involve a mutual search for meaning, in which the therapist and the client talk with and not to each other. The not-knowing hermeneutic stance is the therapist's expertise to support the client in finding their own meaning and in understanding their own problem. The key to the relationship is the adult's capacity to listen and reflect with the child.

A hermeneutics stance will be followed in this study whereby I will let the clients' stories unfold as they play Mmaskitlane. I will take the not-knowing approach and let the clients discover new meaning from their narrations.

#### **2.2.5 Social constructivism**

The social constructivist view of the world is a hermeneutic approach. It is a view of how people come to know. According to this view, people are naturally sense-making beings who interpret events and confer meaning on them. The assumption in this view is that people act towards things in terms of the meaning they have attached to those things. People experience the objective world through their senses. There is a split between the objective world and our subjective reality.

The world we experience is divided between subject and object, and is referred to by those who take a social constructionist stance as a "lived" world. According to this theory, what we experience is both found and made. People are, therefore, limited by both events in the world and by their constructions of those events. They produce constructions that serve their purposes and help them in their projects (Cattanach, 2008; Dipale, 2013; Drewes, 2009; Schaefer & Kaduson, 2006).

Social context is, at a variety of levels, intrinsic to the developmental process. Culture, as in social heritage and cultural tools, is one of the factors that shape the psychosocial differentiation in the direction of a given people's cultural meaning systems. The reciprocal processes by which culture and psyche are co-constructed, result in divergences in the praxes, intelligences, and desirable developmental outcomes and child states that are valued and promoted by different peoples in different times and societies (Nsamenang, 2008:73).

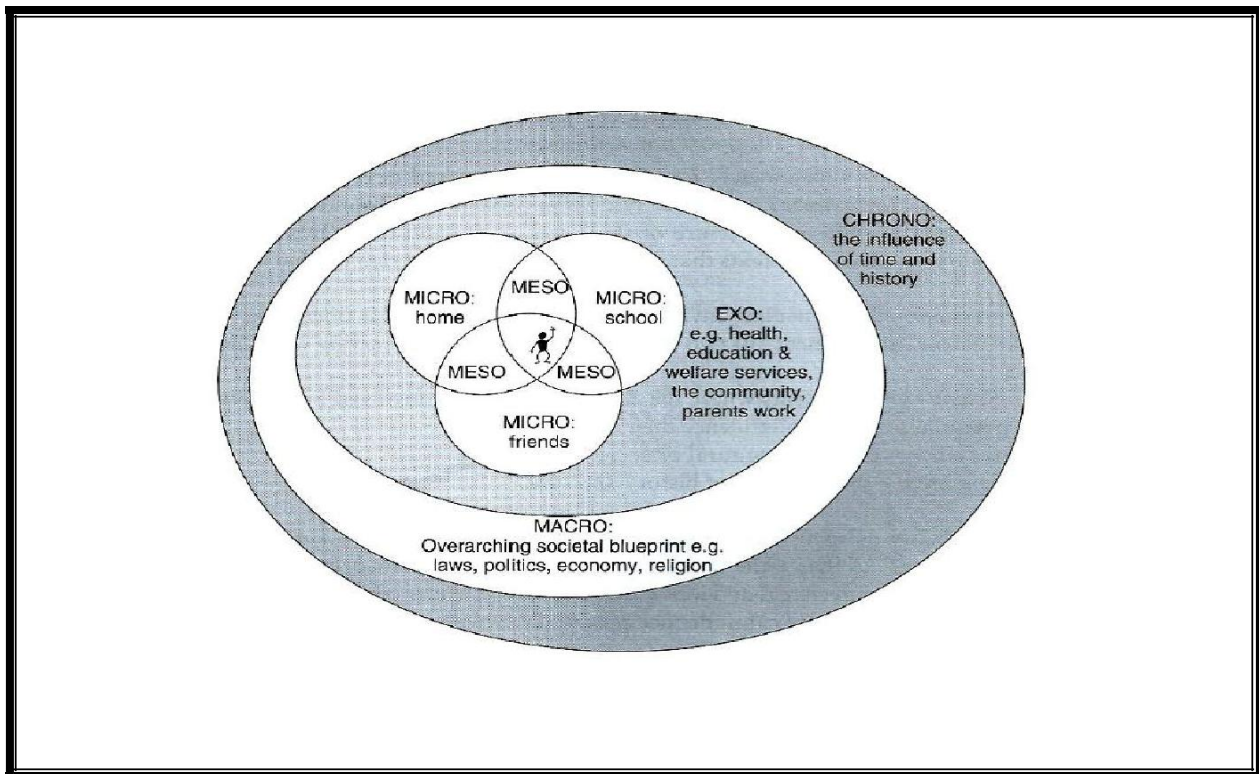
Gil and Drewes (2005:35) concur, as they state that children from various cultures require different amounts of time to demonstrate technical prowess, control and mastery in their play, as well as to understand the ideas, feelings and relationships that play evokes. These authors go on to say that for all people, culture significantly shapes sense of self, worldview, values, and belief systems (2005:73).

The social constructivist view of the world is in line with Bronfenbrenner's ecological systems approach as reported by Howard and Mcinnes (2013:25–26). According to this approach, children are placed at the centre of the larger socio-cultural context. They are surrounded by a series of external contexts that can directly or indirectly shape their behaviour. The external contexts can be summarised as follows according to Howard and Mcinnes (2013:25):

- The micro-system – the immediate environments in which the child is operating
- The meso-system – the influence of two or more micro-systems interacting with one another
- The exo-system – environments where children are not directly involved but where there is potential for them to influence their life experiences
- The macro-system – the larger cultural or societal context
- The chrono-system – the influence of history and time.

The ecological system of development can be summarised by the following figure as depicted in Howard and Mcinnes (2013:26):

**Figure 2.2 An ecological systems model of development**



The socio-cultural context of clients will therefore be considered at all times as the study unfolds.

### **2.2.6 The narrative focus**

According to White (2012) and Schaefer and Kaduson (2006), the primary focus of a narrative approach is people's expressions of their experiences of life. They go on to say that people's narrative expressions, act as forms of interpretation through which they provide meaning that seems sensible to themselves and to others, and to their experiences of life. Furthermore, these authors are of the opinion that meaning does not exist before the interpretation of experience.

These authors consider that expressions are constitutive of life, the "lived" world through which they structure experience and inform future understanding. Schiff (2006:22) concurs, stating that narratives become the act of expression in which people make known the meaning of experiences and the significance of their actions. Expressions are informed by the knowledge and practices of life that are culturally determined; they therefore have a cultural context (Drewes, 2009:428).

Prochaska and Nocross (2003), as well as Cheon and Murphy (2007), agree, stating that problems experienced by people emerge from social, cultural and political contexts.

The structure of narratives provides a principal frame of intelligibility for people in their everyday lives. It is through this frame that people link together events of life in sequences that unfold through time, according to specific themes (Cattanach, 2008; Drewes, 2009; Schaefer & Kaduson, 2006). Narrative therapy, according to Cattanach (2008:24), is about options for the telling and retelling of preferred stories of people's lives, rendering the unique, the contradictory, the contingent and at times the aberrant events of people's lives significant as alternative presents.

Geldard, Geldard and Foo (2013:227–228) concur, stating that the person's narrative is the person's own story. Individuals experience problems when the narratives in which they are narrating their experience and/or in which they are having their experiences storied by others, do not sufficiently represent their lived experiences. In these circumstances there will be significant aspects of individuals' lived experience that contradict these dominant narratives (Schaefer & Kaduson, 2006:85).

The point of focus in this study will be on the expression of meaning by clients as they narrate their experiences.

## **2.3 NARRATIVE THERAPY IN PLAY THERAPY**

Narrative therapy can be used in play therapy as a way of helping children express and explore their experiences of life. The stories people tell, convey their experiences, ideas, and a dimension of who they are. When children come to play therapy, they usually have a story to tell. The stories created in the play space may not be true but they are often genuine and powerfully felt and expressed (Drewes, 2009:425–427).

### **2.3.1 Narrative therapy and traditional psychology**

Schaefer and Kaduson (2006:86) report on the comparison between narrative therapy and traditional psychology in three areas: theory of self, client problem, and therapist stance. The tabulated comparison is as follows:

**Table 2.1 Comparison between narrative therapy and traditional psychology**

Area	Narrative therapy	Traditional psychology
Theory of self	The self is rationally defined and persons continuously construct their lives and identities.	The self is enduring, objectively discovered through assessment measures.
Client problem	Client presents problem-saturated stories. The stories blind them to other stories and resources.	The problem is inside the person. The person, their dysfunctional personality profile or "disease", is the problem.
Therapist stance	The therapist is non-expert and should orient to the effects of the problem in the life and relationship of the client. The therapist invites the client to compare the old story with the new to see which direction suits them better. The therapist invites the client to reflect and build on exceptions to problem behaviour in constructing a new story.	The therapists are the experts. They discover historical facts that cause the current personality profile and diagnosis. They prescribe a treatment plan based on the similarity of behaviour to other clients, reinforce positive behaviours and confront dysfunctional behaviour or denial, and interpret the meaning of the client's behaviour and teach the clients more effective skills.

This study opts for narrative therapy over traditional psychology.

### **2.3.2 The functions of narratives and stories in play therapy**

Cattanach (2008:24) is of the opinion that if therapists use a narrative approach in therapy, then the following functions can underpin and support the interventions:

- Telling and playing stories can be a way of controlling our world and what happens to us in that world. For a child who lacks power this can be empowering. For once, children can say that they are the king of the castle and another person a dirty rascal, without having to live the results in their real world.
- The use of narratives and stories in play therapy can help children make sense of their own lives. It can also help them learn empathy through imagining how other characters in their stories might feel.
- Working with stories and narrative play is a collaboration between the child and the therapist, where what happens in the session is co-constructed between the two.
- This model is based on social construction theory and narrative therapy, which describes the development of identity as being based on the stories we tell about ourselves and those that others in our environment tell about us.
- Some dominant stories we tell about ourselves are not helpful and might lead to victimisation. In play therapy we can explore ways to shift and expand aspects of identity by exploring roles and ways of being in play, knowing that we do not have to take these experiments into our lived lives.
- This approach recognises that a developing child is part of an ecological system and is not an isolated individual. We live in time and in culture and this influences our way of seeing.
- In this kind of collaboration, a child plays with toys and objects, but as they do so, they tell a story about what they are doing. The role of the adult is to listen and perhaps ask questions about the story. Sometimes the therapist can tell a story which might be congruent with the play of the child, or it might be a way to deepen the relationship through the shared experience of telling and listening.



### **2.3.3 Play therapy context for narratives**

The play therapist can offer a context for many forms of telling and retelling children's narratives of their lives. Human stories are experienced through the creative process of co-construction. An individual or group identity is fluid, not solid, because it is continually reconstituted through social interaction. The therapeutic space and the relationship between child and therapist is an interaction in which children can explore and experiment with aspects of their identity and the roles played by other dominant people in their lives (Schaefer & Kaduson, 2006:86–87).

In narrative play therapy, it is thought that the stories told by influential people are likely to dominate and subjugate the stories of less influential people; these dominant stories can become cultural themes for all of us. Less influential people may be portrayed negatively, and they may often internalise this dominant view of themselves as inferior. This is often true for children's stories when adults assume they know what the child is thinking and feeling. The children then feel inferior because they do not experience what the adult assumes they should.

It is often difficult for children to tell how they feel about an adult who has harmed them because influential people – the social worker, the teacher, the parent – express a view of the perpetrator that is not experienced by the child. If children's stories are heard and acknowledged, then they can become empowered. If the therapist and the child co-construct the narrative together, through their therapeutic relationship, the child can use the therapist to be heard, and is then free to explore alternative stories in the safety of the therapeutic space (Schaefer & Kaduson, 2006:87).

### **2.3.4 Externalisation**

One interesting aspect of narrative therapy is the way the therapist can use the linguistic practice of externalisation. This separates the person from the problem. The problem is seen as the problem; the person is not seen as the problem. This shifts the child from the role of client to the role of consultant, with the capacity to find a solution. This is helpful to the child's formation of identity: for example, children can shift stories they had been told about themselves and find new ways to think of who they are. This exploration of identity is what children do as they play. They can

explore roles and behaviour as they make up stories with toys, paint pictures, dress up and act, play games, or listen to the therapist read or tell a story (Schaefer & Kaduson, 2006:88).

### **2.3.5 Using narrative in play therapy**

The basis of narrative therapy when used in play therapy is to explore the stories children present in play, and facilitate an exchange of ideas and thoughts about the stories. This approach means that the relationship between child and therapist is one of co-construction, sharing of ideas, and listening to each other to find the story which best supports the child in what they want to say. This is a hermeneutic stance because the therapist's listening response is a continuous inquiry about the material presented in a play session. This developing narrative always presents the therapist with the next question. This is a not knowing position; the therapist's understanding is always developing (Drewes, 2009:428).

Once children have begun to acquire language they show an ability to organise their experience in a narrative form. It is through these narratives that children express their unique way of thinking and feeling about themselves, their own personal voice, and what it is like to be in their world. Play is a natural way for children to construct coherence and meaning, which is the purpose of narrative. From a narrative perspective the invitation to play is no more than posing the autobiographical request to "tell me your story" (Drewes, 2009:433).

Stories not only reconstruct experience and communicate experience, but are experience, and through the stories we tell, especially the stories we tell about ourselves, we construct ourselves. At any given moment, how we behave, feel and experience ourselves grows in part out of the self we have woven together from all our past experiences and imaginings about the future (Drewes, 2009:434).

It is good to use the concept of co-construction as the basis of the relationship in play therapy. It is the responsibility of the therapist to keep the child and the space safe for the relationship to develop. The therapist has to take the stance of not-knowing knowing, and to follow the narrative the child presents. Therapists could encourage imaginative stories as a form of externalisation and what art therapists call "distancing" through art/play processes. Children can be offered various

materials and toys for projective play, story making and role-play (Schaefer & Kaduson, 2006:88–89).

There is a very special quality to a relationship based on storytelling. There is a storyteller, a listener, and the story in the middle as a way to negotiate a shared meaning between the two. In play therapy children tell stories as containers for their experiences, which are constructed into the fictional narrative of a story. There is playfulness in the communication, whatever the horror of the story, and the roles of storyteller and listener have an equal function as the story emerges in the space between the two. There has to be a spark of recognition between storyteller and listener as the story unfolds. The equality in the relationship facilitates the unfolding of the story (Schaefer & Kaduson, 2006:91).

Together, therapist and child share the drama as the meaning emerges. The not-knowing knowing therapist does not displace this process with a hierarchy of professional knowledge, but learns to listen in a way that supports the unfolding of the tale. The story can be acknowledged by the therapist, who as listener values what is presented, or the child and the therapist can together deconstruct and reconstruct the story to the satisfaction of the child if new options seem desirable. This is defined as polyvocal collaboration. The aim is not to locate a solution or a new story but to generate a range of new options. As an example, a child role-playing a bad witch may choose from many endings the witch may be dead, never to come to life again, be dead but come to life, go to prison, or change into a good witch (Schaefer & Kaduson, 2006:91–92).

Some researchers believe that maintaining a position of openness and uncertainty in a therapeutic conversation requires the skill and patience of an experienced therapist. The therapist's not-knowing does not mean the abandonment of prior knowledge, but rather it's questioning. Not-knowing refers to what I do with what I know. The therapist's knowing comes from a variety of sources: theory, training, clinical and life experiences, empirical research, intuition, empathy, and colleagues. This knowledge base has to be used hermeneutically so that it enriches the client's understanding rather than closing it off by imposing an expert opinion. So, knowledge is brought to the therapeutic conversation as part of the desire to understand more (Schaefer & Kaduson, 2006:91–92).

### **2.3.6 The therapist as storyteller facilitating story making in play therapy**

Therapists use a variety of toys and materials. A therapist may be asked to find a particular small figure or something special, which they should try to do. The therapist should hear what the child is saying and acknowledge how it might feel. There are no easy answers but children are resilient. While listening to the stories children make up in play, therapists may be reminded of stories that are congruent with what the child has invented. Therapists may then tell the story to the child because to know that other people have told stories with similar themes can help the child feel just like everyone else rather than as the only person in the world who has particular life experiences or can tell such stories (Schaefer & Kaduson, 2006:94–95).

Narrative therapy has been successful in externalising problems in people's lives in the counselling and therapeutic setting. Narrative therapy may provide a means of retelling stories with hope, rather than from a problem-saturated position. A story emerges as certain events are privileged and selected as more important or true than other events. As the story takes shape, it invites the narrator to further select only certain information while ignoring other events, so that the same story is continually told but with different emphases (Dipale, 2013:25–26).

The consequences of retelling stories in a therapeutic setting, are that the past can be changed by constructing new narratives or stories (Prochaska & Nocross, 2007:460). In narrative therapy the focus is not on the expert solving problems, but on people discovering through conversations, the hopeful, preferred, and previously unrecognised and hidden possibilities contained within themselves and their unseen storylines. This is referred to as the "re-authoring" of people's stories and lives by White (2012). Therapists as story tellers have an advantage, and an opportunity to help children re-author their lives.

## **2.4 INDIGENOUS PSYCHOLOGY AND ITS IMPORTANCE**

Indigenous psychology has a local origin; its practitioners profess certain sensitivity (Danziger, 2006); it is characterised by some form of opposition to, rejection of, or simply distancing from a way of doing psychology that is characterised as Western

or American. Allwood and Berry (2006) see indigenous psychology as an attempt to produce a local psychology within a specific cultural context. According to Dipale (2013), indigenous psychology has been referred to as that which is done in a particular culture, different from a Euro-American or Western perspective (Kim, Yang & Hwang, 2006). For the majority of scholars, indigenous psychology seems to imply some kind of reaction against the way in which an ideal form of universal psychological knowledge is commonly pursued in the major centres (Danziger, 2006). The Western perspective has dominated the field of psychology over the past century (Dipale, 2013).

From a critical psychological perspective, it can be seen that psychology effectively maintained and supported the status quo whereby the dominant power ideologies of the West continued their hold on African psychology (Bandawe, 2005:292). Some scholars see indigenous psychology as a kind of cultural psychology (Berry, Poortinga, Segall & Dasen, 2002). Although a few feel that indigenous psychology and cross-cultural psychology have an interactive and mutually enriching relationship, others feel that it contributes to a more general universal psychology (Berry et al., 2002). What is clear however is that the difficulties accompanying the inclusion of multicultural ideas in psychology are not straightforward (Dipale, 2013:19).

The epistemic market of cultural psychology can still be considered an emerging one, which makes it all the more important to be wary of its overheating or even bursting. Cultural psychology is being sculpted in a variety of versions, all unified by the use of the word culture. That may be where its unity ends, giving rise to a varied set of perspectives that only partially link with one another (Dipale, 2009:5).

The significance of insisting that distinctions are made in terms of culture for South African educational psychologists is that some educational psychologists suggest that an indigenous game should be introduced as a narrative therapeutic tool to help set children at ease in the therapeutic setting (Dipale, 2013:5–6).

Through the inclusion of indigenous cultural perspectives, psychologists are able to understand psychological phenomena in their cultural context (Kim et al., 2006). Indigenous psychology seems to involve no more than the introduction of essentially technical modifications that serve to enhance the expert value of psychological

products imported from the West. As such, indigenous psychology has generally been seen to be able to open up, interrogate and improve mainstream psychology (Danziger, 2006).

The presence of different forms of indigenous psychology within the same country has been reported, which indicates a heterogeneity in the indigenous psychologies (Berry et al., 2006:243). Differences are obvious in the values and practices that inform and guide the nurturing of children into cultural competence throughout the world. Human offspring develop into culturally competent citizens in a huge variety of ecological and cultural circumstances. How this understanding translates into the theory, research, intervention, and pedagogy of international psychology, has yet to be framed in terms that truly capture the wide variety of global developmental trajectories (Nsamenang, 2008:73).

Culture is one of the means by which we make sense of our experiences. Without a clear conception of how culture and expectations of cultural competence arise, the psychologists in a multicultural context such as South Africa have difficulties in exercising their skills (Dipale, 2013:20).

Berry et al. (2006) say that indigenous psychology provides a new and different perspective from which to gain an understanding of human beings in their local culture, as seen in their daily lives such as overcoming life's adversity, maintaining harmony, transcending trauma, transforming difficult emotions, and enhancing life satisfaction. Using an indigenous game as a way to observe children who are encountering problems in order to help them move towards healing is part of the exercise of indigenous psychology.

Bandawe (2005:290) argues that African culture differs from Western culture. The very fabric of traditional African life, he says, centres on community and belonging to a network of people. The key phrase of uMuntu is captured in the saying: "uMuntu ngumuntu ngabantu" (a person is a person through other people). Human identity lies not in "I think, therefore I am", but in "I am because you are, and because you are, therefore I am". The communal connectedness of a person to other people is illuminated by this saying. Thus, the individual is affected by what happens to the whole group, as indeed the whole group is affected by what happens to an individual. In African philosophy, the view of man revolves around this pivotal point.

Such a profound difference in outlook has to be accommodated in the psychological approach. By using the game of Mmaskitlane, allowing the children to talk in their home language and letting them use an activity which is part and parcel of their own culture, some movement in the direction of indigenous psychology is achieved (Dipale, 2013:21).

## **2.5 MMASKITLANE AS AN EXAMPLE OF AN INDIGENOUS GAME**

The number of indigenous games is far greater than the number of countries in our global world, as more than one game originates from each country. Mmaskitlane, like many other games, is indigenous to South Africa. The Department of Sport and Recreation is actively promoting indigenous games as options for play and formal games in South Africa. By 2010, ten games had been identified as part of an indigenous games project. The ten are: dibeke (a running ball game), diketo (a coordination game), kgati (a rope jumping game), ncuva (a board game), morabaraba (a board game), jukskei (a throwing and target game), kho-kho (a running game), lintonga (a stick fighting game), arigogo (similar to rounders), and drie stökkies (a running and jumping game) (Talbot & Thornton, 2010:89).

Understandably, Mmaskitlane is not included in the project because it is not a competitive game. It has, however, drawn the interest of a number of psychological researchers in recent years. Kekae-Moletsane (2008), Odendaal (2010), Modikwe (2010), Modikwe and Lessing (2012), and Dipale (2013) are some of the documented reports on this game, which indicate that Mmaskitlane has therapeutic value.

Recent research on this technique can be summarised as follows:

**Table 2.2 Research on the technique of Mmaskitlane**

<b>Researcher</b>	<b>Year</b>	<b>Title and details of publication</b>
Kekae-Moletsane	2008	Masekitlana: South African traditional play as a therapeutic tool in child Psychotherapy; <i>South African Journal of Psychology</i> , 38(2):367–375.
Odendaal	2010	Investigating indigenous stone play as a projection medium in child psychological assessment. Unpublished masters' dissertation. Pretoria University, Pretoria, South Africa.
Modikwe	2010	Mmaskitlane as an example of play therapy for use by educational psychologists. Unpublished masters' dissertation. University of South Africa, Pretoria, South Africa.
Modikwe & Lessing	2012	Mmaskitlane play therapy: A case study. <i>Journal of Psychology in Africa</i> , 27(2):123–127.
Dipale	2013	Exploring the game of Masekitlane as a narrative therapeutic intervention tool with children in grade four. Unpublished masters' dissertation. University of Johannesburg, Johannesburg, South Africa.

The two forms of the play have already been explained in the previous chapter (see 1.3.1 and 1.3.2).



## **2.6 PLAY, PLAYFULNESS AND THE PLAY CYCLE**

Different child therapists agree on the value of play but there are various definitions of play. Play is any spontaneous activity in which children become engaged to enjoy and occupy themselves by using their imaginations (Howard & McInnes, 2013; Mercogliano, 2007; Modikwe & Lessing, 2012).

Some therapists define play as pleasurable, intrinsically motivated, spontaneous, internally controlled, non-literal behaviour, which is free from externally imposed rules, and is an active process characterised by attention to the means rather than the ends (Russ, 2004; Howard & McInnes, 2013; Ireland, 2007). This definition is similar to that which sees play as an enjoyable activity engaged in for its own sake (Santrock, 2010; Rubin, 2007; Goodyear-Brown, 2010).

I totally agree with these definitions, as I am also of the opinion that at times children play for the sake of playing and not to achieve any outcomes. However, I also strongly agree with the definition that sees play as a special kind of transaction between the children and their environment, which is characterised by internal control, freedom to suspend reality, and intrinsic motivation, as well as being influenced by family, culture and ecological context (Santrock, 2010; Rubin, 2007; Goodyear-Brown, 2010).

While playing the child is in control, interacting with the environment, as if reality does not exist. The what, how and why of play is undoubtedly influenced by people in the child's life. For example, children pretending to be someone else will act in the way they know that role-played character is supposed to act, which they take from their experience. This is consistent with social constructivism as explained in 2.2.2. While role-playing, it is as if they are not there, as they would have transformed themselves into the character. Modikwe (2010:11) describes play as the most important mode of communication through which children make sense of both their inner world and outer world.

Children need playful adults to engage with them in meaningful play. Playful people are considered to be entertaining and enjoyable, and to make situations more stimulating. Playfulness in adults, as is the case with children, is an internal disposition that affects their attitude and approach to an activity (Howard & McInnes,

2013:53). These authors go on to provide a list of roles that therapists might adopt, as follows (ibid.:57):

- play partner – becoming an equal in play
- observer – observing children’s development and progress
- admirer – showing that you value play
- facilitator – easing play along
- model – showing how play material might be used
- mediator – resolving conflict
- safety officer – ensuring safety.

Howard and Mcinnes (2013:57) go on to state that making a choice is potentially confusing for some therapists as they grapple with deciding which role to take, when to take it, and how to execute it. Furthermore, they state that research has shown that therapists neglect the role of play partner during play interaction with children. The implication that this has on children, according to these authors, is that playfulness is hampered and not enhanced.

Playfulness also requires therapists to not only observe children’s play but to listen to them and understand play from their perspective. Children use cues to differentiate between play and not play. The differentiation is dependent upon experience. Using these cues affects the child’s attitude and approach to an activity – that is, their level of playfulness. It is therefore important that adults understand their role within the play cycle in order to maintain levels of playfulness, and for children to derive the full benefits of approaching an activity playfully (Howard & Mcinnes, 2013:59).

The play cycle posits that initially a player delivers a play cue that they have choice and control over. This is issued as an invitation to play. The play partner responds to the cue. The response must be appropriate, based on the child’s interest, or else play will be terminated. The response to the play cue by the co-player is then delivered back to the player and the cycle of play is maintained (see figure 2.3).

For example, a child might be building a tower of bricks. The child might hand a brick to the therapist, an invitation to join the child in play. The therapist’s response might be to take the brick and place it on the tower, joining in the construction and maintaining the flow of play (Howard & Mcinnes, 2013:59).

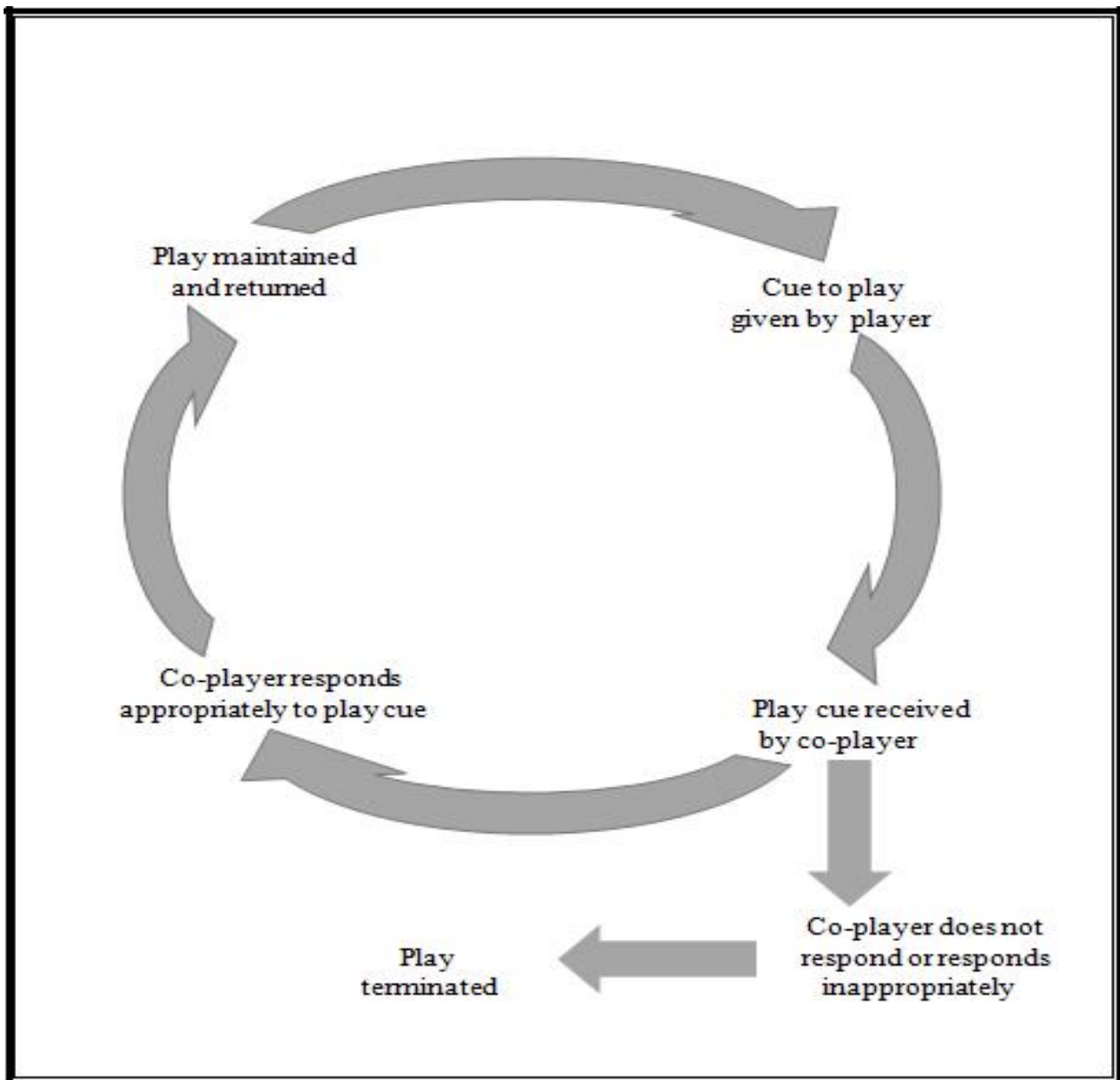
On the other hand, the therapist might take the brick and in an attempt to turn it into a teaching moment say, "how many of these will be needed?" To the child this might be an inappropriate response, thereby interrupting the flow of play and leading to the termination of the play cycle. Children seem to have a series of themes or action sequences that they play out with little discussion of how, what or why. The play sequences have a clear flow or cycle to them. Using play cues would explain the process of play episodes. Play episodes would be terminated by inappropriate responses (Howard & Mcinnes, 2013:59–60).

There are also flow states where having choice and control over activities leads to deep concentration, pleasure and satisfaction. This is often referred to as "getting lost" in the activity. This is usually observed in children who are deeply engaged in play episodes that are within their control. Such engagements have been shown through research to lead to deep-level learning and greater wellbeing (Howard & Mcinnes, 2013:60).

The role of the therapist in the play cycle is a demanding one. Therapists must continually reflect on their reactions to a cue to ensure that they maintain the play cycle. Therapists constantly need to ask themselves "what is behind my response"? "Is this for my benefit or is it based on the child's intention in their play?" It is only in the latter response that the play cycle and playfulness can be maintained and that the child can deeply engage in play. If this is the case the benefit of playfulness can be achieved (Howard & Mcinnes, 2013:60).

The following is the play cycle as depicted by Howard and Mcinnes (2013:60):

Figure 2.3 The play cycle



## 2.7 THE THERAPEUTIC VALUE OF PLAY

Reddy et al. (2005:3) state that play therapy has been recognised as the oldest and most popular form of child therapy in clinical practice for over six decades. However, there has, always been some criticism as to whether there is scientific evidence to support the efficacy of play therapy (Kottman, 2011:259).

On the affirmative side of the debate, many other researchers such as Howard and McInnes (2013:133–137) agree with Reddy et al. (2005:3) that play therapy has an extensive history of research that demonstrates the practicality of using play therapy interventions with children across ages and issues. Reddy et al. (2005:3) suggest that within the past two decades, there has been an increase in the number of well-designed, controlled studies of play interventions.

Kottman (2011:260) names the following authors as some of those who have cited several meta-analyses supporting the efficacy of play therapy (Bratton & Ray, 2000). The following is a table showing selected recent empirical research support for play therapy as depicted in Kottman (2011:261):

**Table 2.3 Selected recent empirical research support for play therapy**

Play therapy approaches	Author(s)
<p><i>Child-centred play therapy</i></p> <p>Children exhibiting symptoms of attention-deficit/hyperactivity disorder</p> <p>Children with aggressive behaviour</p> <p>Children with behaviour problems</p> <p>Children with developmental delays</p> <p>Children witnessing domestic violence</p> <p>Children referred for school counselling</p> <p>Children with speech difficulties</p> <p>Children referred for special education</p> <p>Children who are experiencing issues with self-esteem and academic problems</p> <p>Children who have experienced natural disasters</p> <p>Chronically ill children</p> <p>Homeless children</p> <p>Parenting stress</p>	<p>Ray, Schottelkorb, and Tsai, 2007</p> <p>Schottelkorb, 2007</p> <p>Schumann, 2005</p> <p>Ray, Blanco, Sullivan and Holliman, 2009</p> <p>Brandt, 2001</p> <p>Garza and Bratton, 2005</p> <p>Packman and Bratton, 2003</p> <p>Rennie, 2003</p> <p>Garofano-Brown, 2007</p> <p>Tyndall-Lind, Landreth and Giordano, 2001</p> <p>Ray, 2007</p> <p>Danger and Landreth, 2005</p> <p>Fall, Navelski and Welch, 2002</p> <p>Blanco, 2009</p> <p>Shen, 2002</p> <p>Jones and Landreth, 2002</p> <p>Baggerly and Jenkins, 2009</p> <p>Dougherity, 2006</p> <p>Ray and Dougherity, 2007</p>
<p><i>Theraplay</i></p> <p>Children with internalising problems</p>	<p>Siu, 2009</p>
<p><i>Adlerian play therapy</i></p> <p>Children with externalising behaviour problems</p>	<p>Meany-Whalen, 2010</p>
<p><i>Sand tray</i></p> <p>Children with behaviour problems</p>	<p>Flahive, 2005</p>
<p><i>Play therapy combined with work with caregivers</i></p> <p>Children undergoing surgery reactive attachment disorder</p>	<p>Li and Lopez, 2008</p> <p>Hough, 2008</p>

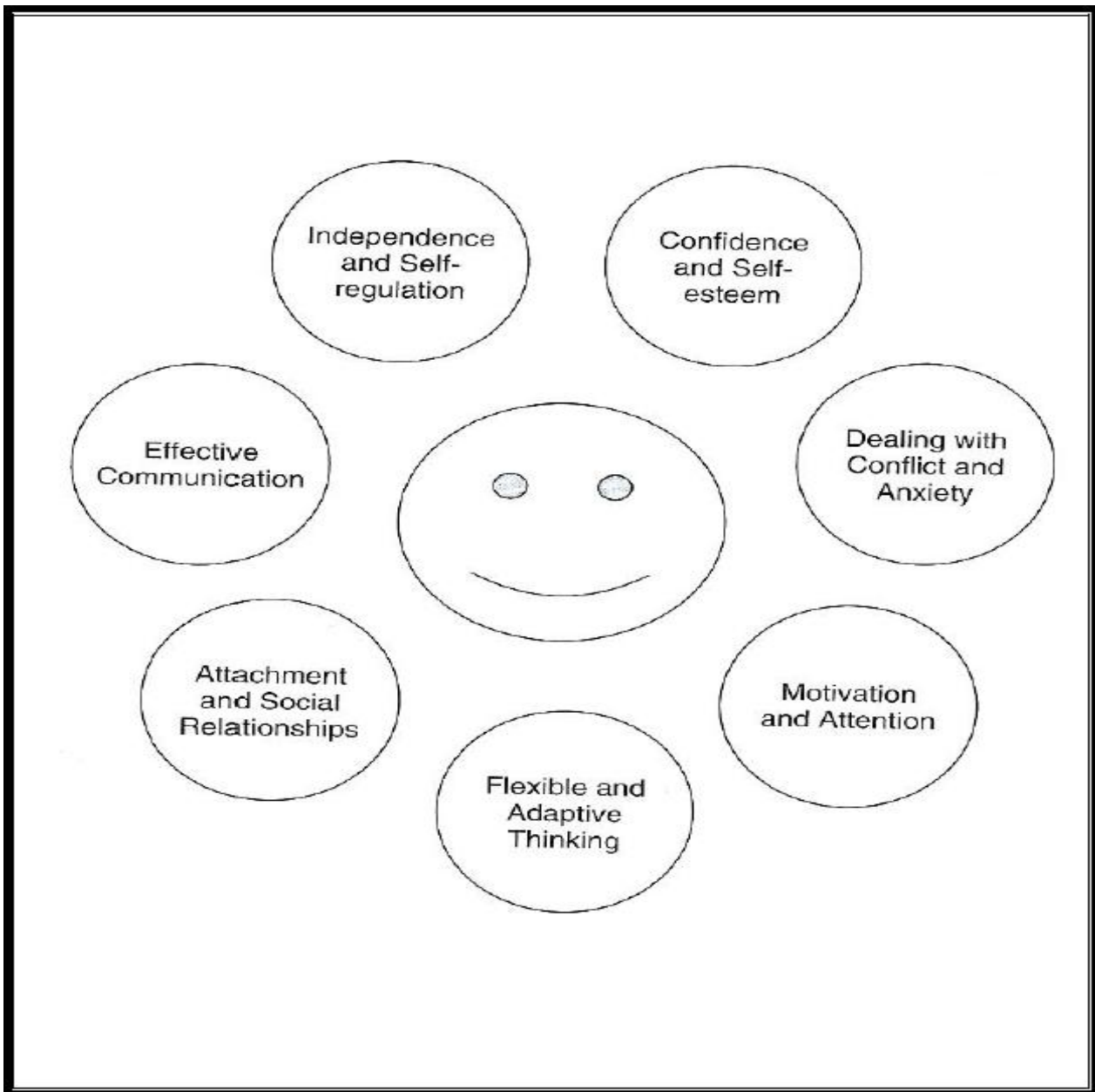
Play is an effective technique in enriching children's understanding of others and their roles. Through play, children learn to relate to others and to be self-aware. It helps children to construct an internal working model to assist in resolving specific trauma-related cognitions and memories by re-enacting negative experiences, acts or scenes (Duncun & Lockwood, 2008; Drewes, Cary, & Schaefer, 2001; Harris, 2000; Modikwe & Lessing, 2012; Nyota & Mapara, 2007; Pearson, 2003; Schaefer & Kaduson, 2006). Schriver (2001:41) states that the value of play is that it is the way children learn what none can teach them.

For professional counsellors, therapeutic play provides the therapist with an opportunity to enter the child's world and on the child's own terms. Play therapy is an expressive and projective activity that is cathartic in nature since unexpressed, unconscious or hidden emotions are released to relieve tension and anxiety (Elkind, 2007; Göncü & Gaskins, 2006; Modikwe & Lessing, 2012; Russ, 2004; Santrock, 2010).

Play in therapy helps children to move from an inability to express their needs and conflicts, to either an indirect or a direct expression of their problems. For example, children experiencing emotional problems may not be able to explain how they feel, but they can demonstrate or portray their feelings through play (Cohen, 2006; Modikwe & Lessing, 2012; Schaefer & Kaduson, 2006; Timberlake & Cutler, 2001). Important aspects for determining the therapeutic value of play are: opportunities for diagnostic assessment, a working relationship with the therapist, breaking down of defences, the facilitating of articulation, providing a therapeutic release, and preparing children for future life events (Geldard et al., 2013; Santrock, 2010; Modikwe & Lessing, 2012).

The therapeutic value can be summarised as follows:

**Figure 2.4 The value of play therapy**



## **2.8 INCLUSIVE PLAY PRACTICE**

Inclusive play practice means providing opportunities and materials that enable all children to benefit from all types of play. The benefit should not only be in relation to the longitudinal developmental potential such opportunities may offer, but also to the immediate benefits of play in the here and now. Provision should be about more than



play opportunities; it is rather about creating the conditions for play. It requires that we therapists support children's ability to play, create opportunities for all children to be playful, and understand that play is where children are able to exercise choice and control (Howard & Mcinnes, 2013:99).

Often, when people consider the concept of inclusivity, their focus can too easily drift towards issues relating to disability. Literature presents two contrasting models of disability, the medical model and the social model. These models have shaped the way in which people perceive and plan for differences and diversity in contemporary society. The traditional medical model of disability tends to focus exclusively on the nature of any impairment and what makes the child different. Emphasis is put on diagnosis, causality and remediation, arguably seeing the impairment before seeing the child as an individual in their own right. Difference is seen as a barrier to the use of ordinary services, and from a professional point of view, children's needs are often seen as being best met by the provision of alternative rather than existing services (Howard & Mcinnes, 2013:81).

On the other hand, the social model of disability views the child first and foremost as an individual. It seeks to identify and reduce potential limitations and barriers within society that may prevent access to ordinary services and experiences. This model celebrates diversity and difference, and seeks to promote authentic inclusive practice. It recognises people's strengths and weaknesses within the context of culture and society (Howard & Mcinnes, 2013:82).

Howard and Mcinnes (2013:83) define play as behaviour for which activities are freely chosen, personally directed and intrinsically motivated, and what children and young people do when they follow their own ideas and interests, in their own way and for their own reasons. The feelings of choice and control in play should be upheld regardless of differences or diversity. The demands of an inclusive environment are that practice should be flexible and person-centred so that it respects and responds to individual needs (Howard & Mcinnes, 2013:83–84).

Children's life experiences will differ in some ways when considered from the ecological systems perspective. Therefore, professionals are obliged to consider children's development and behaviour in light of their physical, social and intellectual conditions, as well as their social and familial circumstances. Disability should not be

used to exclude some children from play. There has been much debate (often political) about children who develop atypically. With reference to the World Health Organisation, Howard and Mcinnes (2013:87), provide the following useful definitions:

- Impairment – any loss of normal psychological, physiological or anatomical structure or function;
- Disability – the limitation of personal activity consequent upon impairment, any restriction or lack of ability (resulting from an impairment) to perform an activity in the manner or within the range considered normal;
- Handicap – the resulting personal or social disadvantage resulting from an impairment or disability that limits or prevents the fulfilment of a role that is normal (according to age, gender, social or cultural factors) for that individual.

Howard and Mcinnes (2013:87) cite the definition of disability in the Disability Discrimination Act (the DDA) (2004) as a physical or mental impairment which has substantial and long-term adverse effects on a person's ability to carry out day-to-day activities. Impairment may lead to disability that is moderate or profound. Regardless of the nature or extent of any impairment, providing a degree of choice and autonomy should be central in play therapy. The possibility exists that these things can be inadvertently overlooked, and those with impairments may be given few opportunities to exercise choice as a result of low expectations and over-protection. Therapists should ensure that a choice of activity, materials or equipment is available to help children with impairments to remain actively involved in play, rather than passive participants reliant on adult direction (Howard & Mcinnes, 2013:87–92).

Inclusive play may provide a key way to evaluate physical, intellectual, emotional or behavioural needs because children often function at their optimal level during play (Howard & Mcinnes, 2013:99). It is my intention to be as inclusive as possible in this study.

The following is a table depicting the characteristics and potential implications of some types of impairment for play and play practice as depicted in Howard and Mcinnes (2013:88–91):

**Table 2.4 The characteristics and potential implications of some types of impairment for play and play practice**

Impairment	Potential characteristics	Potential challenges in relation to play	Practice foci
ADHD	Inattentiveness and/or hyperactivity and impulsivity	General delay in progress of play skills Shorter play episodes Failure to complete play activities Underdeveloped imaginative play Difficulty understanding or following rules Problems with social relationships Poor concentration Forgetfulness Low understanding of danger and risk	Outdoor activity can be particularly beneficial to expend energy Employ focusing techniques and wind-down time Use clear and simple boundaries Model and extend child's self-directed play Encourage turn-taking and social interaction Limit materials to avoid overstimulation Encourage the completion of short activities
ASD	Difficulties with social relationships, communication and imagination Often, but not always, intellectually impaired	Engagement in ritual repetitive behaviours Social isolation Preference for routine and familiarity Low levels of pretend/imaginative play Anger or frustration Hyper- or hypo-sensorial sensitivity Difficulty understanding non-verbal cues, other people's point of view, risk and danger, jokes or humour	Develop clear and simple boundaries, reflect and track play activity Use alternative communication techniques Focus on relationship development Encourage ways of experiencing and understanding the self to encourage progress towards symbolism and pretence
Down's Syndrome	Distinct facial characteristics Delayed development in speech, fine and gross motor skills and cognition Poor muscle tone Susceptibility to heart defects, vision and hearing problems	Slower play progress related to delay with gross and fine motor skills Repetition of familiar play activities Problems manipulating small play materials Lower attention span	Model and extend child's self-initiated play Encourage turn-taking and group work Develop social skills, confidence and independence Support physical play and understanding of the self Consider larger small-world toys
Vision and hearing impairments	Fully or partially blind or deaf	More time needed to make sense of the environment, particularly for blind children Pretend play may develop more slowly and be less imaginative Preference may be towards solitary activity Relationships may be difficult to establish	Maximise use of available senses to learn about self and the environment Encourage turn-taking and interaction Support physical play to develop balance and co-ordination

Speech impairments	Difficulty producing speech sounds Stuttering Language delay Language disorder	Limited vocabulary and sentence construction Difficulty communicating with others Pretend play may be slower to develop Prefer solitary play Relationships difficult to establish	Create a language-rich environment Play activities to expand vocabulary and language Encourage turn-taking and group work
Cerebral palsy	Stiffness, uncontrollable movements, poor co-ordination and balance, potential language and intellectual impairment Susceptibility to learned helplessness	Difficulties with mobility and accessing materials Early sensory play and self-play underdeveloped Problems manipulating small play materials Low confidence in the self, and in own ability to make choices and affect the environment	Focus on confidence and esteem Support physical activities Encourage sensory experiences Consider larger small-world toys Enable choice and activities to demonstrate causes and effect
Dyspraxia	Difficulty executing fine and gross physical movement Short-term memory problems Hyper- or hypo-sensorial sensitivity	Early sensory play and self-play underdeveloped Problems manipulating small play materials Immature drawing skill and less imaginative play Underdeveloped pretend play scripts Difficulty following instructions	Support physical activities Encourage sensory experiences Model and extend simple play scripts Consider larger small-world toys
Learning difficulties	No single profile, difficulty can affect one or many areas of learning, and may involve: motor skills, language problems, maths/reading difficulties, and auditory/visual processing problems	Largely dependent on the type and extent of the difficulty May be a general delay in the development of play skills and also lower confidence and self-esteem	Ensure a full understanding of the nature of the difficulty Maximise play opportunities that build on individual strengths to encourage a positive sense of self

## 2.9 PLAY THERAPY TECHNIQUES

An important aspect in working with children is technique, according to Ireland (2007:56). There are many play therapy techniques, some of Western origin, others indigenous that can be used at any given moment. According to Overberg (2003:65), any creative means that allow children to project and talk about how they feel concerning certain things can be used as a technique in therapy. For the purpose of this study I will discuss a few techniques that have some similarities with Mmaskitlane.

### 2.9.1 Metaphoric stories

Metaphors are symbolic, and as such their meaning may be hidden in the story or the play activity. It is up to the therapist to try to understand the meaning of the metaphor to better comprehend the child's feelings, attitudes, and relationships, and the child's views about self, others, and the world. According to Pernicano (2010:1), narrative therapy, hypnosis (Ericksonian and traditional), mindfulness, neuro-linguistic programming (NLP), dialectical behaviour therapy (DBT), cognitive behavioural therapy (CBT), play therapies, expressive therapies, and solution-oriented approaches all use metaphor in their interventions.

Moon (2007:3) states that metaphors are like carriers they hold information that hides meaning in symbolic form. Some play therapists believe that certain symbols have a common meaning globally and can therefore have a universal interpretation. Other play therapists believe that metaphors are idiosyncratic and phenomenological; therefore, symbols in metaphors are unique to that particular child at that specific moment in time (Kottman, 2011:204). The third group of play therapists believe that the two perceptions about symbols and metaphors can be combined. They believe that there is an archetypal meaning of certain symbols that would be true across all cultures.

In addition to the archetypal meaning, there can also be a culturally influenced interpretation of the meaning of any given symbol, and a personal interpretation of the meaning of that symbol. Regardless of one's stance on this issue, therapists must try to understand the message of the metaphor and to convey to the child their desire to understand the message to the child. This should be done in an accepting, patient way, without pressuring the child to communicate in a more direct way (Kottman, 2011:204).

Children use stories to communicate indirectly about relationships and situations in their lives through puppet shows, doll play and artwork that they create in the play room

(Schaefer & Cangelosi, 2002:133). However, Kottman (2011:205) cautions that not all stories or play scenes have hidden dimensions. Consequently, it is necessary for play therapists to learn to use stories to communicate with children, teach them new ways of solving problems and interacting with others, and help them adapt their attitudes and perceptions. Pernicano (2010:3) agrees, stating that a collection of stories will give practitioners more flexibility.

Stories can be used by therapists as a vehicle for metaphoric communication to bypass children's defensive reactions to more direct messages and teaching (Schaefer & Cangelosi, 2002:133). Pernicano (2010:3) reports that, stories plant seeds for the possibility of change. According to Schaefer and Cangelosi (2002:134), the use of stories as therapeutic metaphors in play therapy can take any of three basic approaches: bibliotherapy, generic metaphors found in anthologies of therapeutic stories, and custom-designed metaphors. The following is an explanation of the three approaches:

(i) Bibliotherapy

In bibliotherapy, therapists choose stories from books to read to children as a vehicle for communicating specific messages, suggesting various approaches to problem situations, or teaching new skills. The book can be one that is specifically designed as a therapeutic tool to address particular problems, or it can be any children's book this is not necessarily designed as a therapeutic book. In the latter case, the book should provide engaging metaphors that illustrate strategies for handling a problem or relationship similar to a particular child's situation (Schaefer & Cangelosi, 2002:134).

(ii) Generic metaphors found in anthologies of therapeutic stories

Anthologies of therapeutic metaphors have been compiled by various authors to help children with specific problems. Therapists can choose from these metaphors the one related to the presenting problem/s. They can read it to the children and let them act it out using puppets or dolls and/or ask a child to construct a book or draw pictures to illustrate it.

Such stories can also be changed or adapted to more closely resemble the children's situations, or to create parallels with the children's lives, depending on their need for ways to pretend that the story is just a story and not about their lives (Schaefer & Cangelosi, 2002:134).

### (iii) Custom-designed metaphors

An original metaphor can also be custom-designed for a child by the therapist. When doing this, the therapist tailors the story to the child's life using materials specific to the child's assets, issues, problems, relationships, and behaviours. The stories may even include characters, plot points or occasions that were generated previously by the child during play. Custom-designed metaphors often resemble a "soap opera" drama serial. One or more characters in the story can reappear in the metaphoric stories used in future. The characters can change and grow as the metaphor develops over time, encountering new occasions that are similar to the child's situations or challenges (Schaefer & Cangelosi, 2002:134).

It is convenient to use a story that someone has written; however, it is more effective to use custom-designed metaphors because of the personalisation inherent in them. A sense of belonging and significance can be enhanced by the appreciation that the therapist cares about the child to a point of creating a story about them. When making use of a custom-designed story, the therapist can change various parts of it, depending on the child's reactions, to enhance the child's involvement and the story's effectiveness. For example, the emphasis put on a certain character, the method of problem solving, the flow of the narrative, and the dialogue, are some of the parts that can be changed (Schaefer & Cangelosi, 2002:134-35).

Some children might like stories told in a narrative form while others might like a story where there is dialogue between characters. If the child has problems paying attention to a descriptive story, the therapist might switch to dialogue as a method of presentation. The therapist can also tailor the method of dealing with problem situations according to the response of the child. If an original problem-solving strategy evokes a negative reaction, the therapist can alter the next part to suggest an alternative strategy. Sometimes a child might suggest an additional scenario, because according to Rubin (2007:7), a metaphor is as limitless as a child's imagination. In such a case the therapist will have to put in an additional character to accommodate the active involvement of the child (Schaefer & Cangelosi, 2002:135).

Set out below are the factors to consider when custom-designing a story as a therapeutic metaphor, according to Kottman (2011:221–223) and Schaefer and Cangelosi (2002:136–141).

### **2.9.1.1 Guidelines for custom-designing a story as a therapeutic metaphor**

#### **(i) Build a relationship with the child**

It is necessary to build a relationship with the child before telling a story. This will enhance the likelihood that the child will listen to the story and care about the message.

#### **(ii) Gather background as well as collateral information about the child**

Collect information about the child and their family background, experiences, personality, etc. in order for the story to be relevant. However, the details should not be too close or too distant from the child's situation. If the parallels to the child's life are too close, it is likely to evoke defensive reactions. If on the other hand, the story has too few parallels with the child's life, the child might not engage with or be interested in the story as there will be insufficient similarities between the child's life and the characters. There is a probability that the child will then miss the relevance of the story to their life. The result will be for the child to ignore the story's messages and teachings. Both scenarios will defeat the purpose of using the indirect approach with a metaphor.

#### **(iii) Decide whether the child will be more responsive to a story about an animal or a person, a real event or a fantasy, based on previous experience with the child**

The decision will affect the characters and the setting. Paying attention to the stories told by the children is one of the best ways for a therapist to determine which of the above elements will appeal to a specific child. Some children are interested in fantasy, fairy tales, stories about magical little people, or stories about animals that can talk and fly. Others will be more responsive to narratives about other children and families in "real" situations.

Usually younger children, up to the age of seven, fall into the first category, while older ones fall into the latter. Children are unique and this grouping will not always apply. It is therefore vital to take into account the interest and inclinations of the individual child.

#### **(iv) Decide how you want to deliver the metaphor**

Therapists can adapt the delivery of the story, guided by children's learning modalities as well as the types of activities they like to do in the play room. For example, a child can perform a puppet show, read a written story, illustrate a book with the words written in it, paint a picture, or make up movements or dance for each of the characters.



(v) Use a time in the past or future to tell the story

The strategy of using the time in the past or future makes it possible for children to get involved in the details without becoming aware that the story is about their lives. The therapist may begin with words like “A long time ago ...”, “Several years ago ....”, or “Many years into the future, there will be ....”. The “plausible deniability” is necessary for some children to be able to hear the embedded message. When employing this strategy, children do not automatically switch on their defences because if the story took place long ago or will take place far in the future, it obviously cannot be about them.

(vi) Describe the characters very clearly, giving each a name and emphasising key physical, emotional, and mental characteristics

For example, a therapist may say that Ronny the bird had bright feathers and a long tail, or that Rosy my neighbour in my previous home, seemed friendly but a bit shy – like she wanted to make friends but was not sure how to do it. The cast of characters should include the protagonist (either a person or animal who represents the client), the antagonist (either a person, an animal, or a circumstance that is creating problems for the protagonist), a resource person (someone who can provide advice or assistance for the protagonist), and one or more allies (either a person or animal who is supportive of the protagonist). The characters can be realistic or highly imaginative, depending on the client. Depending on the developmental stage of the child it is sometimes advisable to change the gender of the protagonist.

(vii) Describe the problem encountered by the protagonist in concrete terms

The problem in the story may be a difficulty that is similar to the one encountered by the child. However, the correlation between the two problems should not be too obvious. For example, when dealing with a child who is extremely anxious and as a result tries to please everyone and worries when they think others are upset with them, a therapist might tell a story about Suzy Snail, who goes into her shell when she thinks that others are irritated by her. She ends up not getting anything done because of all the time she spends in her shell.

Therapists must exercise caution not to break the metaphor or point out the similarity between the problems encountered by the characters and the child. It is up to the child whether to respond to this similarity on the conscious or unconscious level, and whether to acknowledge the parallel or not.

(viii) Include visual, auditory, olfactory, kinaesthetic, and tactile information to engage as many of the child's senses as possible

The multisensory approach maximises the child's involvement and makes the story seem more real. It takes experimentation to find a balance between giving enough detail to engage the child, and not so much that a child is overwhelmed with sensory information. Often the younger the children are, the fewer details they will require to stay interested. This is especially true if the telling is very animated, using different voices for the characters.

(ix) Watch the child's verbal and non-verbal reactions as the story unfolds

The child's reactions may lead the therapist to change the story contents or the manner of telling. It is therefore very important that the therapist should watch the child's body language, eye movement, eye contact, activity and energy level, verbal comments (both positive and negative), as well as general engagement.

(x) Although the protagonist should make progress in overcoming the problem, it is often helpful to include several obstacles

Including a few obstacles keeps the metaphor closer to reality rather than suggesting that the child's problem is easy to fix. Some level of struggle and conflict should be added in order for the protagonist to earn the final triumph. Doing so will enhance the possibility that children will get the idea that they must work to make changes in their situations. The inclusion of obstacles also makes for a more interesting and engaging plot.

The resource person and the allies can be of assistance to the protagonist when needed. However, the protagonist should make the decisions and be responsible for most of the attempts to achieve a resolution. This allows children to become aware that they must ultimately be responsible for solving problems they are faced with. At the same time, it also makes them aware that help is available for generating solutions and for support in implementing them.

(xi) Ensure that the resolution to the original problem is concrete and clearly defined

The resolution does not have to completely solve the problem. It should nevertheless demonstrate that the protagonist has made progress in coping with the problem and any obstacles that have interfered with their progress. The steps taken by the protagonist to bring about changes, and the results of those efforts, should be made very clear. This will

allow the child to gain a concrete understanding of the message that is conveyed or the lesson that is taught.

(xii) Close the metaphor with some type of celebration and affirmation of the progress represented in the resolution

The celebration can come in the form of a party or a situation where the protagonist proudly explains to other characters what has been learned. The resource person and/or the allies can congratulate the protagonist. Any means of bringing closure to the story and acknowledging the protagonist's progress can be used.

(xiii) Decide how you want to handle the processing of the story

The children can be engaged by verbally processing the story, or they may be left to reach a conclusion about the story without verbal processing. For children who respond positively to verbal processing, therapists should not allude to any application of the story's message in their lives. The discussion should be based on emotions, attitudes, behaviour, decisions, results, and problem-solving strategies of the characters in the metaphor. No connection should be made to the parallel with the child's situation. Some children are willing to apply the story's lessons to their lives. Such children will make comments like, "that is like my situation", "Poppy in the story is kind of the same as me", "I felt just like that when my parents got a divorce", or "I might be able to do something like that to solve my problem with that bully at school".

This tacitly gives therapists permission to proceed directly to the story's underlying messages and lessons. Other children do not respond to attempts to discuss the story, whether directly or indirectly. This does not imply that the metaphor was not helpful to them or that they did not learn the lessons contained in the metaphor. Such children bring up the story weeks or even months later and want to discuss it. Other children may not bring up the story but changes in behaviour and attitudes will be obvious.

A possibility exists that a story does not affect a particular child. Therapists may become enamoured of their own creation. They may invest in a child liking the story, learning what they want to teach, and making miraculous changes as a result of their efforts. It is therefore very important that therapist must not get so invested in the story's effects that they take the child's reaction to it personally.

Moon (2007:129), cautions that it is not every metaphoric intervention that leads to positive outcomes. Sometimes clients are not yet psychologically ready to understand or interpret the indirect message of a therapist's metaphor. However, in such instances, the indirectness of metaphoric communication, serves an important protective function in that no harm comes to the relationship as a result of the intervention (Moon, 2007:129).

### **2.9.2 The use of a telephone in play therapy**

The telephone has recently been used increasingly in therapeutic circumstances for emergency counselling of suicidal individuals. It has also been used with clients for whom the issue of psychological closeness and distance presents a problem. A third use of the telephone arises where physical distance between the client and the therapist occasionally demands brief therapeutic contact by means of a telephonic discussion. As a toy for use in play therapy it has received little attention (Schaefer & Cangelosi, 2002:144). According to these authors, in more recent articles about child play therapy the telephone still receives only passing references as a toy in the therapy room.

The therapeutic value of most toys lies largely in the child's disposition to use them in natural play. The secondary effect is the communication of fantasy or information. As a matter of fact, the telephone is recognised quickly as a communication object in itself. Children understand that it is a social instrument. It is also a potentially symbolic play object as it simultaneously combines talking and listening, and responding and asserting, in ways not visible to the person on the other end of the line (Schaefer & Cangelosi, 2002:144).

These reactions and their meanings must be imagined, and can be directed by the child in play. Therefore, when children use the telephone in the therapist's presence, they intuitively assume the therapist's participation in their end of the conversation, while determining at their own pace what the therapist hears. The therapeutic value of the telephone is immense for children who can imagine conversations at both ends of the telephone (Schaefer & Cangelosi, 2002:145).

For some children the use of a telephone symbolises a mastery of adult responsibilities. These include the ability to manipulate the dial, to have a discussion with friends, and to do two things at the same time. Telephonic privileges are a source of considerable excitement for children. They also perceive its use as a source of power, control and pride. In therapy the telephone stimulates fantasy by encouraging children to conduct a dialogue with an

imaginary second party. It is up to the child who the second party will be, what dialogue transpires between them, and what role the child plays as the first party. All these elements provide a lot of information for the therapist (Schaefer & Cangelosi, 2002:145-146).

Another use of a telephone can be to fantasise a connection with dead individuals or those who are far away. Children can connect with deceased loved ones, separated parents, or any significant other from the child's past. Sometimes in discussions over the telephone the child's ego may assume the role of the visible party, while the child's self-image is projected onto the imagined second party. For example, a child may call herself on the telephone, and, assuming the role of an adult, remind herself not to fear the helpful doctor (Schaefer & Cangelosi, 2002:146).

The telephone is also useful in dealing with children's reluctance to undergo therapy, especially in the beginning sessions. For example, a child who is non-responsive at the beginning of therapy may be asked to act as her mother and call the therapist and convince her to see "her daughter". A possibility exists that the child may reveal much of importance about "her daughter". The telephone's capacity to facilitate communication makes it a valuable therapeutic tool. However, it is the child's ability and willingness to play that makes it a means of expression (Schaefer & Cangelosi, 2002:146–150).

### **2.9.3 The use of puppets in play therapy**

Pericano (2010:5) states that therapists can use puppets to model and coach, teach new behaviours, express feelings, confront or challenge beliefs, ask for help, or clarify the child's feelings and perceptions. For the therapist to acquire information about the child's emotions and ideas, a wide range of puppets should be provided for the child's selection. The puppets should represent a range of affect, including friendly, aggressive and neutral puppets. The selection should include real and fantasy puppets, i.e., realistic family puppets, both black and white (man, woman, boy, girl); royalty family puppets (queen, king, princess, prince); occupational puppets (nurse, teacher, police, doctor); symbolic character types (ghost, devil, witch, pirate, skeleton, bum); animal puppets, both tame and wild (bird, monkey, dog, dragon).

Geldard et al. (2013:234) are of the opinion that some puppets have inherent symbolic attributes. For example, they believe that wolves can be dangerous, monkeys can be entertaining and mischievous, police may be helpful or authoritarian. Furthermore, they

perceive teddy bears as soft, cuddly and nurturing, or perhaps needing to be nurtured. It is vital to include animals since they provide a safe disguise and are often ready objects for identification. The standardised puppet interview includes the warm-up, the puppet show itself, and the post-puppet interview. Included in the post-puppet interview should be a final discussion of the child's feelings about the puppet session (Schaefer & Cangelosi, 2002:103).

(i) The warm-up

It is helpful to ask the children what they were told about the purpose of the interview. This allows therapists to gain a sense of, firstly, how the child has (or has not) been prepared and, secondly, what the attendant fears/fantasies may be. The child can then be told that the therapist is interested in what children think about and the stories they make up. The child will then be asked to make up a puppet story with the therapist's help (Schaefer & Cangelosi, 2002:103).

Both the therapist and the child sit on the floor and the therapist empties a basket of puppets on the floor and together they examine them. The therapist should try by all means not to be intrusive, taking notes (mentally or unobtrusively in writing) on the child's reactions to the puppets. Note should be taken of the child's spontaneous comments and non-verbal behaviour, as well as which puppets are attractive and those that are rejected. It seems that the story line is stimulated by the child's immediate visceral reactions as the puppets are examined and commented upon, both verbally and non-verbally (Schaefer & Cangelosi, 2002:104).

After the inspection, the child is invited to select some puppets and to go behind the stage (or a table) so as to introduce the characters for a puppet show. The therapist may elect to talk to the puppets, asking open-ended questions, if that seems to be indicated. Some children might need help in the "willing suspension of disbelief" and might welcome the therapist's quiet permission to pretend. Other children might respond warmly to the appealing puppet task from the beginning, and do not need the therapist's tacit permission or support to "make-believe" (Schaefer & Cangelosi, 2002:104).

(ii) The puppet show

The story may begin as soon as the puppets have been introduced. Some children may have some difficulties getting started. Children enjoy the fact that the therapist is the

audience taking notes or even tape recording the session. In the case of inhibited children, therapists may have to intervene to help the child let go and play. Using open-ended questions the child can be helped to think about the, who, what, where, when and, later on, the why of the story (Schaefer & Cangelosi, 2002:104).

Occasionally children want and need the therapist to participate. In such cases, it is important to emphasise that it is the child's story and they must say (in a stage whisper) how the story should go. The participating therapist needs to be sensitive to the child's nuances, following their lead, being careful not to contaminate the story. It is a good idea for the therapist not to participate unless and until other ways of helping the child have been explored. A child who initially requested help may be able to make up a story later on, without any help (Schaefer & Cangelosi, 2002:104-105).

### (iii) Interview with the puppets

At the end of the story the therapist can extend the storyline by interviewing the puppet characters. The therapist can get added information about the child's thinking by encouraging the child to stay in character, with the storyline suspended. Questions about who did what and why may be asked in a less intrusive way. Questioning should be without the action element but remain within the realm of make-believe (Schaefer & Cangelosi, 2002:105).

### (iv) Interview with the child

This is the phase where the child is invited to come out from behind the stage or table and talk with the therapist directly about the story. The therapist then has the opportunity to get a sense of the observing ego, defences, and coping styles. The therapist can also note whether the child can make distinctions between the pretending of the story and the reality of life, being reflective about what has just transpired. While the emphasis was on action in the previous part of the session, this part emphasises the reflection process. Actions are replaced by words, and doing is replaced by thinking (Schaefer & Cangelosi, 2002:105).

This stage provides another chance to ask about themes, especially repetitive ones, and what might have stimulated them. Therapists can enquire about characters in the story, whether presented in a one-dimensional fashion or as more complex human beings with diverse motivations. The child's identifications (e.g., self and object representations) become clearer with enquiry about the characters preferred or rejected in the story. Often it seems

that characters who are loved and those who are hated represent some aspects of the child's self-representation, the two dimensions being split as self-polarities (Schaefer & Cangelosi, 2002:105).

At this stage, therapists can make an estimated determination of the child's linguistic and cognitive skills. The language used, concepts evoked, and questions grappled with or avoided (for defensive or cognitive reasons), give clues to the child's strengths and weaknesses. It is at this stage that children can be asked which part(s) of the story were enjoyed or disliked, and who they would like or not like to be in the story. Children can be asked for a make-believe title and a lesson or moral one could learn from it. This assists the therapist to understand what the child views as a problem, which is often dynamically and symbolically related to conflicts experienced in reality (Schaefer & Cangelosi, 2002:105).

#### (v) The rating scale

The puppet interview aims to acquire information in a number of areas:

- Form dimensions

Included in form dimensions are creativity, coherence, intelligibility and impulsivity. Therapists can also note the non-verbal communication as well as the overall level of ego control. Form dimensions might not be clearly visible in the ephemeral play, but they often provide the most valuable clues about the child's state of well-being.

Children's distress is mirrored in their play. This can be observed in constrictions and rigidity, which often results in either the inability to play or stereotypic play, lack of flexibility in themes (e.g., repetitive themes of aggression, control, sexuality, etc.). Further indicators are the inability to play in a way that makes sense, inability to communicate ideas and emotions, or difficulty controlling the play or end the story in a satisfying way (Schaefer & Cangelosi, 2002:105–107).

Together, form and content contribute to an understanding of the underlying conflicts and the child's defences against them. In most cases the story presents a problem that the child tries to solve within the storyline. Therefore, it helps to look for the problem in the story as well as the proposed solution. It is not surprising that the proposed solution may reflect similar maladaptive thinking patterns that the child uses in reality. The problem gives insight into the child's preoccupations and



conflicts, as well as the child's defences and coping styles (Schaefer & Cangelosi, 2002:105–107).

The disguise of the puppet play offers psychic protection, since it is just a story and the child can safely pretend. Anxiety and attendant defences are by-passed because of this, and the play continues. However, the therapist may emphatically feel the child's anxiety as certain themes emerge, even though anxiety is not so intense that it disrupts the play. The wishes that come across most clamorously, for example, to kill, control, love, devour, etc., stimulate anxiety defences that are set in motion to control the emerging impulses (Schaefer & Cangelosi, 2002:108).

Defences can manifest in three forms:

1. Those that are less mature, e.g., denial of reality, projection, somatisation, acting out, and aggressive impulses that are directed against the self.
2. Those that are commonly thought of as neurotic defences, e.g., reaction formation, displacement, disavowal, repression, and intellectualisation.
3. Those that are more mature, e.g., altruism, humour, and sublimation.

Examining the story material, especially the way the child attempts to manage the emotions that emerge, gives clues about the child's use of defences and assists in developing an assessment picture.

Children use a wide range of symbols within the story to portray ideas and emotions. Children's intellectual development, as well as the ability to successfully use repressions to keep unwanted ideas (impulses) out of awareness, makes symbol formation possible. The symbols that children use are linked to underlying fears and wishes that have undergone repression (unconscious fantasies) and are allowed expression in a disguised way. Therapists should strive for the ability to decipher symbolic communication and to intuitively follow the children's stories, to feel comfortable about decisions to intervene or keep silent, and to follow hunches about the kinds of questions to be asked. In this regard, a therapist's knowledge and degree of comfort with their own unconscious life is the most valuable guide (Schaefer & Cangelosi, 2002:108).

It is advisable for therapists to consider the following:

- Content dimensions

Examples of content dimensions that can give valuable clues are characters, plot setting, and theme. The content of the story tells us what the story is about. However, therapists should not be misled into assuming that there is a direct correlation between story content and the child's actual reality experiences. Where there is linkage, it can be found through careful and sensitive questioning. There is often a possibility that the content may reflect something the child has imagined, feared or wished. Although this gives valuable information about fantasy life, it is important to remember that the child's story has many determinants, only some of which may be actual experiences in reality (Schaefer & Cangelosi, 2002:109-110).

Kottman (2011:205) concurs, stating that sometimes the specific content of the story is not that important, since what the child may be trying to convey is feelings or attitudes.

- Diagnostic data derived from form and content

Defences and coping styles can be read from the material and the child's responses in the post-puppet interview. Preoccupations and conflicts are, expressed symbolically in the material as well as in the elaboration of the issues in the post-puppet interview. The core of the thematic play reflects the conflict that is enacted in the story. During play the child's defences are relaxed and ideas and emotions emerge; some are acceptable to the child's conscience, while others stimulate anxiety and need to be defended against. The therapist is able to see how the child tries to cope with the emergent conflict and the attendant ideas and emotions (Schaefer & Cangelosi, 2002:105–107).

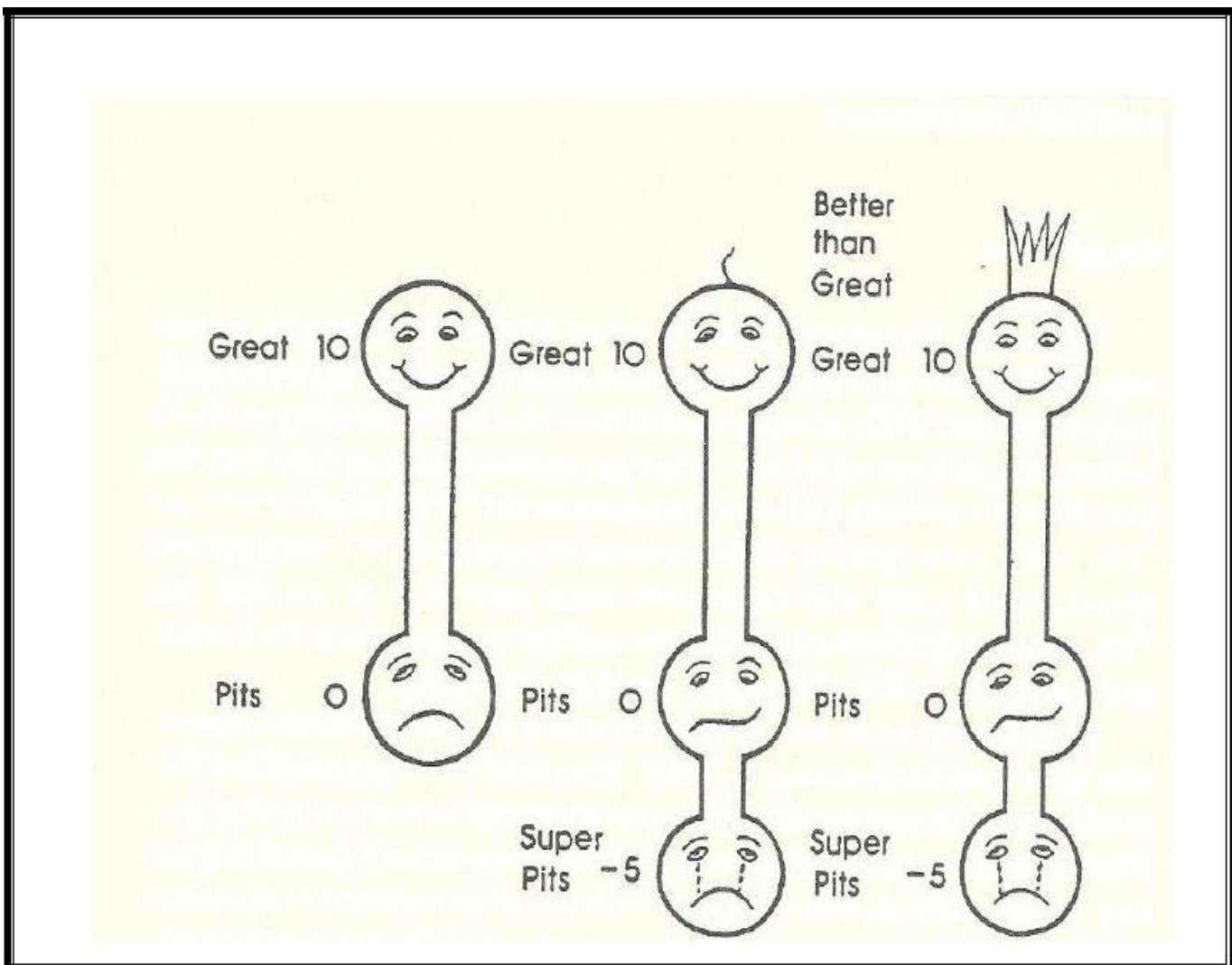
#### **2.9.4 The emotional barometer**

The emotional barometer refers to a visual scale with happy faces. It is a valuable graphic aid to help children understand the concept of a rating scale from 0 to 10. When introducing the barometer (see figure 2.3), a therapist is able to determine each child's emotional vocabulary as the faces and the spaces in between the faces are discussed. The 0 end of the scale represents "life is the PITS", while the 10 represents "life is GREAT". The

emotional barometer evolved to include a score of negative five (-5) to indicate that life is the "SUPER PITS".

Children are asked at the beginning of each session to draw a line on the barometer to indicate how things are going for them. According to Schaefer and Cangelosi (2002:236), children often choose to draw a tie, a star, or a corresponding facial expression if they are between the -5 and 0 scores or between 0 and 10. They continue to report that a few children like to shade in the barometer like a thermometer. Furthermore, they report that some clients use different colours to shade in the space, relating colours to feelings (e.g., warm colours for relaxed and contented feelings). The following is a diagram showing the evolution of the emotional barometer according to Schaefer and Cangelosi (2002:236):

**Figure 2.5 Evolution of the emotional barometer**



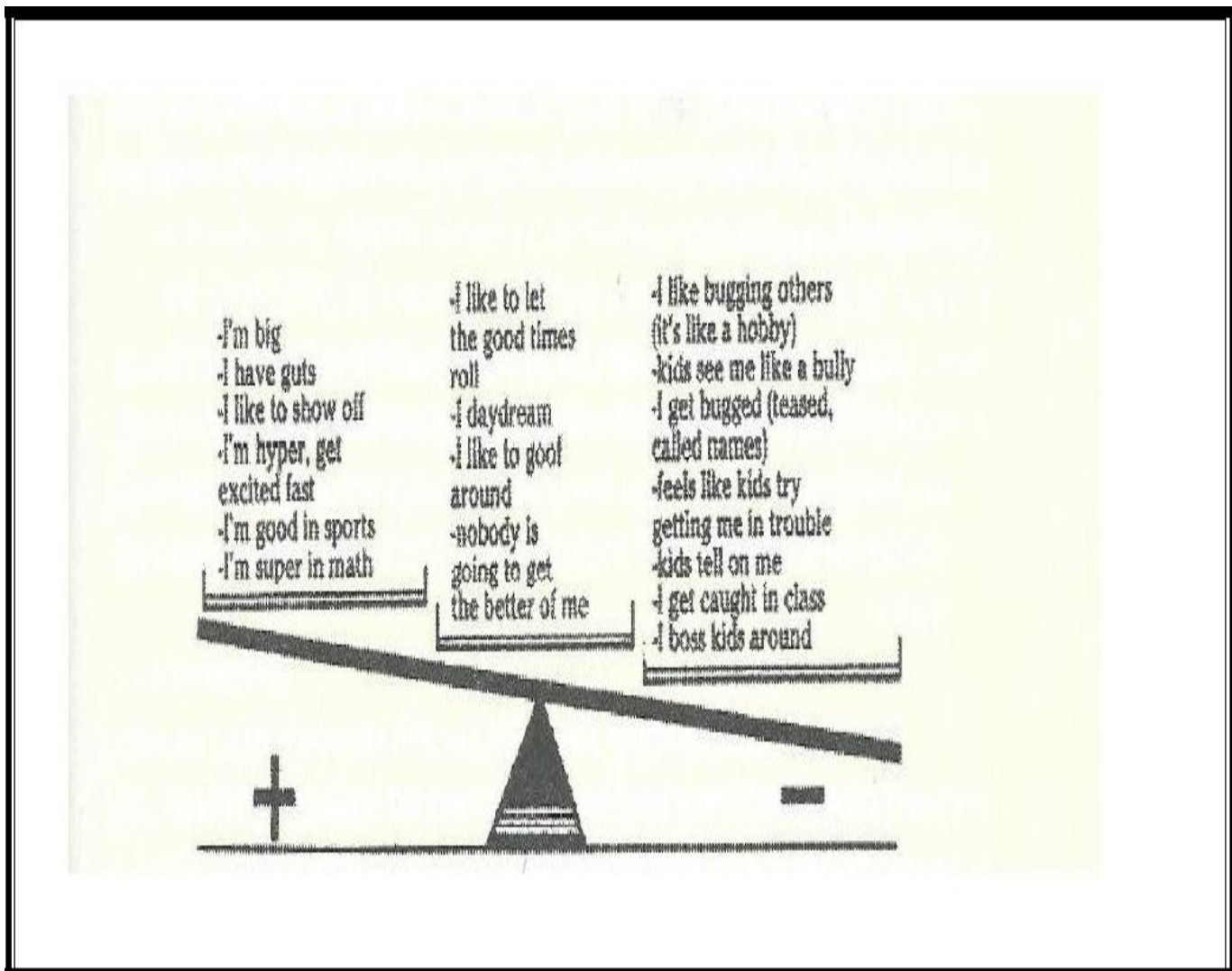
To be more directive, therapists can ask clients to indicate how things are going for them in a specific area, such as at school, at home, or with friends. At times one can ask for an indication from more than one area of the client's life. Once therapists have an indication of how things are on the barometer, they can write the positive and negative things that are happening to the child on opposite sides of a "balance" (see figure 2.5). The visual "teeter totter" or scale allows the therapist and the client to see:

1. Personal strengths and weaknesses of the client
2. The degree of ego strength
3. The number of positive or negative aspects existing in their lives, and which are predominant
4. Awareness of others' perceptions (parents and teachers) of the existing problems
5. Areas of immediate concern.

Once the issues are out in the open, they seem more real and children can relate to something concrete. When the therapist focuses on one of the issues, the child can refer to the barometer to relate what it is like when that particular issue arises. The therapist can gain access more easily to the client's feelings and move to more inner work because the issue has become more concrete and seems less threatening to the client.

The following is a diagram showing the balance according to Schaefer and Cangelosi (2002:237):

**Figure 2.6 The balance (example of an intake session)**



When working with a non-verbal client and the barometer indicates that things are not going well, the opportunity arises to do some reflective work regarding the client's feelings, and to relate present issues with past problems. When the barometer indicates that things are going well, clients are usually willing to talk about positive things that are happening in their lives. Discussing positive things with a client provides opportunities to review growth, as well as to re-evaluate therapy goals with the client.

The use of a barometer usually stimulates clients to raise issues that are pertinent to them. This allows the therapist to work in a less threatening manner. A catharsis is created for the client by getting issues out in the open and it also creates a path for action and change.

Using the barometer is also beneficial in that it seems to take the focus away from the stressful aspect of discussing painful issues with the therapist.

The shift in focus moves from the child to the less direct approach of communicating through the images on paper. Clients usually like viewing previous barometers to see how they are progressing. From this record, clients can see the positive side of the balance and not just focus on negative issues. Recorded barometers become a great self-esteem builder as clients' concerns move towards the positive side of the balance. Clients can determine which issues are in their control after a list of positive and negative issues is written on the scale as in Figure 2.5. Work can then begin on changeable issues as therapy moves into a problem-solving and action mode with a visual balance of therapy goals.

The following is a summary of the use of the emotional barometer:

1. The barometer is a non-threatening way for clients to identify non-pertinent issues while enabling the therapist to zoom in on relevant data.
2. It provides a record of the client's highs and lows and enables the therapist to see any patterns that may evolve.
3. Progress towards goals can be readily evaluated.
4. By reviewing recorded barometers and reflecting on issues, the therapist can identify areas in which more in-depth work is necessary, tie up loose ends, and summarise changes.
5. It provides a visual impression for clients to monitor their own growth and progress towards positive self-esteem.

### **2.9.5 Mutual storytelling technique**

Some techniques in child therapy are centred around the elicitation of stories. Each technique attempts to use such stories therapeutically (Schaefer & Cangelosi, 2002:257).

According to Kottman (2011:228), children's stories might represent their:

- ideas about relationships
- perceptions about problem situations in their lives
- ideas about appropriate ways to solve problems
- view of themselves and others.

Kottman (2011:228) further states that the purpose of mutual story telling is to use the children's stories as a springboard for offering:

- different views about relationships, themselves and others
- different ways to perceive the problem situation in their lives
- more socially acceptable ways of solving problems.

Some therapists try to help children derive insight into their stories. Others consider insight of minimal significance therapeutically. There are children who will tell stories but who have little ability to derive insight into their meaning. It is important for therapists to help communicate meaningful insight to such children. If therapists can communicate to children their own stories which are meaningful and pertinent to the children's problems, they will be speaking the child's language and will have a greater chance of being heard (Schaefer & Cangelosi, 2002:257).

In the mutual storytelling technique, after hearing a story, the therapist surmises what its psychodynamic meaning is, selects one or two important themes, then creates a story of her own. In such a story, the therapist uses the same characters in a similar setting. The therapist's story will differ from that of the child in that she introduces healthier resolutions and mature adaptations. This approach employs one of the ancient and powerful methods of communication. The legend, the fable, and the myth have proved universally appealing and potent vehicles for transmitting insight, values, and standards of behaviour (Schaefer & Cangelosi, 2002:257-158).

Stories can be related in a number of ways, including the use of drawings, dolls, puppets, and other toys. However, the tape recorder has certain advantages over these traditional devices. With it, there is total absence of stimuli which might restrict the story or channel it into specific directions. An additional advantage to this approach is that children can take home the tape of the telling and retelling and listen to it as often as they wish (Kottman, 2011:228).

A child is introduced to the game by pointing to a stack of tapes, each with a child's name written on the end of the box. The child is then told that each child who comes for play has their own tape for a tape recording game that is played. At this stage the child is asked if they would like to have a tape of their own (Schaefer & Cangelosi, 2002:158).

Having their own tapes enhances the feeling of belonging, plus children often want to follow usual practice. If the client assents, the therapist takes out a new tape and asks them to write their name on the box. The child is then asked if they would like to be a guest of honour on the make-believe television program on which stories are told. If they agree (a few decline the honour) the recorder is turned on and the therapist can start by saying:

“Good morning girls and boys, I would like to welcome you once again to Dr. Menna’s ‘Make-Up-a-Story Television Programme’. As you all know, we invite children to our program to see how good they are at making up stories. Naturally, the more adventures or excitement a story has, the more interesting it is to the people who are watching this on their television sets. It is important that the story should be original and not about things you have read or seen in the movies or on television” (Kottman, 2011:228; Schaefer & Cangelosi, 2002:158).

“Like all stories, your story should have a beginning, middle, and an end. After you have made up a story, you will tell us the moral of the story. We all know that every good story has a moral. After you have told your story, Dr. Menna will make up a story too. She will try to tell one that is interesting and unusual, and she will also tell the moral of the story. And now without further delay, let me introduce to you a boy (girl) who is with us today for the first time. Can you tell us your name, young man?” (Schaefer & Cangelosi, 2002:258–259).

The therapist then asks the child a series of questions that can be answered by single words or brief phrases such as his age, address, school, grade, and teacher. These questions help to diminish the child’s anxiety and will tend to make him less tense. As a way of further reducing anxiety, the therapist can allow the child to hear his voice on play-back. Schaefer and Cangelosi (2002:259) report that most children enjoy this activity.

The child is then told that now that the listeners have heard a few things about him, they are all interested in hearing the story he has for them today. Most children will get right on with their story, while others might ask for some more time, in which case it has to be granted. Some children will tell very short stories without much detail or plot. Such stories often have an abrupt ending as children run out of ideas and simply stop the narrative (Schaefer & Cangelosi, 2002:259).

Depending on how the therapist believes the child will react, they may choose to probe a little bit to elicit more details about the story. Some children may tolerate the probing and even enjoy the therapist’s interest in the story. Others may, however, resent the probing and



react as if they were being criticised for their inability to tell a story. Therapists must watch for the client's non-verbal responses to probes and adjust their own behaviour accordingly (Kottman, 2011:229).

While the child is engaged in telling the story, the therapist will jot down notes. The notes will be helpful for both the formulation of the therapist's story as well as in the analysis of the child's story. After the child's story has ended and the moral has been given, the therapist may ask questions on some items of the story. This is helpful in obtaining additional details which will enhance the understanding of the story. When asking for the title, lesson or moral of the story, the therapist will naturally consider the developmental stage of the child.

Children can also be asked, "What can we learn from your story?" Children are then congratulated for telling the stories (Schaefer & Cangelosi, 2002:259).

The tape recorder will then be turned off and the therapist will prepare for her story. An attempt will be made to determine which figures in the child's story represent the child and which represent their significant others. Therapists should not forget that two or more figures may represent different facets of the same person's personality. For example:

- Conflicting forces within the same child may be represented by a "good dog" and a "bad cat" in the same story.
- Powerful elements in one person may be represented by a horde of similar figures.
- A stampede of bulls may be used to represent a hostile father.
- Unacceptable, repressed complexes may be represented by swarms of small creatures such as insects, mice or worms.
- Malevolent figures can represent the child's repressed hostility projected outward, or they may be a symbolic statement about the hostility of a significant figure. Sometimes both mechanisms may operate simultaneously.

Apart from clarifying the symbolic significance of each figure, it is also important to get a general overall feel for the atmosphere and setting of the story. The therapist should check whether the ambience is pleasant, neutral, or horrifying. The client's emotional reactions while telling a story are also of significance in understanding its meaning. As therapists listen to the client's story metaphorically, Kottman (2011:229) advises that it is important to consider the following questions as a way to structure their understanding of the story:

- (i) How does what the characters in the story do fit with what the therapist already knows about the child?
- (ii) How does the situation in the story resemble situations the child normally encounters?
- (iii) Which of the characters in the story represents the child?
- (iv) How does the character who represents the child feel in the story?
- (v) Which of the characters represents important people in the child's life or people involved in a particular situation with which the child is currently struggling?
- (vi) How does the affective tone of the story represent the child's perception of the world? Does the affective tone convey the idea that the child is optimistic or pessimistic?
- (vii) How does the story represent perceptions of the children about themselves?
- (viii) What does the story say about the way the children think about their ability to cope with the problem situation?
- (ix) How does the story represent the child's attitudes towards other people?
- (x) What does the story reveal about the child's perceptions of patterns and themes in relationships and interactions?
- (xi) How are the patterns and themes of the relationships and interactions in the story similar to what has been observed in the child's patterns and themes in relationships and interactions?
- (xii) What is the usual method of coping with conflicts or problem situations in the story?
- (xiii) How is the usual method of coping with conflicts or problem situations in the story similar to the child's usual mode of handling conflict or resolving problems?
- (xiv) What are the therapist's affective responses to the story?

These questions, as well as any additional ones, will allow therapists to gain an understanding of the original story. Therapists then formulate ideas about what the story reveals about the child and the child's life, relationship with others, self-image, and usual methods of dealing with difficulties (Kottman, 2011:229-230).

The next step in the process is the retelling of the story with a more adaptive, socially appropriate middle and ending. Kottman (2011:230) advises that therapists should consider the following questions in preparation for the retelling of the story:

- (i) Which characters would you leave in? Why?
- (ii) Would you add any characters? If yes, what traits would you incorporate in any added character(s)?
- (iii) Why would that (those) character(s) be important with this child?
- (iv) What positive characteristics or traits would you want to encourage in the child through this story?
- (v) Do you want to incorporate some kind of consequences for negative behaviour in the story? If so, what kind of consequences would be appropriate without sounding moralistic or judgemental?
- (vi) If the affective tone of the original story was negative or pessimistic, how can you incorporate a more positive, optimistic affective tone?
- (vii) How can you incorporate more constructive patterns of interacting with others?
- (viii) How can you include more socially appropriate methods of resolving conflicts or resolving any difficulties in the story?
- (ix) How can you encourage the children to focus on their strengths?
- (x) How can you use the elements of the story to teach new ways of viewing other people?
- (xi) How can you use the story to give feedback about how others see them?
- (xii) How can you use the story to improve the children's faith in their ability to solve problems?
- (xiii) How can you incorporate more descriptions of the characters' feelings and reactions to use the characters to model the expression of feelings?

Therapists may need some time to think through both sets of questions in order to use them effectively. To be able to achieve this, they may need to make a tape recording of the original story, listen to it outside the session, and come back to the next session with a

modified version of the story. The second option may be to think about the original story and re-tell the story later in the session (Kottman, 2011:230).

It is important for therapists to present the retelling without emphasising that they are retelling the story; this is to avoid implying that there was something wrong with the original version of the story. It may be helpful for therapists to tell the children that they were so interested in their story that they want to say something about those characters. Every play therapist will probably have a distinct interpretation of the meaning and the underlying message of the original story. Therefore, each may design a different retelling from the others. There is no reason to agonise over every nuance of the retelling in an attempt to get it right, since there is no one perfect retelling of the story. One may do one retelling in the same session as the child's original story, and then do several other retellings of the same story in subsequent sessions (Kottman, 2011:231).

Knowing which characters represent the child's point of view will guide therapists in choosing which character to use as a focal point for the intervention. In cases where the therapist wishes to convey empathic understanding to the child, it is better to concentrate on the character representing the child in the story. However, if the aim is to facilitate development of empathy in the child, it is helpful to concentrate on other characters in the story (Kottman, 2011:208).

Some children might have a negative reaction to the therapist co-opting the story. The negative reaction may be in the form of a subtle non-verbal response, such as a head shake or frown. It could also be a blatant rejection such as repudiation of any changes the therapist has made in the story. It can also come as a refusal to use that particular story in future interactions. When this happens, the therapist must examine whether the negative reaction was in response to the direction in which the therapist was taking the metaphor, or to the co-opting of the metaphor.

In cases where children reject the direction in which the therapist takes the story, children may reject specific parts of the story that they don't like. They may even convey more generalised disapproval, e.g., "I don't want to tell this story ever again". In such a case, the therapist may just adjust the direction of the story (Kottman, 2011:208-2019).

At times therapists can get the metaphor of a story wrong, just as they could make a mistake in a more direct form of communication. An inaccurate reflection of a feeling may be given

by therapists, or they may miss the gist of the story in a restatement of content. In such cases children's reactions are usually relatively mild corrections, like "No, the cat is not afraid of the dog, it just likes being chased". Some children do not like to share their stories with the therapists at all. Such children's negative reactions to the therapist using their story, is frequently a violent reaction against anything the therapist might try to do with the story. It is advisable for therapists to avoid adapting such children's stories. Therapists must, instead, formulate other ways of making suggestions, both directly and indirectly, with such children (Kottman, 2011:209).

### **2.9.6 Role-playing**

Role-play begins to emerge at around three and four years and, like projective activities, often involves playing out known activities like mums, dads and shops (Howard & McInnes, 2013:73). There are a number of different ways to engage with a child in role-play. Such methods include the whisper technique, role reversal, and behaviour rehearsal (Kottman, 2011:234).

Some forms of play, like role-playing, are repetitious acts, possibly to gain mastery over some particular event that caused anxiety or was frustrating, by a reversal of roles from passive to active. Children work through possible undoing or redoing via displacement or symbolisation by repeating an act or game, thereby articulating, assimilating, and integrating that which is unconscious and connected to a special set of circumstances. The circumstances may range from separation anxiety to protection against unconscious wishes or feelings of dread and hostility. Some children have imaginary playmates or friends, while others may act out roles or take the part of a significant person in their lives (Kottman, 2011:235–236; Schaefer & Cangelosi, 2002:284).

Repetition or role reversal is curative in that it serves to repair hurts and losses. It helps the child separate and individuate by inculcating a sense of mastery and competence, by giving an "illusion of accomplishment" and by contributing to the healthy adaptation and resolution of the normally stressful or anxiety-producing events that occur during childhood. The child's attention must be in the realm of everyday experience or occurrences in order for there to be some connection between therapeutic interpretations and the child's incorporation of a corrective emotional experience (Kottman, 2011:235–236; Schaefer & Cangelosi, 2002:285–286).

Role play differs from displaced fantasy play by the fact that the latter utilises imaginary characters while the former relies on the child's real experience with significant others. Prior to role-playing, children are asked to write a self-descriptive sketch of their own character. The therapist then rewrites in a role, based on what the clients have said of themselves, but in contrasting themes – a role that clients know that they can act within as “experimental fantasy”. Fixed-role therapy is then carried out for as many as eight sessions. Clients gain insight into the way they normally construe events and others. Thereafter they may decide to incorporate new behaviour and/or affective changes (Schaefer & Cangelosi, 2002:286–291).

Role-playing is used in child psychotherapy to promote internal corrective emotional experience, in which repressed affects can be integrated with cognitions of the self. It may be used in different ways, for example, it may be used to help an angry child become aware of possible dysphoric feelings. Children may be enlisted in roles in which they can re-experience upsetting conversations or events. Such roles can revolve around significant relationships or strong, disturbing affects or thoughts that are related to the reason for referral (Schaefer & Cangelosi, 2002:288).

For example, children who are referred because of suicidal thoughts or expressions, but are reluctant to discuss this, can be asked to role play a significant other who is implicated in the reason for referral, for example, children who experience these thoughts when they are sent to the shops can be asked to role play the person sending them to the shop (mother, father, brother, etc.). The therapist can role play the client. After some time, the roles can be switched (Kottman, 2011:236-238; Schaefer & Cangelosi, 2002:288).

Valuable information may be gained by both the client and the therapist. The therapist may for example gain awareness of the typical situations in which the suicidal thoughts occur. For the child it may be the beginning of a cathartic experience. The child has also been given an opportunity to indirectly express her true feelings and knows consciously what is happening but feels less threatened because she is acting within a role (Kottman, 2011:236–238; Schaefer & Cangelosi, 2002:288).

After obtaining this information another role play takes place, only this time the therapist uses role reversal and plays the child while the client models the therapist's role character. During this second role-play therapist must reformulate, interpret, and provide clear and simple language so that the child may incorporate what she is hearing into the beginning of

a corrective emotional experience. It is in this-role play that the therapists model what they perceive the children to be feeling (Schaefer & Cangelosi, 2002:289–291).

In conclusion, role-playing may be used:

- in psychodynamic psychotherapy as a prerequisite to clarification and interpretation
- by cognitive behaviourally oriented psychotherapists who may need an action-oriented method of increasing the power of talking, reality-oriented intervention
- with children whose emotional difficulties may manifest in depression, hyperkinesis, or phobic reactions, for example, to deal verbally with affects or feelings behind conditions of enuresis, aggressiveness, impulsiveness, and interpersonal difficulties
- to provide much information that can enlighten the therapist as to the background of the child. Examples of this include instances where role-playing:
  - (i) gives the therapist an opportunity to see how children misconstrue their world, what impact the world has had on them, and how children move towards, against or away from the world
  - (ii) provides insight into how the child is treated by significant others; the quality of those interactions may be noted
  - (iii) is a non-threatening technique in which most children will become engaged, even those who may be guarded, suspicious, phobic, or dysphoric
  - (iv) serves to immediately and unequivocally provide a direct, child-centred view of the feeling the client may be experiencing.
- by psychotherapists to quickly focus on specific issues or affective domains in which the child is experiencing difficulties or conflicts.

### **2.9.7 Imaginative pretend play**

In imaginative pretend play children combine the use of objects, actions, words and interactions with imagined people to produce a drama. Young children between the ages of two and three can mimic the roles of familiar adults in their lives. However, they need to use real objects, or toy replicas of them, in their representational play. Children of four years and older rely less on real objects in their imaginative pretend play. They are generally able to use unrelated objects to symbolise objects which are involved in their play (Geldard et al., 2013:241).

In imaginative pretend play the child becomes totally involved in acting out a character within an imagined situation. It uses objects and replica objects, but some children can't use objects in this way and are unable to engage in imaginative pretend play. Such children fondle, stack, pound or manipulate objects just like a baby would, according to Geldard et al. (2013:234). These authors go on to suggest that this immature play might result from any of the following:

- the child may have language difficulties or cognitive delays
- the child may have been deprived of a stimulating play environment and as a result lacks the experience needed to engage in imaginative pretend play
- the child may be inhibited as a result of previous emotional trauma, abuse or neglect
- the child may be shy or cautious about taking risks in play.

Children between the ages of three and five normally engage in imaginative pretend play as a natural part of their development. Children with little ability to engage in this play may have limited personal resources for working through emotional issues, argue Geldard et al. (2013:24). These authors state that imaginative pretend play can be used to achieve ten goals, which are to:

- enable a child to externalise and articulate ideas, wishes, fears and fantasies, both verbally and non-verbally
- enable the child to express underlying thoughts or thought processes
- achieve cathartic relief from emotional pain
- enable a child to experience being powerful through the physical expression of emotion
- allow a child to gain mastery over past issues or events
- provide an opportunity for a child to develop insight into current and past events
- help a child to take risks in developing new behaviour
- help a child to practice new behaviours and prepare for particular life situations
- give a child the opportunity to build self-concept and self-esteem
- help a child improve communication skills.

#### 2.9.7.1 Materials and equipment needed for imaginative pretend play

Materials and equipment needed for imaginative pretend play can evoke strong responses in children. These materials may stimulate fantasies and sometimes trigger specific issues.



A magic wand, for example, may have a strong appeal to a child who would like to have more control over their environment and relationships. It is necessary to have a wide variety of props so that children can be prompted to enter into specific imaginative pretend play scenarios which are individually relevant and which might achieve the above-mentioned goals. Materials may include; furniture and associated items (stove, cupboards, doll's bed, etc.), soft toys, dolls and associated items (feeding bottle, baby doll, teddy bear, etc.), and dress-up materials (clothes, hats, wigs, masks, etc.) (Geldard et al., 2013:241–243).

#### 2.9.7.2 How to use imaginative pretend play

Depending on the developmental stage, children can move from playing directly with objects to using objects in symbolic representation. From that point on children can engage in make-believe. Children can experiment by using an unlimited variety of roles and behaviours when using imaginative pretend play to experience a make-believe world. They can also transform their original perceptions about life issues and situations into new and different perceptions (Geldard et al., 2013:243–244).

Therapists generally adopt the role of a facilitator when working with most children. However, for children with limited play skills there are three alternative roles which can be assumed by therapists. These roles are parallel play, co-playing, and play tutoring. The following is an explanation of each role as reported by Geldard et al. (2013:242-245):

##### (i) Parallel play

The therapist sits next to the child and copies the child's play when parallel playing. For example, if the client is sitting near a doll's house and rearranging furniture, the therapist will do the same. The therapist may then make comments about what they are doing. For example, she may say "I am going to put these chairs against the wall so that the parents can watch television more easily" (Geldard et al., 2013:244).

The therapist does not intrude on the child's play by making such a statement, but does provide a model of imaginative pretend play which includes verbal communication about what is happening. The child is likely to see their own play as important and valued because the therapist has copied their play. Therefore, parallel play gives the therapist the opportunity to model new ways of using available materials and can encourage the child to play for longer (Geldard et al., 2013:244).

### (ii) Co-playing

In co-playing the therapist joins in the child's play and influences it by responding to the child's actions and comments, and by asking the child for instructions. For example, if a child is engaged in play as a mother looking after and feeding the baby (doll), the therapist may ask "What should I do now? Betty has not eaten her cereal and I am her big sister". This gives the child an opportunity to join with the therapist in the imaginative pretend play. It is possible that the child may reject the therapist's involvement by saying something like, "She does not have a big sister". On the other hand the client may respond by attempting to feed the doll or by instructing the therapist (big sister) to feed the baby (Geldard et al., 2013:245).

The aim of co-playing is to influence the child's play. It is also aimed at enriching play by adding new elements. The new element introduced in the above example is the non-compliance of the baby doll (Geldard et al., 2013:245).

### (iii) Play tutoring

Play tutoring is slightly similar to co-playing. In play tutoring the therapist can begin the play theme rather than join in on the theme started by the child. The therapist also assumes more control and direction over the child's play. Questions, statements, and reflection on the content of scenes created during play are used by the therapist to help the child in their play. For example, the therapist may ask the client, "Are you the teacher or the mom?" and "Are you inside the classroom or outside?"

The therapist can also reflect on the content of the scene, for example, by saying, "You have put out four plates. I think there are four people in this family". Statements, questions, and reflections of content, as seen in these examples, help the child to use more imaginative pretend play skills by drawing their attention to new uses of material. The therapist can also become an active participant, and model new role-playing behaviours. For example, if the child assumes the role of a doctor treating a sick child, the therapist could assume the role of the mother of the child. Children can be assisted to gain new play skills by such role-playing and modelling. Play tutoring can however be intrusive. Therapists should therefore limit the amount of play tutoring and move back into the role of observer as soon as the child's play starts developing and being maintained (Geldard et al., 2013:241–243).

In summary, therapists should be able to act as a facilitator and to use co-playing, parallel play and play tutoring at appropriate times when working with children who are involved in imaginative pretend play.

### 2.9.7.3 How to use imaginative pretend play to achieve specific goals

The following is a discussion on how to use imaginative pretend play to achieve the ten goals that were mentioned earlier under 2.9.7 above:

(i) How to use imaginative pretend play to enable a child to externalise and articulate ideas, wishes, fears and fantasies, both verbally and non-verbally

This goal will be achieved naturally as a result of imaginative pretend play, because such play allows the child to re-create their world in a symbolic and dramatic way. In the drama some children will spontaneously express their wishes, fantasies and fears, and the therapist can retain the role of observer. For other children, however, the therapist can enrich the fantasies, wishes and ideas through co-play. The therapist can do this by exaggerating the role assigned to them, or by behaving in a paradoxical way and therefore encouraging the child to become more forceful in expressing the idea, fear, wishes or fantasies being acted out. It is however important for the therapist to stay strictly in the role assigned to them by the child, otherwise they will intrude on and inhibit the child's personal expression (Geldard et al., 2013:246).

(ii) How to use imaginative pretend play to enable a child to express underlying thoughts or thought processes

It is important for the therapist to spend time observing the child's play without interfering in order to be able to achieve this goal. Through free association, the child is then allowed to use the imaginative pretend play time to explore unconscious wishes or desires. It is useful for the therapist to reflect thoughts, feelings and contend back to the child. For example, the therapist may say, "When Betty is naughty she gets locked in her room. I wonder what it would be like for her to be locked in her room?" This allows the child to explore their own issues related to being trapped (Geldard et al., 2013:246–247).

(iii) How to use imaginative pretend play to achieve cathartic relief from emotional pain

Imaginative pretend play is a way of giving children an opportunity to act out feelings and problems, and therefore to achieve emotional release or catharsis. When this happens, the

imaginative pretend play is in itself the therapeutic intervention, since the process of playing is healing in itself. The therapist is totally non-directive when seeking to achieve this goal, and provides a safe environment and an empathic relationship with the child (Geldard et al., 2013:247).

(iv) How to use imaginative pretend play to help a child experience being powerful through the physical expression of emotion

The therapist can model powerful fantasy roles for the child by using play tutoring. Children can then be encouraged to act out powerful roles not previously experienced as applicable to themselves. Children can then also experiment with these roles with the aid of suitable props. The roles of adventurer, rescuer, nurturer or healer can be modelled by the therapist, and can then be encouraged in a child. The therapist can move back into a position of co-playing, once the child has assumed a powerful role, to support that role (Geldard et al., 2013:247).

(v) How to use imaginative pretend play to allow the child to gain mastery over past issues and events

The therapist can invite the child to use imaginative pretend play to re-create an unpleasant or painful experience. Such experiences usually result in children feeling helpless and disempowered. As the child is acting out in the form of a mini-drama, they can be encouraged to be more actively involved in events that may previously have been experienced passively. To achieve this, the child should be invited to repeat the mini-drama several times. In each repetition the child is encouraged to experiment with new behaviours which are more powerful and involve taking control (Geldard et al., 2013:241–243).

By so doing, the child moves from a position of being a victim and gains a sense of mastery over events that have proved threatening. The therapist can help by highlighting the process that the child uses. For example, the therapist might say, "You did not just tell that burglar to go away, you pushed him out of the door as well. I think you must be feeling very brave".

This assists the child to understand that they are achieving greater control over the situation (Geldard et al., 2013:241–243).

(vi) How to use imaginative pretend play to provide an opportunity for the child to develop insight into current and past events

This play provides an opportunity for children to learn about themselves, to develop insight into current and past events, and furnishes them with an opportunity to change in a safe environment without judgement or pressure. For this goal to be achieved, the therapist can invite the child to create a drama which includes events similar to those experienced by the child (Geldard et al., 2013:248).

The child can be invited to change roles so that they are first one character, then another, and then the first character again. As this process is repeated a number of times, the child becomes involved in playing the parts of two different characters, and a dialogue, of the child's making, emerges between these two characters. As a result, the child experiences what it is like to be both characters and will gain insight into the behaviours, beliefs and perceptions of others, and into current and past events (Geldard et al., 2013:248).

(vii) How to use imaginative pretend play to help a child to take risks in developing new behaviours

Children can experiment with new behaviours, which they may have initially believed are too risky to use in real life. During imaginative pretend play, they can try out new behaviours which would otherwise never be tried, in order to check out their likely results. The therapist can help the child to take risks by reminding them that what is happening is make-believe and will not have real results. The therapist may say, "Let us pretend that you are magic and you can change things whenever they go wrong". The child is encouraged to enter into simulated risk-taking scenarios with safety as a result of this assurance of an escape (Geldard et al., 2013:248).

(viii) How to use imaginative pretend play to help a child practise new behaviours and prepare for particular life situations

In the case of, for example, a child who needs to be assertive, the child can be invited to assume the role of a figure of authority such as a teacher. The therapist could co-play the learner who is subject to the child's authoritarian role. The therapist may provoke the "teacher" by pretending to be non-compliant in order to help strengthen the child's authoritarian role. For example, if the "teacher" instructs the "learner" to go to the time-out

room, the therapist may say, "I do not feel like doing that. I am just going to sit here in my seat" (Geldard et al., 2013:248).

The provocative response challenges the child's role. The child's response, i.e. whether they become more authoritative or not, can then be discussed. The therapist may say, "I notice that you did not make me go to the time-out room. I wonder how you could have persuaded me to do what you wanted?" (Geldard et al., 2013:248).

(ix) How to use imaginative pretend play to give a child the opportunity to build self-concept and self-esteem

Children can be helped to discover dormant and undiscovered parts of them-selves, by experimenting with various roles. The therapist can encourage the child to expand on qualities that are emerging by co-playing with the child in roles which will support the emergence of behaviours such as leadership, friendship, helpfulness, problem solving, cooperation and collaboration. The therapist may assume the role of a helpless victim, chaotic friend or forgetful adult, to highlight the contrast in the behaviour of the child and of the co-playing therapist (Geldard et al., 2013:249).

The therapist may then affirm the qualities the child is exhibiting. For example, if the child had been helpful in the role-play, the therapist could say, "You are really good at being helpful. I would not have been able to do that if I did not have your help." This affirms to the child that it is good to be helpful (Geldard et al., 2013:249).

(x) How to use imaginative pretend play to help a child improve communication skills

Dramatic scenarios in this type of play depend on both verbal and non-verbal communication. The dialogue of play offers the child an opportunity to experience success or lack of success in verbal and non-verbal communication. It is unfortunate that some children do not make a verbal commentary on their non-verbal activity during their role-playing, and do not spontaneously engage in dialogue. The therapist could reflect back to the child what they are doing and invite them to share their thoughts with the therapist. For instance, the therapist may say, "I notice that you are putting Betty back to bed. What would you like to say to her while you are putting her back to bed?" This will encourage the child to communicate rather than just to engage in non-verbal behaviour (Geldard et al., 2013:249).

## **2.10 CONCLUSION**

The literature discussed in this chapter will serve as a guide to the empirical investigation that will be reported in the fourth chapter. Chapter 3 will focus on the research methodology as well as the ethics measures taken.

**CHAPTER 3**  
**EMPIRICAL RESEARCH DESIGN**

**Figure 3.1 Overview of Chapter 3**

	<b>INTRODUCTION</b>	
	<b>RESEARCH TYPE</b>	
	<b>RESEARCH PARADIGM</b>	
	<b>RESEARCH DESIGN</b>	
	<b>RESEARCH METHODOLOGY AND WORK PROCEDURE</b>	
	<p>Literature Review</p> <p>Data Collection</p> <p style="padding-left: 40px;">Referral Forms</p> <p style="padding-left: 40px;">Observation</p> <p style="padding-left: 40px;">Interviews</p> <p style="padding-left: 40px;">Field Notes</p> <p style="padding-left: 40px;">Research Journal</p> <p>Population and Sampling Procedures</p> <p>Data Analysis</p> <p>Validity</p> <p>Ethical Aspects</p> <p style="padding-left: 40px;">Permission Sought from GDE</p> <p style="padding-left: 40px;">Shared Information</p> <p style="padding-left: 40px;">Consent/Assent</p>	
	<b>CONCLUSION</b>	



### **3.1 INTRODUCTION**

The first chapter of this study introduced the background and the aim of the study. The literature review laid the foundation for the empirical research. This chapter aims to present a description of the empirical investigation by explaining the research procedure, the research type, paradigm, design and ethical issues.

### **3.2 RESEARCH TYPE**

McMillan and Schumacher (2001:399) state that exploratory research examines topics in which there has been little prior research. I believe that there has never been a study aimed at exploring effective ways of using Mmaskitlane play in therapy. The lack of research on the subject qualifies for this study to be termed exploratory research. McMillan and Schumacher (ibid.) further state that case studies are appropriate for discovery-orientated and exploratory research.

### **3.3 RESEARCH PARADIGM**

Ponterotto (2005:128) states that a paradigm is a set of interrelated assumptions about the social world which provides a philosophical and conceptual framework for the organised study of that world. A distinction between a constructivist (or interpretivist) paradigm and a positivist (or "received view") paradigm is made by Ponterotto (2005:128) as follows:

- Positivism – assumes a focus on a single objective external reality
- Constructivism – adheres to a relativist position that assumes multiple, apprehendable, and equally valid realities.

As discussed in the preceding chapter (see 2.2.5), this study takes on the constructivist, interpretivist paradigm. The participants and I were involved in an interactive process which entailed a participatory exploration of their experiences, and of the way they constructed the meaning of social processes. I employed a qualitative research design that made use of multiple case studies.

Qualitative methodology refers to research procedures which produce descriptive data, that is, people's own written or spoken words and observable behaviour. Qualitative research

can also be described as research that produces formal statements that provide new ways of understanding the world. Furthermore, qualitative research produces knowledge that is practically useful for those who work with issues of learning and adjustment to the pressures and demands of the social world. Accordingly, a qualitative method is a valid methodological choice because of its emphasis on processes and meanings (Sayre, 2001:4; Titus, 2004:11; Viljoen, 2004:88).

A qualitative approach can also be viewed as a systematic approach to describing and understanding opinions, attitudes and beliefs (Choudhuri, Glauser & Peregoy, 2004:443). Throughout the empirical investigation, I sought to objectively understand the phenomenon under study, which according to Creswell (2007:39) is called an interpretive inquiry. Creswell (2007:39) explains an interpretive enquiry as understanding at three levels, namely:

- at the first level the researcher interprets what she sees, hears and understands
- at the second level she interprets the material from the understanding of her own unique background, history and prior understanding
- at the third level, readers of, and participants in the inquiry, gain an understanding of the phenomenon.

Creswell (2007:159) goes on to say that understanding also comes from textual and structural descriptions, referring to the "what" and the "how" of the experience. This refers to understanding that comes through writing or written work. It is the aim of this study to contribute towards such types of understanding as far as the research question is concerned.

There are several characteristics that are important for qualitative research (Neuman, 2000:16; Ireland, 2007:4–5). These are:

- the researcher is involved in the process
- there are few cases or subjects
- values are present and explicit at all times
- it focuses on interactive processes and events
- it aims to construct social reality and cultural meaning
- authenticity is key
- it is situationally constrained
- the analysis is thematic as opposed to being statistical

In relation to these characteristics in this study, I was involved as a therapist in the therapeutic process. Several participants were involved, and the focus was on how best Mmaskitlane can be utilised in play therapy. The final analysis of data was not statistical but thematic because it involved the field notes that I kept throughout the empirical investigation. I was mindful of these characteristics throughout the study so as to ensure that the ethos of qualitative research was upheld (Ireland, 2007:5).

### **3.4 RESEACH DESIGN**

The research design or strategy is the approach or method that the researcher uses to study a chosen phenomenon. It is also the research strategy that allows the researcher to accumulate insight that leads to the empirical findings set out in the research. It is usually described as research management or planning (Fouche, 2002:271; Ireland, 2007:7; Sanders, 2006:108; Trochim, 2005:1).

In qualitative research there are many options available when it comes to the choice of a strategy. The choice depends on the purpose of the study, the nature of the research question, as well as the skills and resources available. It is therefore imperative that the design is matched to the methodological requirements, and therefore to the type of data and manner of processing of data implied by the research question. The design must also be chosen with a view to ensuring that the limitations and cautions pertaining to the interpretation of results, as well as the method of data analysis that this implies, are in line with the research question (Fouche, 2002:271; Henning, Van Rensburg & Smit, 2004:36; Ireland, 2007:7).

Most researchers accept that a plan may change due to the fact that it is failing or because the topic has been adjusted as a result of interesting data that compelled the researcher to change direction. I deemed it necessary to choose a design that allows for flexibility because the research question is relatively new and there was a possibility of new literature emerging during the process of the study. This is the reason why I chose to use a case study design in this study. A case study is research that involves watching people in their own territory and interacting with them in their own language and on their own terms. It can be defined as a strategy of research which aims to understand social phenomena in a small number of naturally occurring settings, focusing on a particular case and exploring complex

phenomena within the context of the case at numerous levels of analysis. Particular cases are examined, usually in order to produce a solution or cure for the issue in question (Burton & Bartlett, 2005:85; Gall, Gall & Borg, 2005:309; Modikwe, 2010:60; Dipale, 2013:38).

I took the role of a participant observer and interacted with participants as their therapist. This role allowed me to participate in the activities undertaken as desired, even if the main role was to collect data. This resulted, first, in my building empathy and trust with participants. Second, it provided me with a better understanding of the phenomenon, and finally, it enhanced the generation of a more complete understanding of the activities undertaken (Kawulich, 2005:7; Modikwe, 2010:60; Modikwe & Lessing, 2012:124).

A case study approach was selected because it offered the following benefits:

- I was able to be explicit about my personal perspectives, values, opinions and beliefs
- I was at liberty to choose the size of a case, that is, from an individual to a group, from organisations to a whole culture
- It could help me develop the capacity to explore and refine my educational practice
- Although each case is unique, it allowed me to draw upon my knowledge of previous similar cases to understand each one currently under investigation
- The data in case studies are usually varied, detailed and extensive (Brantlinger, 2004:5; Burton & Bartlett, 2005:85; Gall et al., 2005:309; Ireland, 2007:7; Modikwe, 2012:60; Dipale, 2013:38–39).

Single-subject design, also known as within-subject design, was used. Phares (2003:77) reports that both case studies and single-subject designs, allow thorough investigation of one child or a small number of children. She goes on to say that the single-subject design is well grounded in the behavioural tradition. According to her, it is often used to assess changes in behaviour related to behavioural interventions. A single-subject design was most suited for this study because Mmaskitlane is a monologue play and the focus of the interventions was on the participants' behavioural improvements as a result of implementing Mmaskitlane in play therapy.

### 3.4.1 Research methodology and work procedure

It is very important to select suitable methods in order to address the research question appropriately. As stated in the second chapter, this study is a hermeneutic project, and in such projects the concept of understanding is favoured above that of knowing. This conceptualisation is vital in so far as the choice of methodology and process of research (data collection, analysis, and presentation of findings) are concerned (Viljoen, 2004:73). I employed a number of methods to successfully carry out this study, with the main aim of understanding the topic. A discussion of these methods follows.

#### 3.4.1.1 Literature review

The literature review refers to the selection and evaluation of available documents, both published and unpublished, that contain information, ideas, data and evidence written from a particular standpoint to fulfil certain aims or express certain views on the nature of the topic and how it is to be investigated. The main purpose of the literature review is to gain an understanding of the current state of knowledge about the research topic. A researcher will know from the literature review whether the problem concerned has been researched or not. If it has, then the researcher should either revise the problem or relinquish the proposed study in the light of information gained from other studies. If it has not been researched, then the research design could be adapted according to the results of related studies. The latter approach is applicable to this study as I have not seen any previous study addressing the same research question (Johnson & Christensen, 2000:41; Sanders, 2006:113; Rananga, 2008:44–46).

The literature review may suggest a number of avenues worth pursuing to interpret prior findings, to choose between alternative explanations, or to indicate useful applications. It helps researchers to clarify what they wish to investigate and why. It also provides the means for researchers to justify the area of investigation, as well as the selected research design. Furthermore, it confirms that the researchers are thoroughly conversant with related research and the intellectual traditions that surround and support the study (Johnson & Christensen, 2000:41; Sanders, 2006:113; Rananga, 2008:44–46; Wagstaff, 2000:59).

Reviewing literature can stimulate questions. It can help researchers in deriving an initial list of pertinent questions to ask, or behaviours that they may want to observe. The questions asked or observations made may change as the study progresses, but the prior literature

can assist in formulating the basis for proceeding with the research project. This implies that the literature review is a continuous process. (Johnson & Christensen, 2000:41; Rananga, 2008:44–46; Sanders, 2006:114).

Familiarity with the literature also comes in handy at the end of the empirical investigation, after the data has been collected and analysed. During the report writing, researchers not only have to describe the study conducted, and the results obtained, but they also have to explain or interpret the findings of the study. As they continue to make sense of the data collected, it is often valuable to be aware of relevant literature, as it can frequently provide clues as to why certain behaviours or outcomes were observed. Researchers who are familiar with the literature can discuss the results in terms of whether they support or contradict prior studies.

In cases where the findings of a study are at odds with prior studies, the researcher can speculate about the reasons for the difference. This speculation will then form the basis for another study, with the aim of attempting to resolve the contradictory findings (Johnson & Christensen, 2000:41; Rananga, 2008:44–46; Sanders, 2006:114). The findings of this study will be explained in the following chapter.

In the light of the aforementioned facts, it was imperative that I should review appropriate literature in order to gain sufficient insight into, and understanding of, the research topic. The literature review focused on

- a theoretical philosophical framework
- narrative therapy in play therapy
- indigenous psychology and its importance
- Mmaskitlane as an example of an indigenous game
- the definition and characteristics of play
- the therapeutic value of play
- inclusive play practice
- play therapy techniques.

Numerous different sources were consulted so as to gather appropriate information for this study. Literature within the field of education, psychology and social work was used that relates to the topic and to work done with children with emotional problems. I tried to keep to

the requirement of using literature from the recent past and avoiding that which is older than ten years.

Insights gathered from the literature provided a frame of reference for the empirical investigation. However, it must be noted that academic literature is not privileged as a higher order of information than that provided by other constructing voices. It is, nevertheless, an important kind of knowledge that functions alongside other forms of knowledge that contributed towards this study (Viljoen, 2004:10). The knowledge base enabled me to explore effective ways of utilising Mmaskitlane in play therapy, and to construct meaning out of the data generated by participants.

A summary follows showing the importance of the literature review for this study. The review:

- Clarified what I wished to investigate and why. The absence of guidelines on how to use Mmaskitlane in play therapy was confirmed. The reason why the study had to be conducted became very clear.
- Provided the means for me to justify my area of investigation and research design. Various techniques found in the literature were presented, with guidelines as to how to use them. Unfortunately, I did not find any documented guidelines for the implementation of Mmaskitlane. That confirmed the necessity for this investigation.
- Confirmed that I was thoroughly conversant with related research. The literature orientated and familiarised me with research related to this technique, namely, that it was used as a psychotherapeutic medium, but I never came across any documented guidelines for its implementation.
- Stimulated questions. While working through the literature a number of questions came to mind: for example, how can therapists custom design stories told through Mmaskitlane to assist learners with emotional problems?
- Helped to explain or interpret the findings of the study. The literature provided information as to what the implications of various behaviours are. That knowledge assisted me in interpreting my clinical observations and the findings of the study in general.
- Provided clues as to why certain behaviours or outcomes were observed. Examples of how different interventions produce different results were taken from the literature and implemented in the investigation.

- Indicated whether findings supported or contradicted prior studies. The findings of the study were considered in the light of previous research. No contradiction with prior research was found: on the contrary, the findings were in line with prior research.

### **3.5 POPULATION AND SAMPLING PROCEDURES**

A sample is a selected finite set of persons, objects or things that researchers involve in their studies. Sampling in any given study is determined by the research objectives and the characteristics of the research population. In this study, participants were chosen from a population of primary-school-going children in the Tshwane North District in Gauteng, who were experiencing emotional problems. Intervention was done in the schools. In this study purposive sampling was used. In purposive sampling participants, times and documents are selected according to preselected criteria relevant to a research question. When making use of such sampling, one handpicks participants from whom one can learn the most, that is, people who can serve as rich sources of information sought by the researcher (Hackley, 2003:75; Mack et.al., 2005:5; McMillan, 2004:273).

A total of six participants were selected for this study as follows:

- four for the first Mmaskitlane method (participant player) of the implementation; and
- two for the second Mmaskitlane method of implementation.

I believe that this sample size is relevant for this study, considering that these were case studies. Data analysis in a case study focuses on one phenomenon, selected to be understood in depth regardless of the number of participants. All the participants were primary school learners of appropriate ages with emotional problems. This made the sample accurate for the purpose of the study.

The objective of this study, was to accumulate sufficient information in order to be able to come up with proper guidelines for implementing Mmaskitlane in play therapy. In order to achieve this goal, I involved as many participants as would take me to the point of reaching theoretical saturation, that is, the point in data collection when new data no longer bring additional insight to the research question (Bloor & Wood, 2006:26; Mack et al., 2005: 5; Phares, 2003: 87; Rananga, 2008:100–101).



### **3.6 DATA COLLECTION**

Researchers making use of the qualitative approach use various data collection methods that are suitable to their purpose. This means that data collection needs to reflect the strategy chosen for the research, and must be the method most likely to fulfil the goals of the research. The collection of data in case studies also often involves colleagues who comment upon and discuss the research in the light of their own experience. I consulted with a number of educational psychologists in my district and from other districts concerning the implications of using the technique (see findings in the next chapter). The use of multiple data-collecting methods enhances the soundness of the research findings. Data collection in qualitative research is a cyclical and intertwined non-linear process of collection, reflection and analysis (Burton & Bartlett, 2005:85; Gall et al., 2005:312; Neuman, 2000:17).

According to Viljoen (2004:70), the researcher doing qualitative research is an instrument of data collection and creation. He goes on to say that the focus is on the meaning of the data, and the presentation of the findings is descriptive and persuasive. I used multiple data collecting methods in order to enhance the soundness of my findings. Gauteng Department of Education (GDE) referral forms, interviews, observation, field notes and my research journal were used as follows:

#### **3.6.1 GDE referral forms**

I received referral forms from Tshwane North District schools. The following information is provided in the referral forms:

- biographical information of learners
- particulars of parents
- particulars of the referring school
- reasons for referral
- intervention steps already taken by the school
- parental consent for referral.

The data in these forms are summarised and therefore very minimal. After acquainting myself with the contents of the forms I arranged meetings with the school-based support team (SBST) coordinators. These meetings yielded detailed information about participants.

The outcome was a better understanding of the participants' behaviours.

### 3.6.2 Interviews

Apparently, interviews are the commonly used method of data collection in qualitative research. An interview can be defined as an interaction between an interviewer and the informant/s. It is considered to be a secondary social interaction between two people, with the explicit purpose that one person will gather information, beliefs and opinions from the other. An interview is not simply concerned with collecting data about life; it is part of life itself because its human embeddedness is inescapable. It may take the form of a verbal face to face interaction, or it can be conducted telephonically (Burns, 2000:423; Cohen, Manion & Morrison, 2000:267; Rananga, 2008:107; Schurink, 2002:297). Both forms of interviews were conducted in this study. The former was mainly used during the intake sessions, while the latter was used as therapy progressed, as it neared the end, and after its termination.

An interview is an interpersonal encounter and should therefore be friendly. For this to be achieved it is vital that an interviewer should establish rapport with the interviewee. The interviewer must also be impartial with regard to everything mentioned by the interviewee. Positive or negative reactions from the interviewer may lead to biased responses from the interviewee. The development of rapport should be accompanied by the development of trust, because there can be no guarantee that responses will be unbiased if there is a lack of trust (Sanders, 2006:121; Johnson & Christensen, 2000:140). I was mindful of the abovementioned facts and tried at all times to act accordingly.

Experiences are described by the interviewee and reflections are made by both parties on the descriptions during an interview. Interviews are valuable because the researcher gets first-hand information from the horse's mouth, as it were. Data gathered in such a way is authentic and credible (Greeff, 2005:292; Rananga, 2008:106–109). Structured interviews were held with teachers and other educational psychologists. Teachers were represented by SBST coordinators, who gave details about each participant's behaviour. Hartnett (2004:106) concurs by stating that teachers also provided helpful information, since they spend a lot of time with children, and as such they are also qualified to provide relevant information about those children.

Other educational psychologists were asked whether they:

- knew the technique of Mmaskitlane

- were interested in knowing about it (where the answer to the first question was negative)
- had ever implemented it (where the answer was positive)
- were willing to share their reasons for non-implementation (where they indicated they had never implemented the technique)
- were willing to share their experiences of implementation with me (where they had implemented it).

Semi-structured interviews were held with parents/guardians. Informed consent was sought because even though all the referral forms I received already indicated that parental consent had been given, this was consent for referral and not for participating in the study. Collateral information was collected from parents of participants, since parents are best qualified to speak for their children. Information received from parents/guardians shed further light on the participants' behaviours because information not known to educators was received in confidence.

Unstructured in-depth interviews were conducted with referred learners. Apart from the fact that interviews give a human face to the research problem, conducting and participating in interviews can be a rewarding experience for participants and interviewers alike. In-depth interviews offer participants an opportunity to express themselves in a way that ordinary life rarely presents them with. Most one-to-one unstructured interviews held with participants took the form of play therapy sessions (Mack et al., 2005: 29).

Both verbal and non-verbal information from the interviews was documented. Greeff (2005:296) explains this as the content and the process of the interview. The content of the interview is what the participant says, while the process of the interview involves reading between the lines of what the participants says and noticing how the participant talks and behaves during the interview. In this study, the content included the experience, emotions and unfinished business of the participants as they played Mmaskitlane, as explained in chapter two (see 2.2.1). The process, on the other hand, refers to the researcher's observations of the participants throughout the interviews, inclusive of therapy sessions.

Field notes were written discreetly during the participant observation. Expansion of notes to cover all details, including both implicit and explicit information, was done immediately after the observation sessions.

### 3.6.3 Observation

The participant observer method was used in this study. Participant observation involves the researcher directly in community life; this means that the researcher determines what people's perceptions are by observing and talking to them. This approach assumes an inside role. My role as a participant observer was a dual one, that of a therapist and an observer. Participation in play therapy sessions helped me towards establishing rapport, empathy and trust. It also enhanced my understanding of the research question.

Human behaviour is influenced in many ways by the milieu or the context in which it occurs. I visited and spent considerable time in the participants' schools, where I was able to get first-hand data on how they go about their everyday lives. This was necessary because when the data collection process is separated from the context and content of the dialogue, it becomes invalid (Bronkhorst, 2006:34; Gall et al., 2005:313; Sanders, 2006:119).

The study was conducted over a period of two years. This extended period of time helped to reduce reactivity effects, that is, the effects of the researcher on the researched. It also allowed me to see how events evolved over time, as well as to capture the dynamics of situations, people, personalities, contexts, resources and roles. This was enhanced by the flexibility of this method, that is, when I noticed a particular activity that would shed light on the study, I was able to include it. This method aims to develop a holistic understanding of the phenomenon being investigated; that is, to be as accurate and objective as possible (Bronkhorst, 2006:34; Gall et al., 2005:313; Sanders, 2006:119).

Even though observation requires researchers to ensure that they do not remain aloof from the culture of the subject of investigation, it is equally important that they do not get so close that no meaningful analysis can be done. The challenge is to not become completely submerged within the culture, but to maintain an appropriate distance so as to strike a balance between an empathic and a distanced position in interpreting and presenting the data. I was able to achieve this balance because I was not stationed at the sites of investigation but visited as often as was necessary (Viljoen, 2004:84–85; Rossman & Rallis, 2003:194; Hackley, 2003:85).

Observation includes commenting on the setting, language, behaviour (stuttering, silences and slips of the tongue) and kinesics (body language, gestures and facial expressions) of participants. During observation, I noted only what was actually taking place and not what I

anticipated. In order for me to be able to report only neutral observations, I constantly questioned myself about my assertions, for example, “what is my evidence for making this claim?” (Dipale, 2013:54–55; Mack et al., 2005: 29).

#### **3.6.4 Field notes**

Field notes are a written account of everything the researcher sees, hears, experiences and thinks about in the course of the empirical investigation. Notes are to be used in conjunction with the interviews because no matter how informative the interview may be, if notes are not taken it would be an exercise in futility. Field notes are used to minimise the loss of data; researchers also use the notes to record information about their experiences during the empirical investigation.

In this study I recorded briefly what occurred on site due to contextual factors such as a lack of therapy rooms, which resulted in some offices being temporarily utilised for this purpose. Details were recorded immediately after the sessions, as soon as I arrived back at my work station. Immediate recording proved to be helpful in that the information was still fresh in my mind. Both verbal and non-verbal behaviour were recorded. Verbal reactions/comments were recorded verbatim, which enhances the validity and reliability of this study. The use of field notes is often cited as being a preferred mode of data collection (Curruthers, 2007:113; Modikwe, 2010:63; Neuman, 2000:363; Rananga, 2008:108).

#### **3.6.5 Research journal**

As a participant observer I had to record my own attitudes as part of my data collection; these recorded attitudes must be read and understood with due cognisance of the observer participant's autobiographical experiences in the field as captured in the field notes. The journal provided me with a reflective space in which I could speculate about my understanding of certain events in the research process. It became very useful when I started my report writing, since I could refer back to significant moments and events in the evolution of my thoughts. I recorded information that served me at both the intellectual and affective levels, when I was frustrated by what I perceived as slow progress (Henning et al., 2004:42; Sanders, 2006:119–120; Viljoen, 2004:106).

The data collection methods employed in this study can be summarised as follows:

**Step 1: GDE referral forms.** Forms were received and processed.

**Step 2: Interviews with the school-based support team (SBST) coordinators.** These provided detailed information about the participants.

**Step 3: Interviews with parents/guardians or significant others.** These provided collateral information not known to educators.

**Step 4: Interviews with learners/therapy sessions.** This is where Mmaskitlane was implemented.

**Step 5: Observation.** Neutral/objective observations were made during therapy.

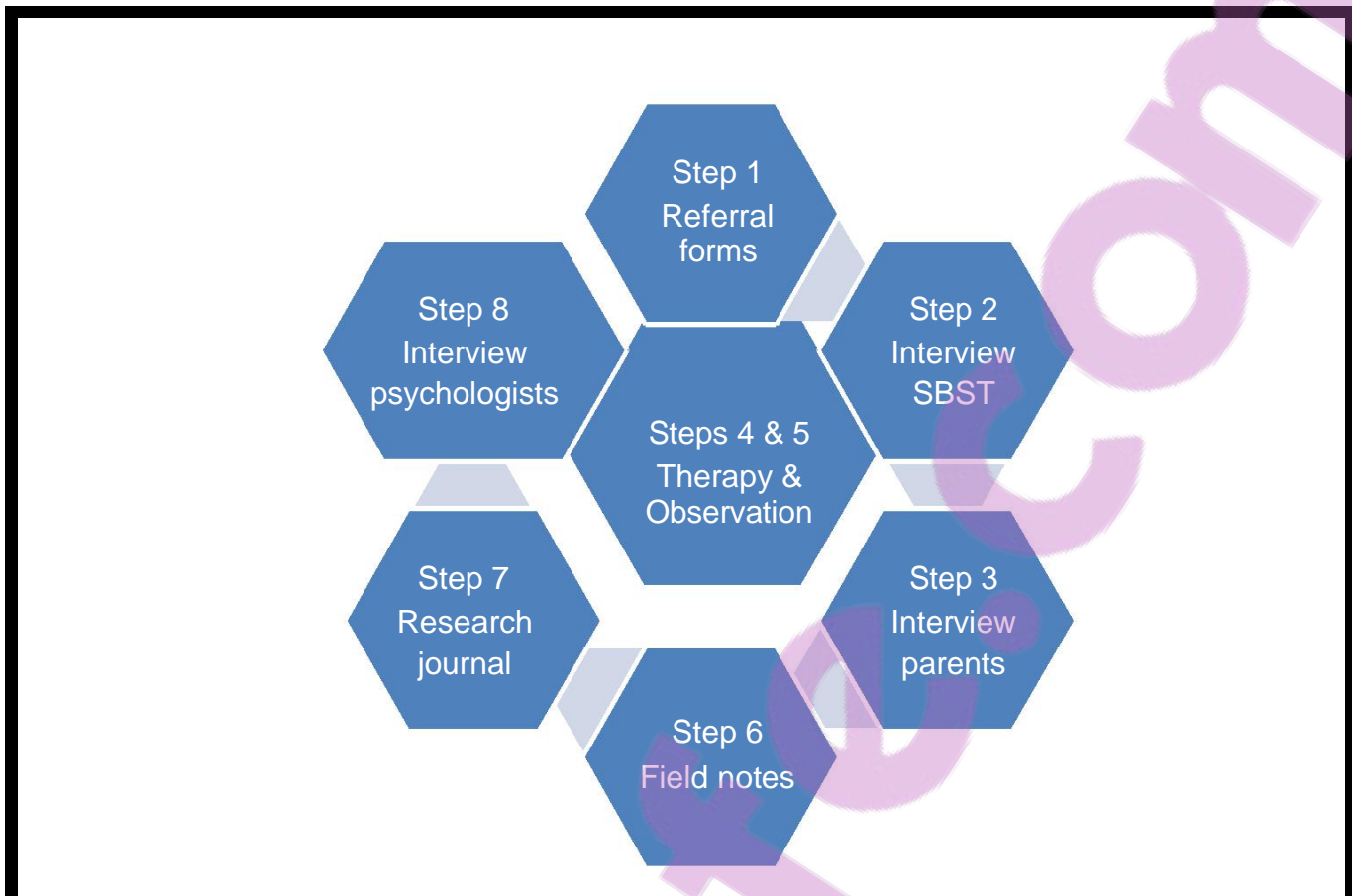
**Step 6: Field notes:** A written account was made of everything I observed.

**Step 7: Research journal:** My thoughts, attitudes, emotions and speculations in connection with the study were recorded.

**Step 8: Interviews with other educational psychologists.** Professional inputs were sought.

These steps are represented schematically as follows:

**Figure 3.2 Schematic representation of data collection steps**



### **3.7 DATA ANALYSIS**

Data analysis is the in-depth reading of the constituent parts of the whole in order to understand more about the whole. It may also be regarded as a way of reducing and organising the data into meaningful units, with the ultimate aim of interpreting them. It involves breaking up the data into manageable themes, patterns, trends and relationships. Data analysis is an important part of any research. It makes sense of what the context, content and dynamics of the study are yielding. It begins as soon as the first data are collected and continues throughout the data collection phase until no new insight is generated (Burns, 2000:432; Rananga, 2008:142; Sanders, 2006:123).

According to Rananga (2008:143), the adoption of a particular approach to data analysis by a researcher depends on several factors, such as:

- the nature of the collected data
- the plausibility of that particular approach to collected data
- the researcher's competency in data analysis.

In this study data was analysed by means of content analysis. Content analysis provides the basis for identifying the main themes that emerged from the responses given. It involves a coding operation done on transcripts or other textual materials, in order to organise raw data into manageable, meaningful information which makes sense. This is done by means of categorising, ordering, manipulating and summarising data in order to obtain answers to a research question. Data analysis in this study is almost inevitably interpretive, meaning that instead of being an accurate or literal account (as in the numerical, positivist tradition), it takes the form of a reflexive, reactive interaction between the researcher and the contextualised data, which are already interpretations of a social encounter (Curruthers, 2007:115; Cohen et al., 2000:282; Dipale, 2013:60; Sanders, 2006:123).

Data was analysed by ordering and grouping according to patterns, and subsequently coded. Coding is the process of labelling the transcribed data to generate categories which are further integrated to form the core category. Codes are key words, themes or phrases that may or may not correspond to actual terms in the text being analysed. By flagging up chunks of texts where key themes seem to recur, I could focus more precisely on areas that seemed particularly significant. In the process of assigning codes, the contextual meaning of the transcribed words, phrases and sentences was considered (David & Sutton, 2004:203; Dipale, 2013:60).

In line with this process of analysis, text transcribed during the playing of Mmaskitlane, transcripts of interviews with parents and specialised professionals (educational psychologists), and observations and notes from therapy sessions, was coded and broken down into manageable categories. After further reduction of data, three themes emerged in line with their relevance to the research question. These were the:

- most effective procedures that yielded desirable effects
- effective procedures that yielded some desirable effects
- ineffective procedures where desirable effects were not achieved.

I was the main analytical instrument because my knowledge, understanding and expertise determined what happened to the data. I did not wait for the completion of the empirical



investigation to start with data analysis. I reflected on and analysed the data after each session had been completed. This was done because data collection seems to coincide with data analysis. Therefore, it is important to realise that qualitative data collection, and data analysis, tend to merge indistinguishably since they determine and inform each other (Henning et al., 2004:6; Curruthers, 2007:115).

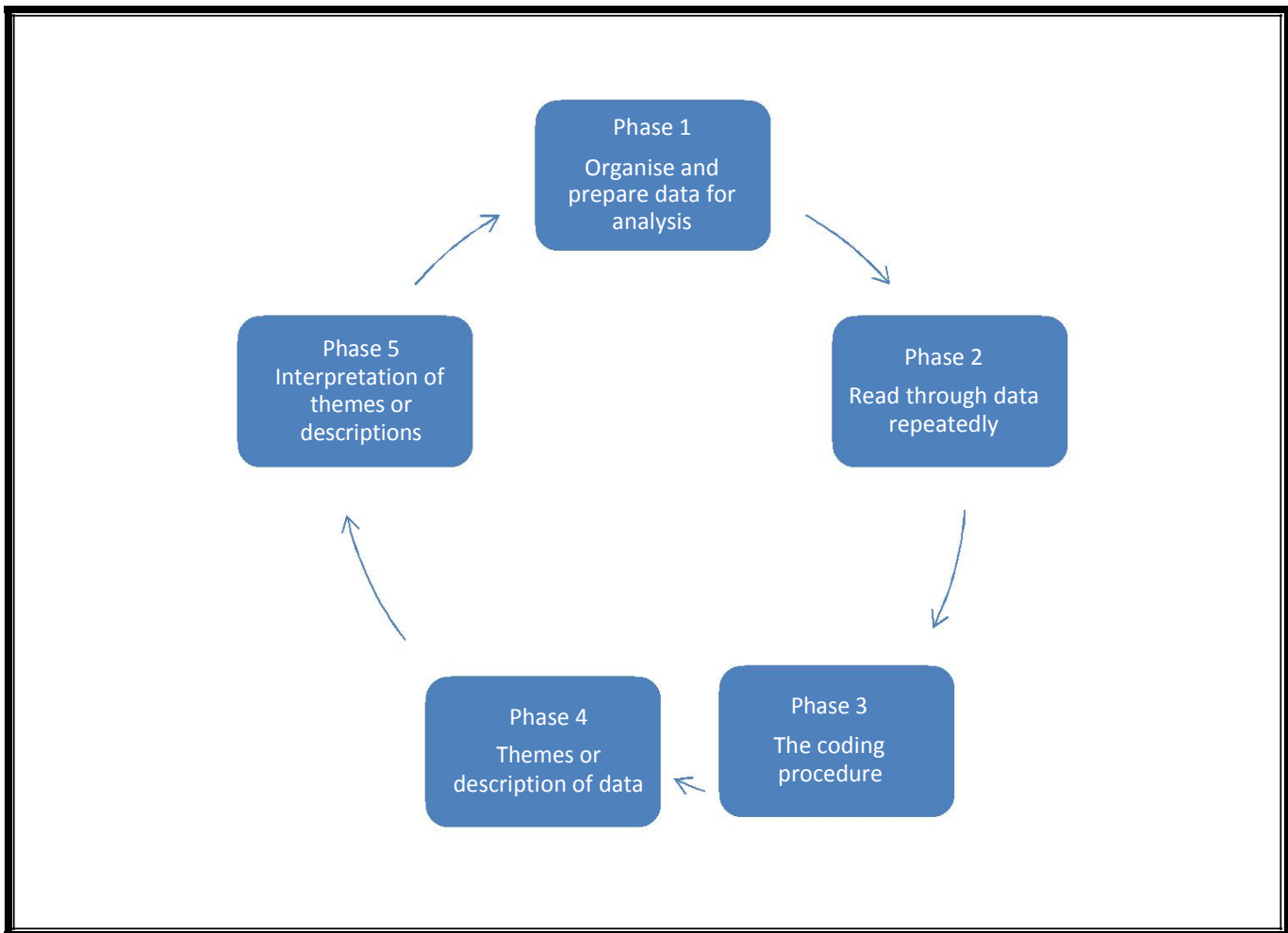
I engaged in "contemplative dwelling", which means listening to the recordings, and reading and re-reading the transcripts, without disruption, to ultimately uncover their real meaning. The aim of describing conversations which occurred in the empirical investigation is to expand, revise, and operationalise theoretical concepts that have emerged directly from the clinical setting under study rather than use theoretical concepts derived from the pre-existing literature review (Rananga, 2008:143; Thorne, 2000:69; Schoenback, 2004:452). This, however, does not mean that the literature did not play an informative part in the process.

In the next chapter, on the findings of the empirical investigation, the focus will be on identifying the most effective procedures that yielded desirable effects during the implementation of Mmaskitlane in therapy sessions, since the goal of the study is to assist fellow practitioners to achieve effective implementation of this play technique. The selection of the focus was made in accordance with the view of McMillian and Schumacher (2006:316) that, in a case study, data analysis focuses on one phenomenon which is selected in order to be understood in depth, regardless of the number of participants in, or sites used for, the study.

The following figure, Figure 3.3, is a summary of the steps that I followed in analysing the data. These steps are preceded by Figure 3.2, set out above, which is a schematic representation of the steps.



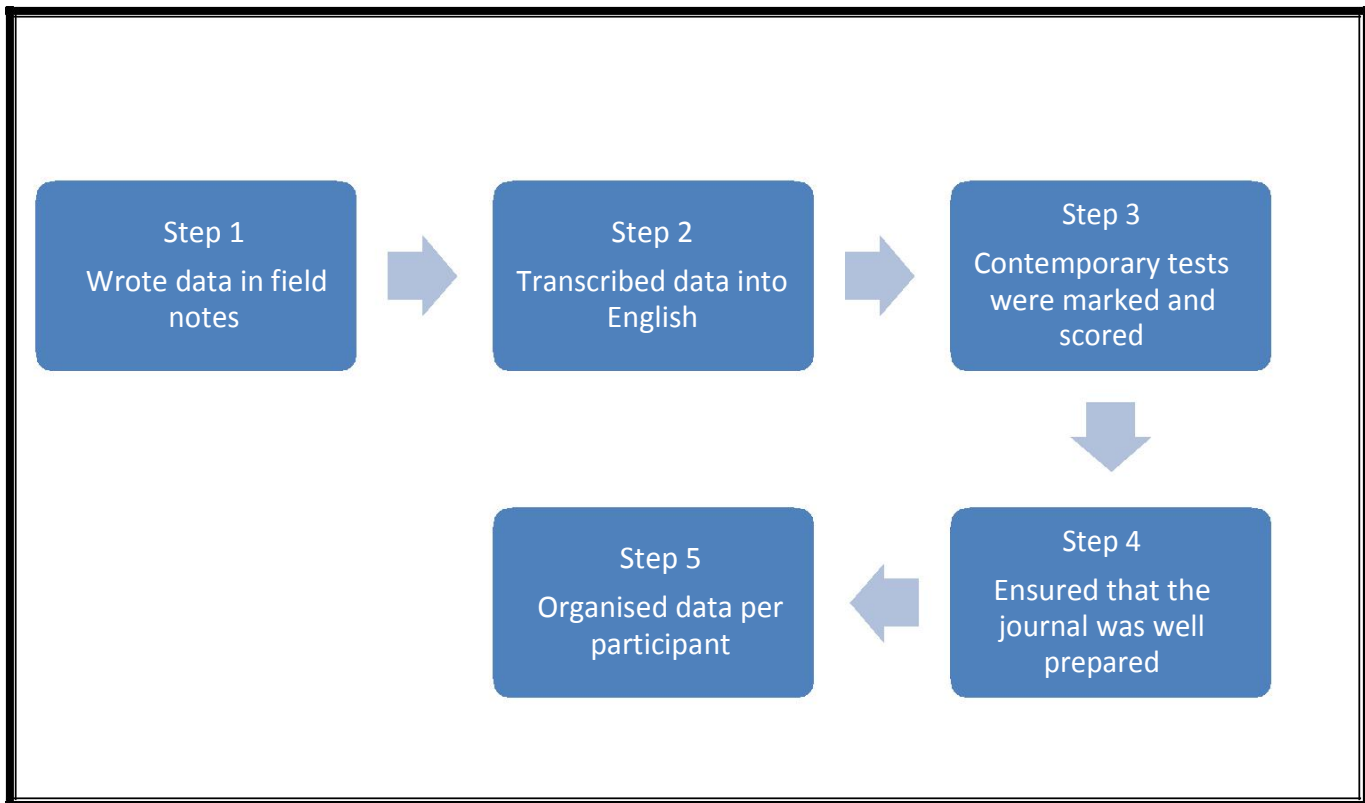
**Figure 3.3 Schematic representation of phases of data analysis**



### **Phase 1: Organise and prepare data for analysis**

After the data was collected, as explained in 3.5.2, I wrote it down in detail in the field notes. This includes data collected from interviews with the SBST coordinators, significant others, and other educational psychologists, as well as data collected from the therapy sessions. Since I interacted with participants in their mother tongue, I had to transcribe data from the therapy sessions into English for purposes of reporting. The contemporary tests, DAP, CAT, and KFD, were marked and scored. Data was organised per participant in order not to mix or confuse information from different participants. I ensured that the research journal was well prepared, and that my thoughts and emotions per session and per participant were correctly captured. The steps taken by me in this phase are schematically represented in Figure 3.4, as follows:

**Figure 3.4 A schematic representation of steps taken in Phase 1**



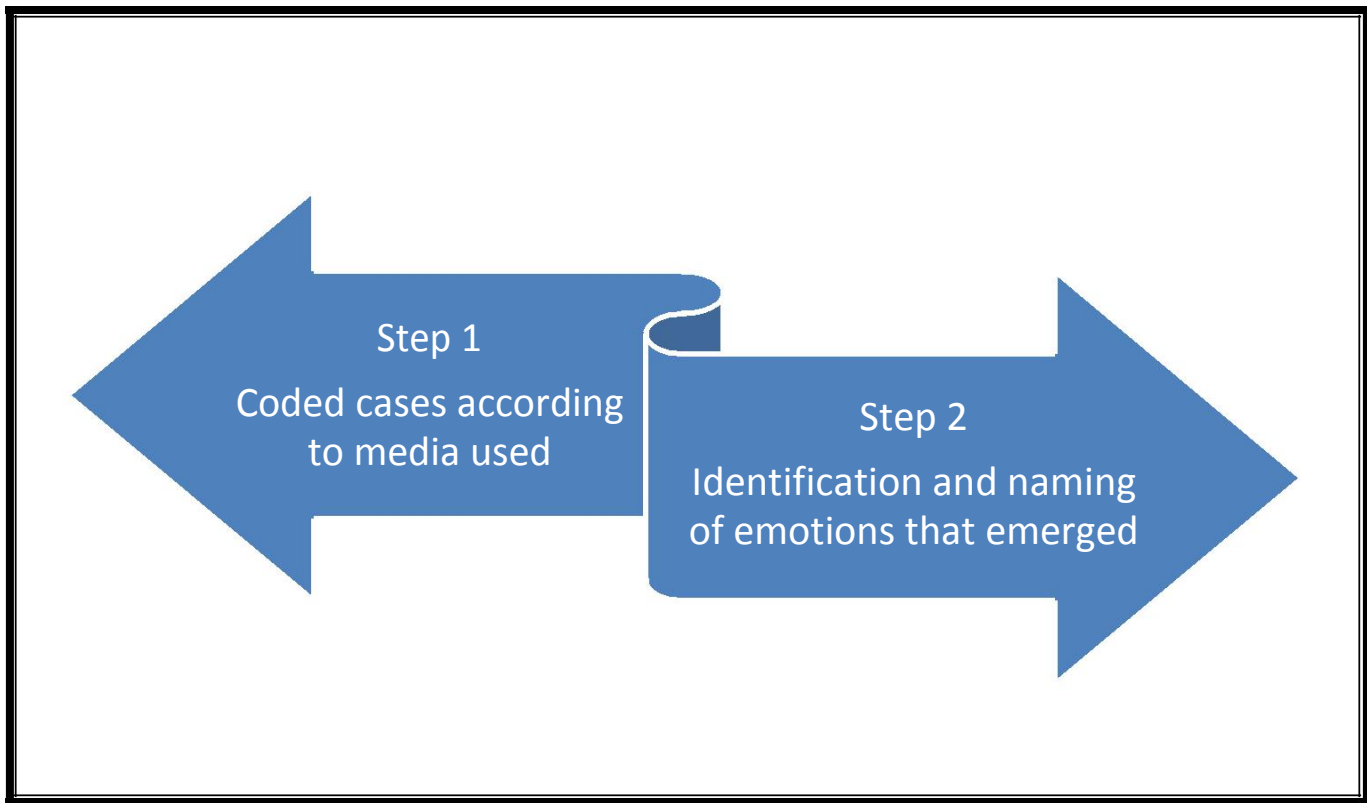
### **Phase 2: Read through data repeatedly**

In order for me to get a general understanding of the data, I read and re-read it several times. I went through this process with each participant's data, separately focusing on each data source, including the administered tests. These were considered against the background of, and all collateral information given about, each participant.

### **Phase 3: The coding procedure**

In this step I coded the cases according to the type of media used. Cases where Mmaskitlane was used together with the DAP and CAT were coded as "A" cases, those in which Mmaskitlane was used with the KFD were coded as the "B" cases, while the "C" cases were those in which Mmaskitlane was the only technique used. Emotions that emerged while participants were playing Mmaskitlane were identified and named per participant. The steps that were taken in Phase 3 by me are schematically represented in Figure 3.4 below.

**Figure 3.5 A schematic representation of steps taken in Phase 3**



A summary of identified themes and emotions is reflected in Table 3.1 below. This shows which of the two forms of Mmaskitlane play, and which of the two methods of implementing it, were used per participant. (The first form of Mmaskitlane involves the use of stones, while the second uses a book and a pointer. The two methods of implementation are those of a participant player, and a participant observer.)

**Table 3.1 A summary of the sub-coded types of players, themes, emotions, forms of Mmaskitlane, and method of implementation of Mmaskitlane**

<b>Participant</b>	<b>Case code</b>	<b>Sub-coded type of player</b>	<b>Theme</b>	<b>Emotions</b>	<b>Type/form of Mmaskitlane</b>	<b>Method of implementation</b>
1	"A"	Ready-mover	Neglect, disregard and unloved	Sadness Anger	First (stones play)	Participant-observer
2	"B"	Wheelbarrow-mover	Absent father	Aggression Anger	First (stones play)	Participant-player
3	"C"	Convince-me-mover	Unwillingness to separate from mother	Anxiety Sadness	First (stones play)	Participant-player
4	"B"	Go-getter	Rejection and neglect	Worthlessness	Second (book and pointer)	Participant-player
5	"A"	Opportunistic-mover	Sexual abuse	Anxiety Worthlessness	Second (book and pointer)	Participant-observer
6	"C"	Wheelbarrow-mover	Fear of undertaking trips	Restlessness Anxiety	Second (book and pointer)	Participant-player

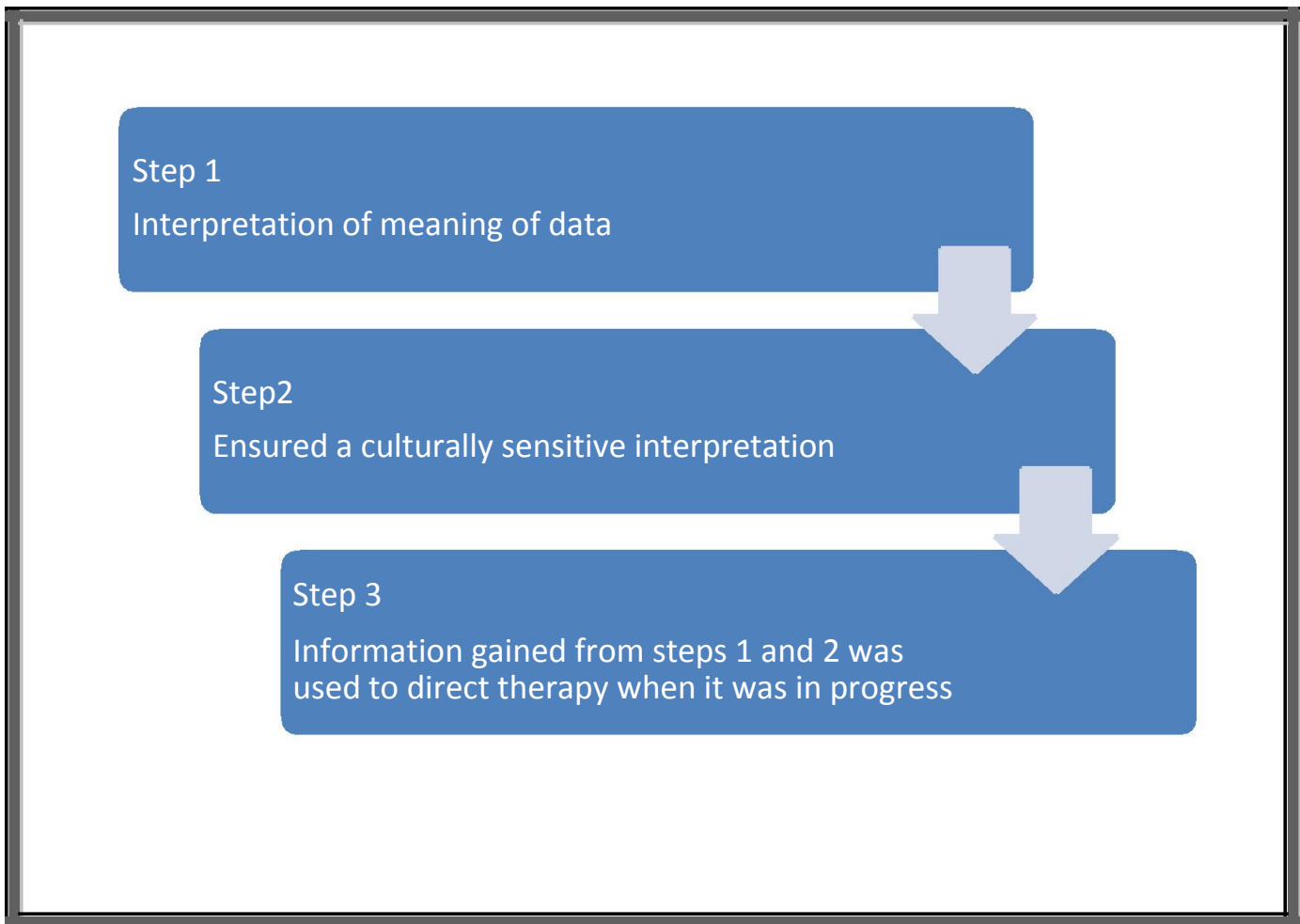
#### **Phase 4: Themes or description of data**

Data analysis was an on-going process that commenced simultaneously with data collection. As participants were playing Mmaskitlane I analysed what was narrated, and came up with descriptions for each participants' story. This analytic process did not end during the therapy sessions, but continued even after the therapy. I have already explained that I made it a point that after every therapy session I sat in my office and reflected on therapy proceedings. This was a good time for me to verify the descriptions I came up with during the sessions. Where necessary provisional themes were adjusted as required, as a result of this reflective process. Subsequent sessions provided an opportunity to further verify themes that emerged from the previous sessions, and finalisation of the themes was then arrived at as indicated in Table 3.1 above.

#### **Phase 5: Interpret the meaning of themes**

The themes were interpreted in conjunction with knowledge gained from the literature. A critical stance was taken to ensure that where the themes were in alignment with the literature, this was made clear, while instances where these themes were absent from the literature or in conflict with it were also highlighted. The purpose of this exercise was to facilitate correlation of the literature research with the empirical evidence (Sanders, 2006:125). I ensured that the interpretation of themes was culturally sensitive. Themes that emerged from the data were used to guide the direction of therapy in that, while the therapy was in progress, the analysed themes influenced the way in which Mmaskitlane was used to accompany the participants through their healing experiences. This means that the way in which Mmaskitlane could be effectively utilised was dependent on the interpretation of themes that emerged during therapy sessions and from the contemporary tests.

**Figure 3.6 A schematic representation of steps taken in Phase 5**



This empirical experience affected my formulation of the guidelines, as stated in the fifth chapter of this report. However, the data had to be validated, and this step will be outlined in the next section.

### **3.8 VALIDITY**

A commonly accepted definition of validity is that an account is valid or true if it accurately represents features of phenomena that it is intended to describe, explain or subsume into theory. It is attained if the research truly measures that which it was intended to measure, and if the research results are truthful, in the sense that the research instrument serves the

purpose of achieving the research objective. Validity is regarded as a situation-specific concept for the reason that it depends on the purpose, population and situational factors, in which the investigation takes place. The results of a test or other measure can be valid in one situation and invalid in another. However, the exact nature of "validity" is the subject of considerable debate in both educational and social research, since there is no universally accepted or common definition of the term (Joppe, 2000:1; McMillan & Schumacher, 2001:181; Sanders, 2006:126; Winter, 2000:1).

Unlike quantitative research, there are no standardised or accepted tests within qualitative research, and often the nature of the investigation is determined and adapted by the research itself. The essential validity of the research resides with the representation of the actors, the conception and pursuit of the research objectives, and the appropriateness of the processes involved. Ultimately, validity depends on the degree of consistency between observed realities and the concept in question, that is, the closeness of fit between data and reality. The issue is whether the data really "reflects" what is "out there" (David & Sutton, 2004:28; Sanders, 2006:126; Winter, 2000:8).

In order to enhance validity in the present study I used the following essential strategies:

### **3.8.1 Prolonged and persistent fieldwork**

Field work in this study was conducted persistently, to the point where no new information emerged. In this way opportunities were realised for continual data analysis, preliminary comparisons, and corroboration to refine ideas and ensure a match between research-based categories and participant reality.

This field work enabled me to note any inconsistencies between the interviews with both the parents and the teachers, and what actually happened in therapy sessions. It is important that the primary data be included in the final report, as this allows the reader to see exactly the basis upon which my conclusions were made. All the primary data for this research are included in the annexures to this research so that the reader can see exactly how the research was conducted. In other words, this research approach was transparent (McMillan & Schumacher, 2001:407–410; Sanders, 2006:127).



### **3.8.2 Multi-method strategies**

Multi-method strategies allow researchers to employ several data collection techniques in a study, although the researcher can select one as the central method. This type of strategy permits triangulation of data across inquiry techniques. The present study involved several data collection techniques, observation, interviews, and document review. The central methods were interviews and document review. The significance of employing different strategies in a study is that of yielding different insights into the topic and increasing the credibility of findings.

### **3.8.3 Recording of data**

Field notes, documents from teachers, and collateral information from significant others were used in this study. All the desired information was captured and recorded. These documents enhanced validity by providing an accurate and relatively complete record. However, for the data to be usable, I had to note situational aspects that affected the data recording, in order to facilitate interpretation.

### **3.8.4 Avoiding bias**

A potential problem that might compromise validity, and that researchers must be careful to avoid, is researcher bias, because qualitative research is open-ended and less structured than quantitative research and tends to be exploratory. According to Sanders (2006:128), researcher bias tends to result from:

- selective observation
- selective recording of information
- allowing personal views and perspectives to affect how data are interpreted and how research is conducted.

The key strategy used to understand researcher bias is called reflexivity, which means that the researcher actively engages in critical self-reflection about her potential biases and predisposition. Through reflexivity, researchers become more self-aware, and they monitor and try to control their biases. I attempted in all instances to keep an open mind and never to impose my own meaning on raw data, but rather to focus on reporting the data exactly as they were observed and reported.

To avoid making an incorrect analysis, I frequently questioned my assertions (Sanders, 2006:128). Furthermore, I constantly checked the participant observation data in accordance with Mack et al. (2005:16), who state that frequent consultation of participant observation data throughout a study can inform instrument design, save time, and prevent mistakes. The use of a research journal also came in handy in that it acted like a mirror which reflected my thoughts, attitudes, emotions and speculations. These were taken into consideration as data was analysed.

### **3.8.5 Multiple voicing**

Validity is further expressed through the process of multiple voicing. Multiple voicing removes the single voice of omniscience of the researcher, and relativizes this to include the multiple voices of all involved in the research, thereby enhancing validity. By inviting the participants to voice within the research report itself, validity is further enhanced. This is made possible where the researcher is a good listener. Participants in qualitative research must provide most of the research inputs. A stance is required that will allow the investigator and the respondents to assume responsibility for their specific position, without it becoming an "absolute standard" with which to judge others (Rananga, 2008:129–132; McMillan & Schumacher, 2001:407–410).

In this regard I allowed participants to openly express their feelings, and never criticised their verbalisations. I also continually reassured them of the value of their frank responses in parting with such sensitive information, and always tried to make them feel calm, at ease, and confident that they were adding to the store of knowledge about the subject. A point of significance in this regard is that I communicated with participants in their own language, which in most cases was seTswana, sePedi or seSotho. This removed the language barrier experienced by clients having to communicate in the therapist's language where this is different from theirs (Gall et al., 2005:309; Modikwe, 2010:64).

Validity is also enhanced when the researcher seeks feedback by allowing others to critique the research manuscript. Research participants who are old enough and able to read should be included in this process to ensure that information is reported accurately (Sanders, 2006:127). In this research, parents and teachers were asked to review my notes and make relevant comments before any conclusions were drawn. Some educational psychologists were also asked to critique the report as it neared its final stages.

### 3.8.6 Cultural sensitivity

I also had to guard against cultural bias, especially when my investigations crossed cultural boundaries. Researchers should be alert to the cultural and social context in which the research is conducted so that communities and individual persons can be informed of any aspects of the research that may cause particular concern for them. This is especially important considering that what is acceptable in one culture may be offensive and out of bounds in another. Flexibility on the part of the researcher may be one way to deal with such cultural differences. The fact that I come from the same culture as the participants in this study has prevented any cultural bias from appearing in the study, and also helped me understand the cultural "norms" by which the participants lived (Curruthers, 2007:104–105; Marshall & Batten, 2004:5).

Dana (2007:62) reports that general guidelines affect specific areas and contribute to an overall perspective on dimensions of cultural competence. He further goes on to report that the American Psychological Association Office of Ethnic Minority Affairs developed guidelines for providers of services to ethnic, linguistic, and culturally diverse populations. According to him the guidelines include statements of practical consequences which include the following nine general principles:

1. Required information for clients
2. Relevance of client-specific research and practical issues
3. Incorporation of client ethnicity and culture as significant parameters in understanding psychological processes
4. Respect for family roles and community structure within culture
5. Respect for cultural significance of religious-spiritual beliefs and practices
6. Conformity with language preferences or referral
7. Recognition of adverse societal impact in assessment and interventions
8. Work to eliminate bias, prejudice, and discrimination
9. Need for documentation of relevant cultural and socio-political factors

Dana (2007:65) goes on to report on another set of multicultural assessment procedural guidelines, which according to him contain the following:

1. Rapport
2. Facilitation of client understanding



3. Pre-assessment acculturation evaluation
4. Selection of appropriate measures
5. Search for contrast of interest in selected measures
6. Search for germane reliability
7. Generation of hypotheses for further testing from measures lacking cross-cultural validation
8. Use of translated measures with linguistic and construct equivalence
9. Incorporation of information from observation of client's testing behaviour
10. Use of multiple methods of assessment
11. Caution in using computerised reports due to omission of culture, ethnicity, and socio-racial effects
12. Caution in using computerised reports due to their negative emphasis on omitting strengths
13. Use of racial/ethnic consultation
14. Extra-assessment information from literature
15. Use of language that clients understand.

I was mindful of all these guidelines and tried at all times to implement them in order to maintain multicultural competence.

### **3.9 ETHICAL ASPECTS**

Ethics, according to Strydom (2005:57), is a group of moral principles that is recommended by a group or an individual and is widely accepted. It provides behavioural expectations and rules about the most acceptable conduct towards all people involved in the research. Ethical principles in qualitative research require that researchers stick to a set of standards. These standards guide the researcher on how to interact with research participants (Creswell, 2007:205).

The ethical code of professional conduct (The Professional Board for Psychology, Health Professions Council of South Africa, 1999:38) states that research should be conducted competently by psychologists, and with due concern for the dignity and welfare of the participants. In this study I addressed the following areas to deal with ethical issues:

### **3.9.1 Permission was sought from the Gauteng Department of Education**

The study was conducted in Gauteng, and as such I wrote a letter to the Gauteng Department of Education (GDE) requesting permission to conduct the empirical investigation in the Tshwane North District (TN) (see Appendix A). The investigation proceeded for a period of two years as such permission had to be renewed in the second year of study. I had to complete the GDE application form which was forwarded to me after receipt of my request letter (see Appendix B).

I then had to familiarise myself with the GDE requirements for conducting research and pledge compliance with them before permission was granted (see Appendix C). As part of this compliance the final report will be forwarded to both the GDE and the TN district, as well as to the schools and parents who might request a copy. (They were made aware of this at the beginning of the study, as indicated in 3.5.6.2 below). The final request letter for permission to conduct the study was to the principals of the schools which served as the sites of the study (see Appendix G).

### **3.9.2 Information was shared**

I was always introduced to the participants by the school based support team (SBST) or institution level support team (ILST) coordinator, and I explained to them the objectives of the study. I provided adequate information to the participants, their parents, and relevant educators about the study, especially regarding its goals and work procedures. I included the following information:

- **Voluntary participation** – I made it clear that children were under no obligation to participate and that they would be free to terminate their participation at any time without any penalty.
- **Invasion of privacy** – Parents/guardians and potential participants were given the assurance that under no circumstances would their privacy be invaded. However, I made it clear that some private matters would surface during therapy, that is, suppressed and repressed emotions would surface. This would not be because I would be pursuing it, but due to the fact that it is the inherent nature of therapy. I also explained that this would be in the best interests of the client, as it would enhance emotional healing as therapy progressed. This would be due to the fact that, fortunately, Mmaskitlane offers catharsis.

- **Confidentiality** – I gave them the assurance that the information coming out of therapy would be confidential. However, I also explained that I would be working under supervision and that, even though I would be discussing their cases with my supervisor, she is also held accountable by the same ethical code. Where there were doubts I found that by explaining this in terms of "doctor-patient" confidentiality always helped. Pseudo names were used to ensure anonymity and confidentiality. There was therefore no disclosure of identity.
- **Permission to audio-record** – The necessity of audio-recording the therapy sessions was explained. Permission to audio-record the interview was always sought, but unfortunately none of the parents/guardians were willing to consent (see Appendix F).
- **Deception of participants** – Participants were under no circumstances or at any stage of the study deceived. The goals and processes of the study were disclosed right from the beginning.
- **Avoidance of harm** – Assurance was given that apart from being activated during therapy sessions, no harm would result from the study. I always considered possible precautions to prevent participants from experiencing humiliation and harm. Neither did I expose them to any foreseen harm.
- **Debriefing** – I explained the possibility of participants being activated during therapy sessions. I then explained that I am a registered psychologist and showed them my HPCSA identity card. This gave them the assurance that I was in a position to handle whatever state the children might find themselves in. All participants went through all therapy sessions up to termination stage.
- **Storage of data** - I recorded all thoughts, ideas, and paraphrased words in a durable and appropriately referenced form. Data was stored in my office in locked cabinets.
- **Final report** – All stakeholders were assured of their right to see the final draft of the findings if they so wished. They were all furnished with my contact details, which were included in the copy of the consent form they were given at the beginning of the study.

I ensured that all stakeholders understood everything, and gave them an opportunity to ask questions if they wanted to do so. They were also encouraged to ask for any clarity if it was needed.

### **3.9.3 Consent/assent was sought**

Permission to conduct the research was then sought after the above explanation was given. Parents/guardians were then asked to sign the consent form after they had indicated that they understood what was involved and that they were willing to give permission for their children to participate. The signing of consent forms was voluntary, without any coercion or undue influence such as fraud, deceit, duress, or similar unfair inducement or manipulation. The forms were written in both English and seTswana to cater for those who preferred their own language. Each parent/guardian received a copy of the signed consent form, which included my particulars (see Appendix D).

Since participants were minors, they had to give their assent after details of the research were explained to them in their own language. They too were in no way coerced into signing the assent forms. The forms were written in both English and seTswana to cater for those who preferred communication in their own language (see Appendix E) (David & Sutton, 2004:357; Geldard & Geldard, 2006:13; Neuman, 2000:95; Strydom, 2005:58; Babbie, 2005:67).

### **3.9.4 Adherence to the HPCSA's policy on ethics**

The Health Professions Act 1974 (Act No. 56 of 1974) states that psychologists should plan and conduct research in a manner compliant with the law and with internationally acceptable standards for the conduct of research, in particular with national and international standards for research with human participants and animal subjects. I was careful at all stages of the study to comply with the regulation.

The act specifies that a psychologist should obtain approval from the host institution or organisation prior to conducting research. It further requires that a psychologist should conduct research in accordance with the research protocol approved by the institution or organisation concerned. I adhered to these requirements as indicated in 3.5.6.1 above. I also complied with all other requirements of the act, for example by adhering to the following guidelines:

- Obtaining informed consent to conduct the research
- Not offering excessive or inappropriate financial or other inducement to obtain any person's participation
- Not using deception in the research

- Not committing plagiarism.

### **3.9.5 Ethical Clearance Certificate from CEDU (Unisa)**

An application for ethical clearance that I submitted to the College of Education Research Ethics Committee of the University of South Africa met the ethical requirements as stipulated by the committee. I therefore obtained an ethical clearance certificate to this effect (see Appendix H).

### **3.10 CONCLUSION**

The research paradigm, design and methodology used in this study were discussed in this chapter. Sampling procedures, data collection and analysis, as well as the ethical measures implemented, were explained. The findings of the empirical investigation will be outlined in the following chapter.



## **CHAPTER 4**

### **RESEARCH PROCESS AND FINDINGS**

#### **4.1 INTRODUCTION**

The previous chapter served as a foundation for this chapter in that it explained the research design that was used in this study as a way of validating the scientific basis of the study. Ethical aspects that were adhered to throughout the process of this study and during the interaction with the respondents were also explained. The findings from the empirical investigation are discussed in this chapter.

#### **4.2 RESEARCH PROCESS AND CONTEXT**

Schools sought consent from parents/guardians before referring children to me. This was written consent which was provided for in a space in the referral forms. The consent was the first thing I checked before attending to any case. After verifying the consent for referral, I sought their consent and assent for the children's participation in the study (see Appendix D and E). I then collected collateral information from all stakeholders. The ILST coordinators explained the reasons for referral in detail, as this is only given in a summary form in the referral form. Interviews were held with parents and significant others who provided the background to the cases.

Therapy sessions were conducted in the schools that each participant attended. The number of sessions varied from five to ten per case, as each one is unique. Communication was in the participant's language of preference, which was mainly in seTswana (one of the official languages of South Africa). By using the game of Mmaskitlane, allowing children to talk in their home language and letting them use an activity which is part and parcel of their own culture, an approach was used that leans towards indigenous psychology (Dipale, 2013:21).

An agreement was reached between me and all coordinators that they would prepare the clients for a meeting with me prior to my visit to the schools. This was done by way of telling the children what a psychologist is and what their work entails. Of vital importance was that

they had to sell me in a very positive way to the clients in order to enhance the chances of them embracing me and the work I was to do. Fortunately, this was never a difficult or challenging task, as love and sympathy for children is one of the inherent prerequisites for choosing an ILST coordinator. Coordinators would then inform clients of the days that I would be meeting with them.

#### **4.2.1 The first session**

As already explained, therapy sessions were held in schools. On arrival at the schools I was taken to the rooms to be used for therapy by the SBST/ILST (school-based support team or institution level support team) coordinators. I prepared the room and unpacked the play material in a way that would be conducive to play while the coordinators went to fetch clients from their classes. Participants were brought to me and introduced by the ILST coordinators, after which they would leave us to continue with therapy. I then reinforced what the coordinators had told the clients about me by way of explanation, and by practising the principles of establishing a secure and therapeutic relationship.

As part of my introduction to my clients, I told them some things about myself so that they could have some insight into what type of a person I am. However, the main reason for doing so was to lead by example because I needed them to disclose things about themselves. As part of the introductory activity I:

- laid down minimum limits to play therapy, for example, like “We will respect each other”
- named a few things that I like, for example, “I like talking to children and playing with them”
- named a few things that I don’t like, for example, “I don’t like swearing at people”
- stated my few weak points, for example, “I am not good at using technology”
- stated my few strong points, for example, “I am good at making other people feel good about themselves”
- told them a few things that people say about me, for example, “Some people say I am too kind for their liking”
- told them what I think about myself, for example, “I think my children see me as a good mother”.

I was always honest about everything I said about myself. However, I kept my list short. I then asked my clients to tell me about themselves in a way that was similar to how I had told them about myself, that is, their likes and dislikes, what they thought about themselves, and what other people say about them. It was usually at this point that I would ask them if they knew why they were asked to see me. Their answer was something like "The teacher says I am ..." or "Other kids always ...". I told them at the beginning of the session that I was going to write down what we discussed so that I didn't confuse their stories with those of other children. Therefore, they were not perturbed when I noted what they said.

Some clients were able to provide sufficient information about themselves but most of the younger ones, that is, those below seven years, struggled to come up with enough appropriate responses. After a short discussion about general issues, for example, the school, home, friends, etc., I introduced an emotional barometer (see Figure 2.3). I adapted it slightly to include the same emotions in seTswana. I kept many copies of the barometer and used a clean copy per client per session. I explained how it worked (see 2.9.4). I then asked clients to indicate/rate their feelings about life in general on the barometer which had their names and the date at the top. I included colouring pencils with this exercise, being mindful of what Schaefer and Cangelosi (2002:236) state, that some children like using colours to relate their feelings. An exploration was conducted around the client's emotions.

I then asked my clients to help me list the information that I gave them when I introduced myself, and to do this on a "teeter totter balance" like the one in Figure 2.4. I always brought along to therapy a number of copies with a blank "teeter totter balance". My personal points were placed either on the positive or the negative part of the balance. On completion I would indicate that it was enough about me and that it was now the client's turn. We would go on to fill a new "teeter totter balance" for the client using the points that they reported earlier. The end product gave an indication of where areas of concern were.

My "teeter totter balance" was then used to move on to the play part of therapy. This I usually did by way of pointing out that I had said I like playing with children. I would then ask them what types of games they usually played. Most clients started by naming competitive games like soccer and netball. Indigenous games were usually named after some probing was done. Mmaskitlane was named towards the end of the spectrum of indigenous games in some cases. In other cases, it was not mentioned at all. It was in such cases that I enquired from clients if they were familiar with Mmaskitlane. It was necessary to make the

enquiry because familiarity with the game was not one of the criteria for selection of the sample.

#### **4.2.2 Subsequent sessions**

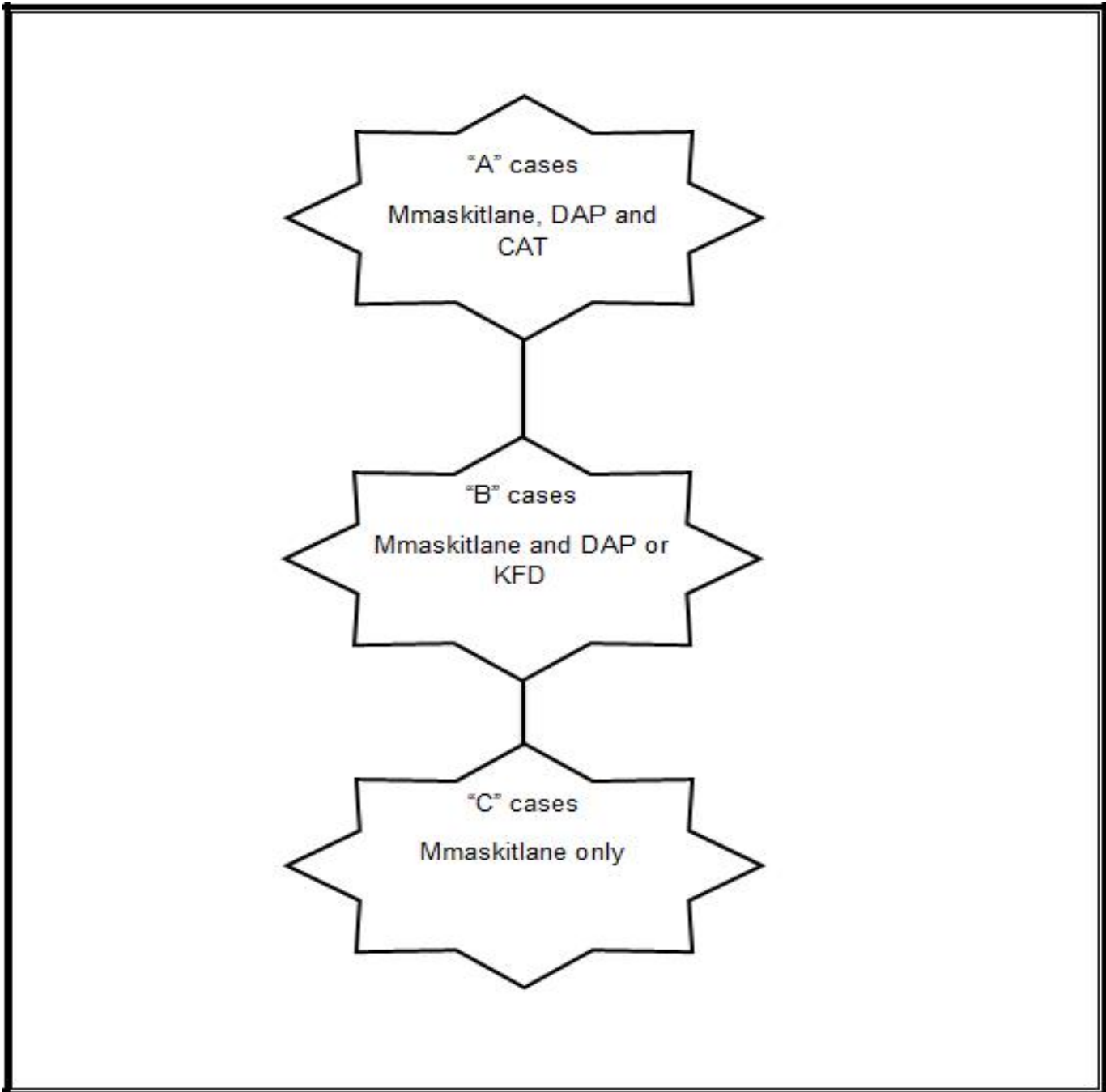
Participants indicated their emotions on a new emotional barometer at the beginning of every new session. I also always asked if a client had new information that they wished to include on their "teeter totter balance". In cases where the answer was positive, I would pull out their original balance and a new blank one. Both of us would look at the original one to check whether what the participant wanted to add was already there or not. New blank sheets with the participants' names and that particular day's date were used to put in additional points.

Cases were handled in three different ways. Firstly, cases that were received at the beginning of the study were handled slightly different from those received in the mid-term and towards the end of the study. The DAP and CAT were administered before playing Mmaskitlane in the earlier cases. These are the cases that I coded as the "A" cases. "A" cases required longer sessions due to the administration of the additional DAP and CAT media mentioned above.

Second, in cases that were received more or less at the mid-term of the study, only the KFD or DAP were administered, as well as Mmaskitlane. These are the cases that I coded as the "B" cases. Third, in cases that were received towards the end of the study, only Mmaskitlane was administered. These I coded as the "C" cases. No other test was administered along with Mmaskitlane in "C" cases. Administration of all tests/techniques, inclusive of Mmaskitlane, was done only after rapport was established with the participants.

The three types of cases are summarised as follows:

**Figure 4.1 Schematic representation of the coded cases with regard to techniques used**



The projective tests that were used in conjunction with Mmaskitlane in both "A" and "B" cases provided similar results to Mmaskitlane. In all cases the results validated the reasons given for referring the children in the first place. After administering the tests, I focused on the enquiry as to whether participants were familiar with Mmaskitlane or not. The enquiry

was also made in the “C” cases. The responses to the question differed in that some participants indicated:

- with excitement that they knew the game; these I coded as the first group
- in a neutral way – that is, with no enthusiasm or excitement but also not showing indifference – that they knew the game; these I coded as the second group
- in an indifferent way – that is, showing no interest or care – that they knew the game; these I coded as the third group
- that they did not know the game; these I coded as the fourth group.

A detailed explanation of these groups follows:

#### 4.2.2.1 The first group

I proceeded with therapy in accordance with the responses of the participants. Some participants from this first group spontaneously pulled out the play material (relevant to their age group for either the first form or the second form of the game), which was strategically already put within reach, and started to role-play a scenario of their own choice. These are the ones that I sub-coded as the “go-getters”. Others from the group waited for the next question or instruction. When asked to play they eagerly pulled out the material and started to role-play a scenario of their own choice. These are the ones that I sub-coded as the “ready-movers”. There were those who after being asked to play, pulled the material but waited for suggestions of scenes to play. However, once they started role-playing they continued smoothly. They are the ones that I sub-coded as the “steady-movers”.

#### 4.2.2.2 The second group

Some participants from this group showed the characteristics of the “ready-movers”, in that they had to be asked first before they could play. However, after receiving the request to play, they smoothly went on with the role-play. Some of these ready-movers spontaneously role-played a scenario of their own choice, while others waited to be told to role-play a scenario of their own choice. Other participants from the group displayed characteristics of the “steady-movers”. These were the children who after being asked to play would wait for me to hand them the material. They would even wait for an instruction as to which scenario to play.

#### 4.2.2.3 The third group

Most of the participants in this group were boys. When asked to explain their indifference they explained that Mmaskitlane is a game for girls. When asked whether boys never play the game they responded by saying that only weak or silly boys played the game. I had to probe into the possibility of whether these participants' perceptions could be changed or not. The most effective way of getting to them proved to be, when I asked them whether they were aware that there are adults who not only play the game but also enjoy doing so. The answer was always negative since in reality (outside play therapy) almost no adults ever play this game.

It was at this point in most sessions that I demonstrated, by role-playing any scene that was not related to the client's scenario, that I was one of those adults who enjoyed playing the game. It was interesting to observe how most of these participants were enthralled by my role-playing. They also reported this to be the case. At this point, I asked them whether I was weak or silly. As can be expected, all these participants responded negatively to the question. I then asked if it is fair to judge whether a person is weak or silly just by whether or not they play some kind of game. A negative answer was received from all these participants.

Some of these boys ended up no longer perceiving the game in that negative way. However, I must report that very few participants were so opposed to the idea of the game that they stuck to their original perception. I sub-coded participants who changed their perception about the game as the "wheelbarrow-movers", while those who maintained their perception I sub-coded as the "non-movers". Therapy with the non-movers took a different approach and Mmaskitlane was not implemented. These clients were then excluded from the study.

#### 4.2.2.4 The fourth group

There were very few participants in this group. It was interesting to note that the majority of such participants resided in the city, unlike the majority of participants in the previous three groups who resided either in rural areas or in the townships ("ko Kasi"). After having the game explained to them, some recalled that they occasionally saw their relatives playing the game when they went to visit either in rural areas or in the townships. These participants, however, never played the game. On enquiry as to why they never played it some replied that they never thought of playing it because they have many toys.

I asked such participants if they would consider playing the game if there were no other toys to use. Kids being kids, some could not envisage such a scenario. I had to “ground” them to our then present situation to say that I was interested in playing with them but the only tools we had were the materials for playing Mmaskitlane. Most participants responded positively. It was at such moments that I took the lead in role-playing any scene not related to the client’s challenge/problem. After this I would ask them to play a scene of their choice. We took turns playing until I was convinced that the participant was comfortable playing the game. It is these participants that I sub-coded as the “opportunistic-movers”.

The reply from other participants was that the game did not interest them. With such participants I subtly tested the waters by asking them to observe me playing. After this I would stoop very low to their level and ask in a child-like manner “now will you please give it a try”. Some responded positively and tried role-playing scenes of their choice or suggested scenes not related to their scenarios. With such clients I would proceed just as I did with the opportune-movers. Those who ended up being comfortable playing the game I sub-coded as the “convince-me-movers”. However, those who remained uninterested I sub-coded as the “non-movers” who were subsequently dropped as participants in the study but given other forms of therapy.

The following is a summary of the sub-coded types of Mmaskitlane players as discussed above:



**Table 4.1 Sub-coded types of Mmaskitlane players**

Type of player	Description
Go-getters	Players who spontaneously pulled out the play materials and role-played their own scenes before being asked to do so.
Ready-movers	Players who spontaneously pulled out the play materials and role-played their own scenes after being asked to play (they did not ask what to play).
Steady-movers	Players who spontaneously pulled out the play materials and role-played after being asked to play their own scenes (they had to be told what to play).
Wheelbarrow-movers	Players (mostly boys) who initially perceived the game negatively but changed their perception and played comfortably.
Non-movers	Players (mostly boys) who either maintained a negative perception of the game or were not interested in playing.
Opportune-movers	Players, who were mostly from the city, who had never played the game before but were able to play comfortably after being introduced to the game.
Convince-me-movers	Players who were mostly from the city and who initially claimed the game to be uninteresting but ended up playing comfortably after practice.

The above-mentioned coded groups of participants and the sub-coded types of players can be summarised as follows:

**Table 4.2 Table showing the coded groups and sub-coded types of players of Mmaskitlane**

Group	Types of player
1 Responded with excitement that they knew the game.	<ul style="list-style-type: none"> <li>• Go-getters</li> <li>• Ready-movers</li> <li>• Steady-movers</li> </ul>
2 Responded in a neutral way that they knew the game.	<ul style="list-style-type: none"> <li>• Ready-movers</li> <li>• Steady-movers</li> </ul>
3 Responded in an indifferent way that they knew the game.	<ul style="list-style-type: none"> <li>• Wheelbarrow-movers</li> <li>• Non-movers</li> </ul>
4 Did not know the game	<ul style="list-style-type: none"> <li>• Opportunistic-movers</li> <li>• Non-movers</li> </ul>

In the first few minutes of all the second therapy sessions I discussed pretend play with the participants. This was done by way of asking them if they knew what it was. Clarity and explanation was given where necessary. I then asked them to give me examples of such play. “Mantlwaneng” – playing house – is a game that was mentioned by all participants. I then asked them to explain it to me. Following their explanation, I responded “Ok! I know that game, we used to play it when we were children”. We then discussed how players would pretend to be different characters in this kind of play.

When it was clear that participants understood pretend play I asked them to pretend that I was a child playing with them. In all cases I preferred that participants should start the first role-play with a scenario of their own choice, except where participants asked what to role-play. I observed, asked questions, and commented. When it was my turn to play, it was their

turn to watch, ask questions and comment. All of this happened mostly in the second session of therapy and was not at all related to the clients' problems. This helped in further setting the clients' minds at rest and enhancing a therapeutic relationship, since the participants could see that the researcher was interested in what they were doing.

What I also observed to have been of significance was that I approached the therapy like a child and behaved like one where necessary. It is important for therapists to see themselves on the client's level, since this cannot be pretended. For children with emotional problems, this can be an empowering experience (Blom, 2004:56; Ireland, 2007:41). This approach helped to lower the participants' defences because usually children who play Mmaskitlane will behave in a shy way and stop playing when they realise that an adult is watching. It was therefore absolutely vital that I go down to the client's level and become a player too. I took turns with participants in role-playing different scenarios that were not related to their challenges/problems.

In the same way, whoever was the observer would ask questions, seek clarity, and give comments based on the role-played story. Throughout all this I would be assessing how comfortable and relaxed the clients were with playing the game in my presence. To put this in a better and more appropriate way, I assessed how relaxed clients were in playing the game with me.

Every client was unique and it took varying periods and numbers of turns to role-play scenarios before I was satisfied that they were comfortable and relaxed enough. It was my observation that the "go getters" and the "ready-movers" did not experience problems with reaching the relaxed stage. The "steady-movers" and the "opportunistic-movers" took a relatively short time and only a few turns playing scenes before reaching the relaxed stage. On the other hand, the "convince-me-movers", and "wheelbarrow-movers" took relatively longer periods and numbers of turns playing scenes before reaching the relaxed stage.

By the third session, either at the beginning, in the middle, or at the end, depending on what type of player they were, most participants were at the relaxed stage. However, a small percentage reached the relaxed stage in the fourth session. Once this stage was reached, some participants spontaneously, in a non-directive way, tapped into role-playing scenarios related to their personal challenges. I observed that some participants did not take long in tapping into their problems without being guided to do so. These were usually the "go-getters" and the "ready-movers". However, some of the "steady-movers" and the

"opportunistic-movers" also spontaneously tapped into their challenges without being given any directive to do so.

This occurred when I would for example tell them that it was their turn to play any scenario they wished to play. I realised that once therapy was at this stage it was no-longer necessary for me to play, since the participants became absorbed in their narrations. It was very interesting to note how they innocently narrated, in a projective way, stories similar to what they were going through in real life. They were not troubled by my questions or comments on the narratives as it was part of the game.

I did however have to take a directive approach in a few other instances. This happened when, despite the fact that rapport had been built and the participants had reached a relaxed stage, for some reason it seemed that they remained hesitant to tap into scenes related to their challenges. This I did because, in general, the literature supports the use of directive trauma-focused therapy over non-directive support-oriented techniques to reduce most trauma symptoms in children (Reddy et al., 2005:82).

In such instances I thought that the participants needed to be guided. I was careful to do this in a very subtle way. In most cases I suggested a story similar to the participants' scenario. Just giving the theme of a story was enough for some participants, but with others I had to provide a framework, such as giving them the names of characters to be used in a story. It stands to reason that different names, that is, those that were in no way linked to the clients or their situations, had to be used. The actual story had to be told by the participants in their own way, except for instances where Mmaskitlane was used for psycho-education.

#### **4.3 INVESTIGATION INTO THE METHODS OF IMPLEMENTING MMASKITLANE**

From the beginning of the study I acted as a co-player (participant-player) in all cases up until shortly after the mid-term of the study. During that period I was actively involved in playing together with the participants. The purpose of my active involvement was to:

- prove to them that there are adults who like playing the game (the reason for this being that the children would then be comfortable playing it)
- give them an opportunity to practice playing the game
- assist them in reaching a relaxed stage

- use the technique for psycho-education.

Shortly after the mid-term of the study I decided to investigate what would happen if I never played the game, but rather acted just as an observer. However, I participated in the question and answer phase of the play. Participants were the only ones who played the game. The procedure was nearly the same as the early procedure of the first sessions in terms of the method I used, in which I also played the game. This included asking participants whether they were familiar with Mmaskitlane or not. In a very few cases participants started playing without being asked if they knew the game or not. Such participants displayed characteristics of the “go-getters”, so they too were classified as such.

In other cases, participants stated that they either did or didn't know the game. Therapy with the latter group proceeded without Mmaskitlane, and therefore they did not proceed as part of the investigation. With regard to the former group, I asked if they were willing to play. Most of them declined. They too did not proceed as participants in the investigation. A few that agreed to play I subdivided into two groups. The first consisted of those who went ahead and played scenes that were related to their problems. These participants displayed signs of the “ready-movers” because they did not wait to be told what to role-play. They, too, I sub-coded as “ready-movers”.

The second group consisted of participants who asked what they had to role-play. These I sub-coded as the “steady-movers” since they showed the same characteristics as those mentioned in Table 4.1. These participants role-played a number of scenes that were unrelated to their challenges before finally tapping into issues related to their challenges. Some participants from this group were very curious to know if I was going to ask questions about their role-played stories or not. Nevertheless, none of those who played had problems answering questions or giving clarity about their role-played stories.

By the end of the investigation, and through interpretive inquiry, I had gained an understanding of various methods of implementation, in line with the position of Creswell (2007:159), who reports that understanding also comes from textual and structural descriptions, referring to the “what” and the “how” of the experience. This understanding brought clarity to the issue of “how” Mmaskitlane can be used effectively in play therapy.

It became clear that therapists can utilise the technique in two ways, namely:

- as co-participants (participant players) playing the game. This method I coded as the “first” method of implementation
- as partial participants, not playing but participating in the question and answer phase. This method I coded as the “second” method of implementation.

Whether therapists use the first or second method of implementation will depend on a number of issues. Reasons include the merits of the case, the time available for therapy with a particular client, and the disposition of the therapist towards the technique. I used the two methods during the empirical investigation.

The first and second methods of implementing Mmaskitlane can be summarised schematically as follows:

Figure 4.2 Schematic representation of the first method of implementation

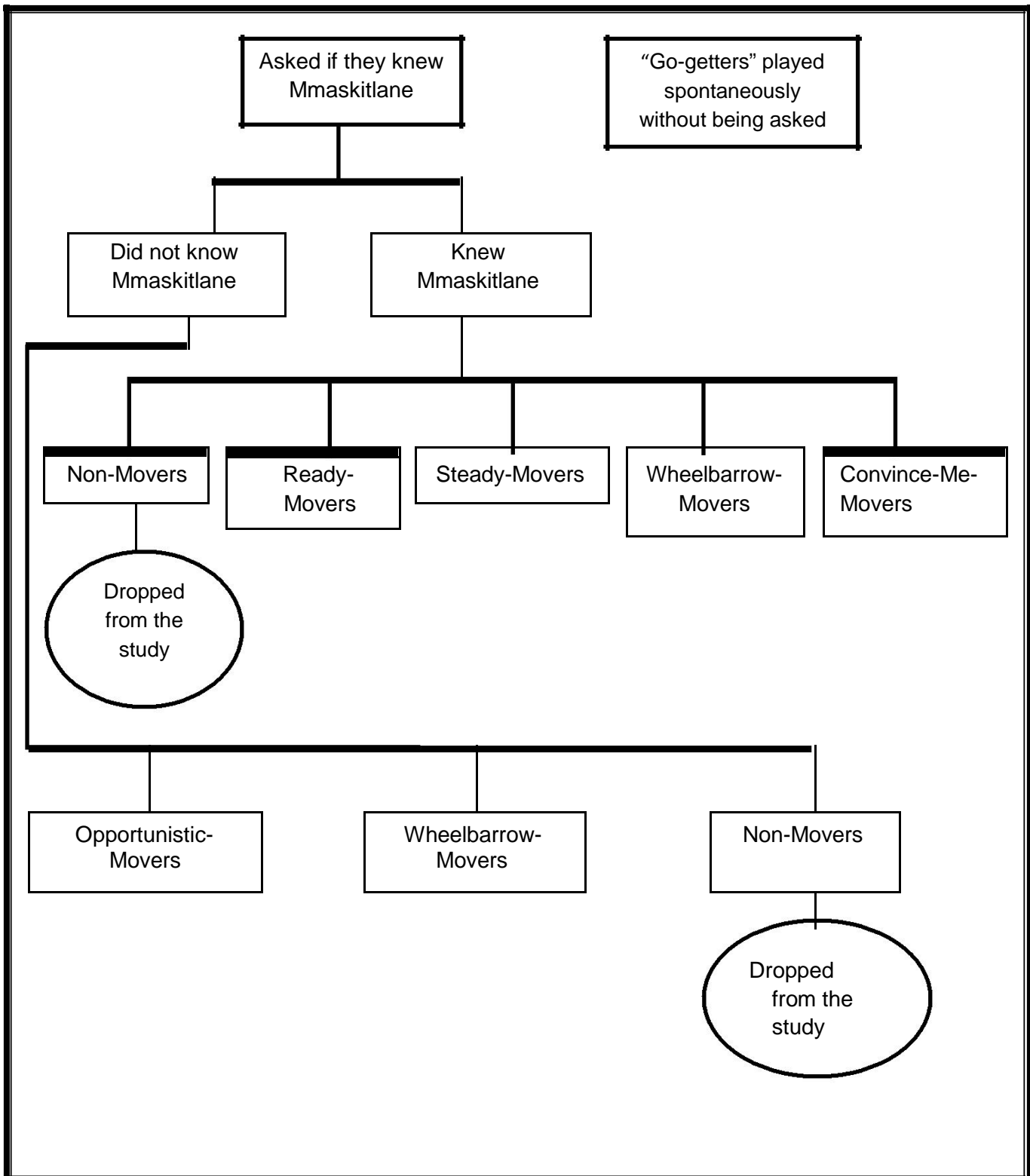
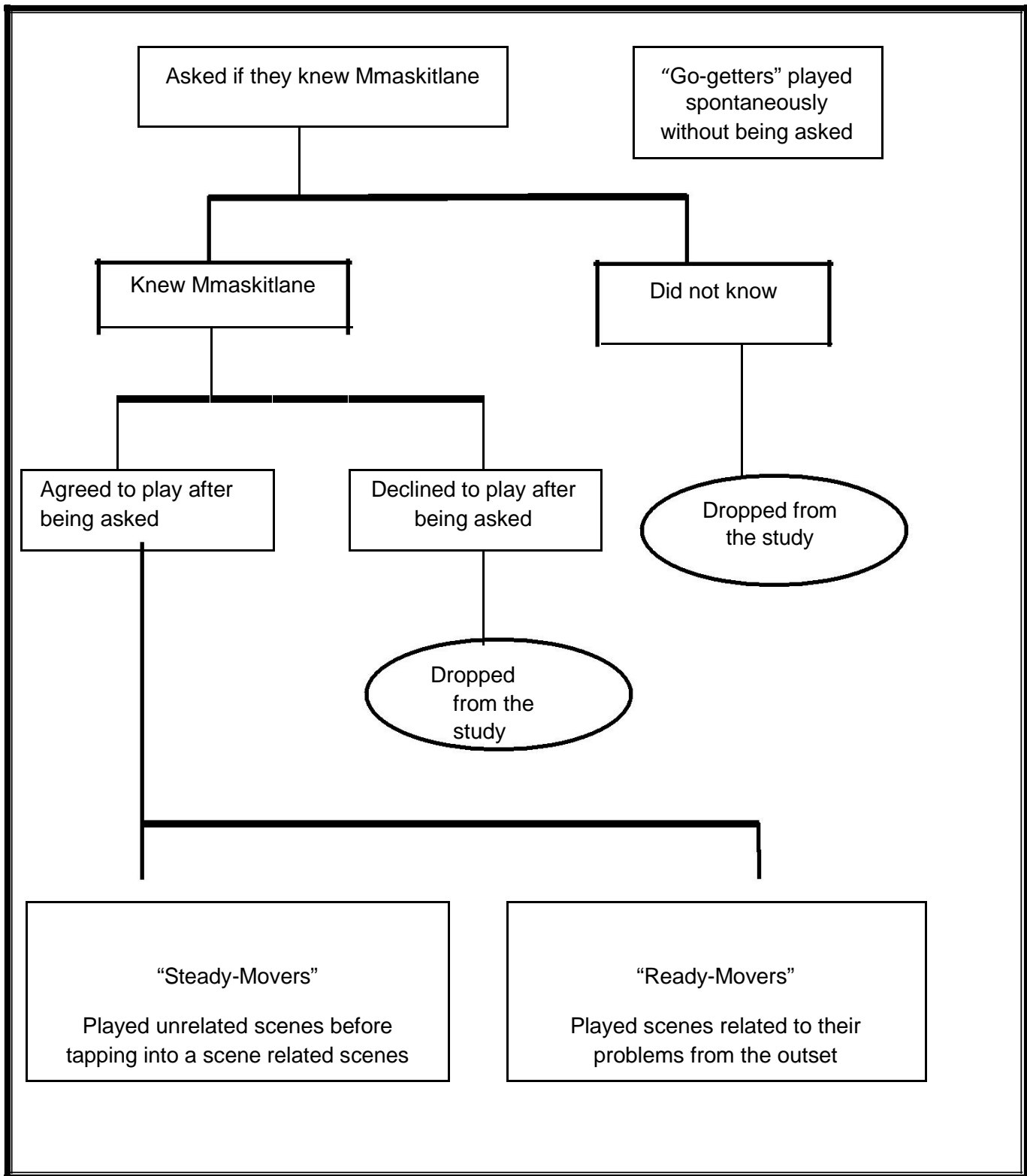


Figure 4.3 Schematic representation of the second method of implementation







#### **4.4 SUMMARY OF CASES**

A presentation of a few cases that I dealt with during the empirical investigation is set out below. The summary is subdivided into two groups according to the two forms/types of Mmaskitlane administered. Although many stories were role played in a number of sessions, only one will be reported per participant. All names in the stories are pseudo-names.

**Table 4.3 Summary of the cases where the first form/type of Mmaskitlane was implemented**

Case number	Background	Presenting problem	Therapy proceedings	Findings	The use of Mmaskitlane
1	<p>Lesego was a five-years-and-nine-months-old girl who lived with both parents, her eighteen-year-old sister, her fourteen-year-old brother, and her eight-month-old sister. She was in grade one. Her mother reported that she experienced no problems during and after her birth. Lesego was also reported to have achieved all her developmental milestones at the expected times. Her mother was a stay-at-home mother while her father was a labourer. Both her elder siblings were still attending school. She was reported to have been a happy, outgoing child until about a year ago, that is, shortly before she was enrolled at school.</p>	<p>Lesego was referred because she was socially withdrawn and cried regularly without valid cause. Her parents reported that this was happening even at home.</p> <p>At first the teachers thought Lesego's behaviour resulted from the fact that it was her first year at school. However, there were many other learners like her who did not show similarly concerning behaviour. What concerned them more was that the behaviour did not subside but rather appeared to be worsening, since she had started wetting herself.</p>	<p>Lesego's case was a type "A" case. She was familiar with Mmaskitlane, and was one of those who were sub-coded as a "ready-mover". She did not take long to reach a relaxed stage. She did, however, take a while before she could tap into her challenge. Only towards the middle of the third session did she start role-playing a scene related to this challenge.</p> <p>She role-played a scenario where Tlaleng (her main character) asked her sister (Mosidi) if their parents consulted her by way of enquiring if she wanted a baby boy or girl. She projected her strong dissatisfaction about the fact that she was not consulted, and that she actually never told them that she wanted a baby in the family. She used the story to vent out, and this included the physical release of negative energy by striking the stones very hard and fast.</p> <p>I employed Mmaskitlane to educate her about the importance and advantages of being an elder sister.</p> <p>In her subsequent role-plays an indication was clearly given that she was considering accepting her family dynamics.</p> <p>The question and answer stage was very useful in that it provided an opportunity to deal with issues in an indirect manner.</p>	<p>My findings were that Lesego:</p> <ol style="list-style-type: none"> <li>1. thought her parents no longer loved her the way they used to before the birth of the baby, and that they were only interested in the baby</li> <li>2. thought both her siblings were not as concerned about her as they were about the baby</li> <li>3. thought her younger sister took her place in her parents' hearts</li> <li>4. felt unloved and unwanted.</li> </ol>	<p>Mmaskitlane was used effectively as a:</p> <ol style="list-style-type: none"> <li>1. projective medium</li> <li>2. psycho-educative medium</li> <li>3. cathartic tool.</li> </ol>

2	<p>Thabo was a six-years-and-eight-months-old boy in grade two. He lived with his four other siblings, three elder sisters and an elder brother, their mother and their grandmother. He was reported to have no medical problem. He reached developmental milestones at the expected times. His mother was the sole breadwinner.</p> <p>She was never married and Thabo's father, who is also a father to two other siblings, deserted them about a year and some months before Thabo's referral.</p>	<p>Thabo's class teacher referred him to the ILST after trying in vain to deal with him on the many complaints that she received from other learners about him beating them almost every day. The ILST tried to deal with the matter but ended up referring him due to lack of progress in the matter.</p>	<p>Thabo's case was a "B" case. He represented all members of his family in the KFD except himself and his father. The reasons given for his own absence were projected in his Mmaskitlane story.</p> <p>He turned out to be one of the participants that were sub-coded as "wheelbarrow-movers". After reaching a relaxed stage he role-played a story where Kabelo (main character) had conflict with his older brother, accusing the brother of ordering him around as though he was his father.</p> <p>During question and answer time Thabo gave expression to the fact that Kabelo was angry. He actually displayed the anger by the way he hit the stones against each other. He further said that Kabelo's classmates usually talked about their fathers while he did not have anything to say about his father.</p> <p>I used Mmaskitlane to help him deal with the fact that his father was not actively involved in his life. Psycho-education was given on acceptable social skills such as how to process and express negative emotions; this was done using stories role-played through Mmaskitlane.</p>	<p>My findings in this case were that:</p> <ol style="list-style-type: none"> <li>1. Thabo's main concern seemed to be that of an absent father</li> <li>2. Thabo's absence in his KFD could be linked to the fact that just as there was no father in his family, he might as well not be part of that family. Stated otherwise it could mean that he did not want to be part of a family without a father</li> <li>3. his aggressive behaviour could have been an externalising symptom, that is, it could have been a way of relieving himself of the negative energy he experienced.</li> </ol>	<p>Mmaskitlane was used to offer psycho-education, which led to an improvement in Thabo's behaviour.</p>
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3	<p>Omolemo was a five-year-old girl who stayed with both parents and her nine-year-old elder sister, Rorisang, who was in grade four at the same school. Her mother reported no pre- or postnatal problems. Omolemo suffered from a broken leg when she was three years and seven months old. As a result she was hospitalised for a period of two weeks. Upon her release from hospital she was never separated from her family again. Apart from the hospitalisation, she was reported to be in good health. She lived a happy life and enjoyed a positive attachment to all her family members.</p> <p>Her mother was unemployed while her father was a policeman.</p>	<p>Her parents tried to enrol her at a day care centre a year prior to her referral, but they ended up leaving her at home because she screamed and held on tight to her mother when she was being dropped off. The principal made arrangements for her mother to stay at the centre with her in the hope that Omolemo would get used to staying there and that the mother would then be allowed to leave. Unfortunately, by the end of the second week there was no change, which is why she stayed at home for another year.</p> <p>It was time for Omolemo to go to grade R as she was of age to go to grade one the following year. The main reason for her referral was her refusal to be separated from her mother.</p>	<p>Omolemo was a case “C” participant, and a “convince-me-mover”. Therapy with her took the longest of all the participants. Both her mother and sister sat in the therapy room for the first four sessions, the reason being that they should be present while rapport was established. Rorisang participated in the play activities while their mother observed from the far end of the room. From the second to the fourth session the mother walked out of the room for progressively longer periods, as planned.</p> <p>Part of the plan was that the mother had to go for a medical consultation and could not attend the fifth session. That resulted in me seeing only the two sisters. The three of us took turns in playing general stories, not related to Omolemo’s challenge, through Mmaskitlane.</p> <p>In the sixth session the ILST coordinator came and asked for Rorisang to be excused as there was an urgent matter to attend to in class (as per the plan). Omolemo was promised that her sister would be back as soon as the matter was taken care of. She was hesitant and wanted to go with her sister, but I asked her to remain playing with me while waiting for her sister. She declined to play, but willingly participated in listening and asking me questions about my role-played stories. That gave me ample time to give her psycho-education through Mmaskitlane. Her sister came back in the last five minutes of the session.</p> <p>Rorisang accompanied Omolemo to the therapy room in the seventh session, but she did not stay. She told her that they had a lot of writing to do and that she would</p>	<p>My findings were that Omolemo was:</p> <ol style="list-style-type: none"> <li>1. overly dependent on her parents, especially her mother</li> <li>2. apprehensive in new situations and environments</li> <li>3. possibly suffered from separation anxiety disorder that could have possibly originated with her hospitalisation.</li> </ol>	<p>Mmaskitlane was effectively used as a psycho-educative medium.</p>
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			<p>come as soon as they were done.</p> <p>Omolemo participated in both playing and asking questions. She made the adjustment to remain with me in therapy.</p> <p>I used Mmaskitlane to show her the benefits and advantages of attending school (grade R), using characters in the stories. She projected her concerns through the questions that she asked, working with the metaphors created while playing Mmaskitlane. By the time the therapy was terminated Omolemo did not hesitate to let her sister drop her off and come back to pick her up after the session. Her role-played stories indicated a positive change in her attitude.</p>		
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**Table 4.4 Summary of the cases where the second form/type of Mmaskitlane was implemented**

Case number	Background	Presenting problem	Therapy proceedings	Findings	The use of Mmaskitlane
4	<p>Tshidi was in grade seven and stayed at a place of safety called Action Love. She was placed there by her mother after her mother had divorced Tshidi's father. It had been over five years since she had been placed there, yet neither her mother nor any member of the family ever visited Tshidi or even spoke to her over the telephone. She was reported to have two brothers who were said to live with their mother in Soweto. Neither the caretaker mother nor the school reported any medical condition. In fact the care-taker mother had to take Tshidi on a number of occasions to the clinic at the school's request for a medical check-up, but no problem was diagnosed.</p>	<p>Tshidi's class mates complained several times to the class teacher that she had a pungent smell. As a result of this they did not want her near them. She was kept segregated during all activities taking place at school. This was reported to the ILST and as a result the coordinator invited the care-taker mother from Action Love to the school for an interview. She learned from her that Tshidi suffered from nocturnal enuresis. The ILST coordinator reported that Tshidi's level of academic functioning had dropped. That was the reason why the ILST referred her to me. I requested the caretaker mother to take her for a medical assessment before I started with therapy. The report indicated that there was no medical problem.</p>	<p>I categorised Tshidi as a "steady-mover", and hers was a "B" case. By the middle of the third session she had already reached the relaxed stage. Towards the end of the session she role-played a debate between two characters, Dikeledi and Reboneng.</p> <p>The girls argued about a golden cat that Dikeledi claimed was beautiful and as a result loved by people. Reboneng refuted the cat's beauty and claimed people did not love it. The question and answer session following the story confirmed my hypothesis that Tshidi had ambivalent feelings about herself.</p> <p>Tshidi role-played several other stories in subsequent sessions, through which she projected her feelings about people using the characters she created. I used this question and answer period to guide her towards exploring her feelings and thoughts.</p> <p>Mmaskitlane was further used to build her self-esteem.</p>	<p>Tshidi thought nobody cared about her. As a result, she felt rejected and abandoned. This was projected by her absence in the KFD, and the implications of what emerged about her role-played characters while playing Mmaskitlane. The disturbed family interactions resulted in the negative emotions which led to the secondary functional enuresis.</p>	<p>Mmaskitlane was effectively used as a:</p> <ol style="list-style-type: none"> <li>1. projective tool</li> <li>2. psycho-educational tool</li> <li>3. cathartic tool.</li> </ol>

5	<p>Jezy, a twelve-year-old girl, lived with her mother, her five-year-old brother, and her grandmother. Her parents separated shortly after she was born. Her academic performance had always been satisfactory until about four months prior to being referred to me for intervention. I learned from her grandmother during an interview that they suspected that Jezy had been raped.</p>	<p>Jezy used to be an interactive girl who enjoyed playing with others both at home and at school. Lately, according to the ILST coordinator and her grandmother, she had become withdrawn and kept to herself most of the time. Both adults admitted to seeing her play Mmaskitlane alone. Apart from Mmaskitlane, both adults reported that Jezy was not involved in other types of play. In addition, her academic performance dropped to unacceptable levels, as reported by the ILST coordinator. This was the case in almost all her subjects, which affected her average performance.</p>	<p>Jezy was one of the participants who were sub-coded as an “opportune-mover”, whose case was an “A” case. She named the person (a girl) in her DAP Matlotlo. After reaching a relaxed stage I asked her to play Mmaskitlane using Matlotlo as one of the characters. Every other aspect of the story was up to her.</p> <p>She role-played Matlotlo coming back from school, changing uniform and travelling to her friend’s home. Along the way she was called by a man (Oupakie) into his home with the pretext that the friend that Matlotlo was looking for was in his home. She went on to play Oupakie pulling Matlotlo into his bedroom, throwing her on the bed and threatening her with a knife not to shout.</p> <p>At that point Jezy stopped playing, suddenly stood up, and ran to the bathroom. Fortunately, the bathroom was next to the therapy room. I followed her but waited outside where I heard sounds like those of a vomiting person. I then heard running tap water before she emerged. I explained that I came to check if she was well.</p> <p>She looked and admitted to being fine. It was not yet time up for the session, and she knew that we had to do the question and answer part of her story. Questions were used to explore her feelings and thoughts through the metaphor of the story. She ultimately recognised and expressed Matlotlo’s innocence in the scenario.</p>	<p>Jezy’s case:</p> <ol style="list-style-type: none"> <li>1. was a typical case for the use of projection media</li> <li>2. reflected the projection of the suspected rape in all three projection media (DAP, CAT and Mmaskitlane).</li> </ol>	<p>Mmaskitlane was effectively used as a:</p> <ol style="list-style-type: none"> <li>1. projective tool</li> <li>2. psycho-educational tool</li> <li>3. cathartic tool.</li> </ol>
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6	<p>Sankie was an eight-year-old boy in grade three. He was the youngest of three children. They lived with both their parents. His academic performance was reported to be good.</p> <p>The explanation given by the ILST coordinator was that Sankie experienced a near drowning about a year and a half ago during a school trip.</p>	<p>Ever since the day of his near-drowning, Sankie refused to undergo any trip. This was a great concern to his parents, especially his mother. She was worried that her son was missing out on exposure to different places and participation in important events. Most importantly, she feared that it would develop into a serious phobia if nothing was done about it. It was at the mother's request that a referral was made.</p>	<p>Sankie was a participant who was sub-coded as a "wheelbarrow-mover". His projective Mmaskitlane story was about Reps (main character). Sankie role played Reps being part of a group of kids taken on a school camping trip. While camping Reps was stung by a bee and his arm was swollen and painful. He was rushed to the doctor and taken back home.</p> <p>The question and answer phase was used to explore Sankie's fears, as projected through Reps. I then labelled Reps' incident as an accident. We discussed accidents in general. We arrived at an agreement that accidents should not lead to disablement. I told him of an accident I was involved in that nevertheless did not disable me. I then asked if he was ever involved in one. The answer was positive. I asked if he could relate it through Mmaskitlane.</p> <p>He role-played the incident of his near drowning as it had been reported to me by the ILST coordinator. It was like a replay of the actual event. His appearance and actions indicated a possible release of negative energy that was perhaps bottled up in him.</p>	<p>As a result of a lack of counselling after his near drowning, Sankie developed a fear, of disabling intensity, that led to his disengaging behaviour which consisted of a refusal to undertake trips.</p>	<p>Mmaskitlane was used effectively as a:</p> <ol style="list-style-type: none"> <li>1. psycho-education medium</li> <li>2. debriefing medium</li> <li>3. desensitising medium</li> <li>4. cathartic instrument.</li> </ol>
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## 4.5 FINDINGS FROM INVESTIGATED CASES

### 4.5.1 Findings related to participants

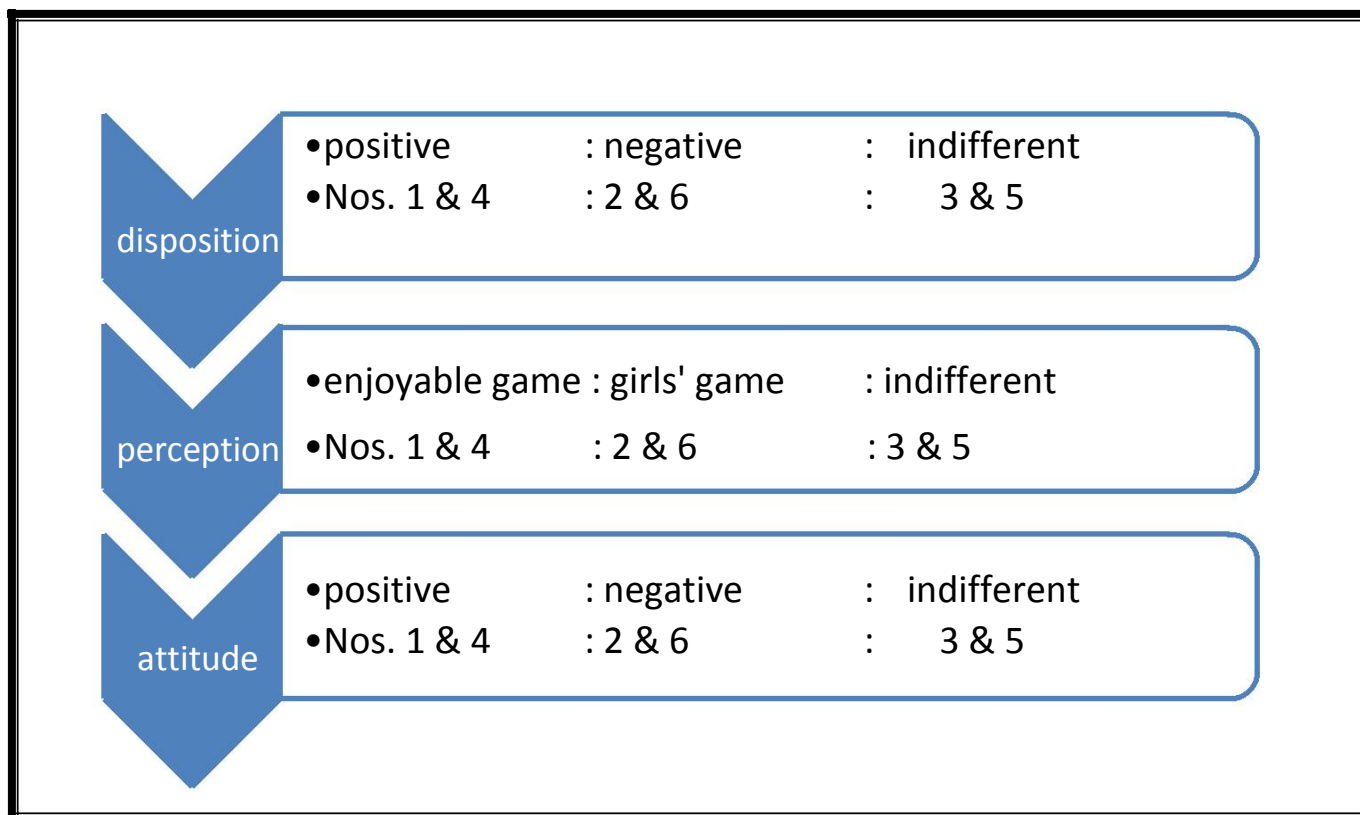
I found out that the disposition of the different participants towards Mmaskitlane was not the same. Their perceptions and attitudes towards the game also differed. The differences are shown in table form below.

**Table 4.5 Participants' differences in disposition, perception and attitudes towards Mmaskitlane**

Participant No.	Disposition	Perception	Attitude
1	Positively disposed.	Saw Mmaskitlane as an enjoyable game and acted accordingly throughout therapy.	Positive throughout all sessions.
2	Negatively disposed.	Initially saw it as a game for girls but changed his perception as therapy progressed.	Initially negative but gradually shifted towards positive as therapy progressed.
3	Initially indifferent but gradually shifted towards positive as therapy progressed.	Initially difficult to tell her perception but gradually showed that she enjoyed the game.	Initially indifferent but gradually shifted towards positive as therapy progressed.
4	Positively disposed.	Saw Mmaskitlane as an enjoyable game and acted accordingly throughout therapy.	Positive throughout all sessions.
5	Initially indifferent but gradually shifted towards positive as therapy progressed.	Initially difficult to tell her perception but gradually showed that she enjoyed the game.	Neutral at first but gradually shifted towards positive as therapy progressed.
6	Negatively disposed.	Saw it as a game for girls at first but changed his perception as therapy progressed.	Initially negative but gradually shifted towards positive as therapy progressed.

These differences are shown schematically as follows:

**Figure 4.4 Schematic representation of participants' differences in disposition, perception and attitudes towards Mmaskitlane**



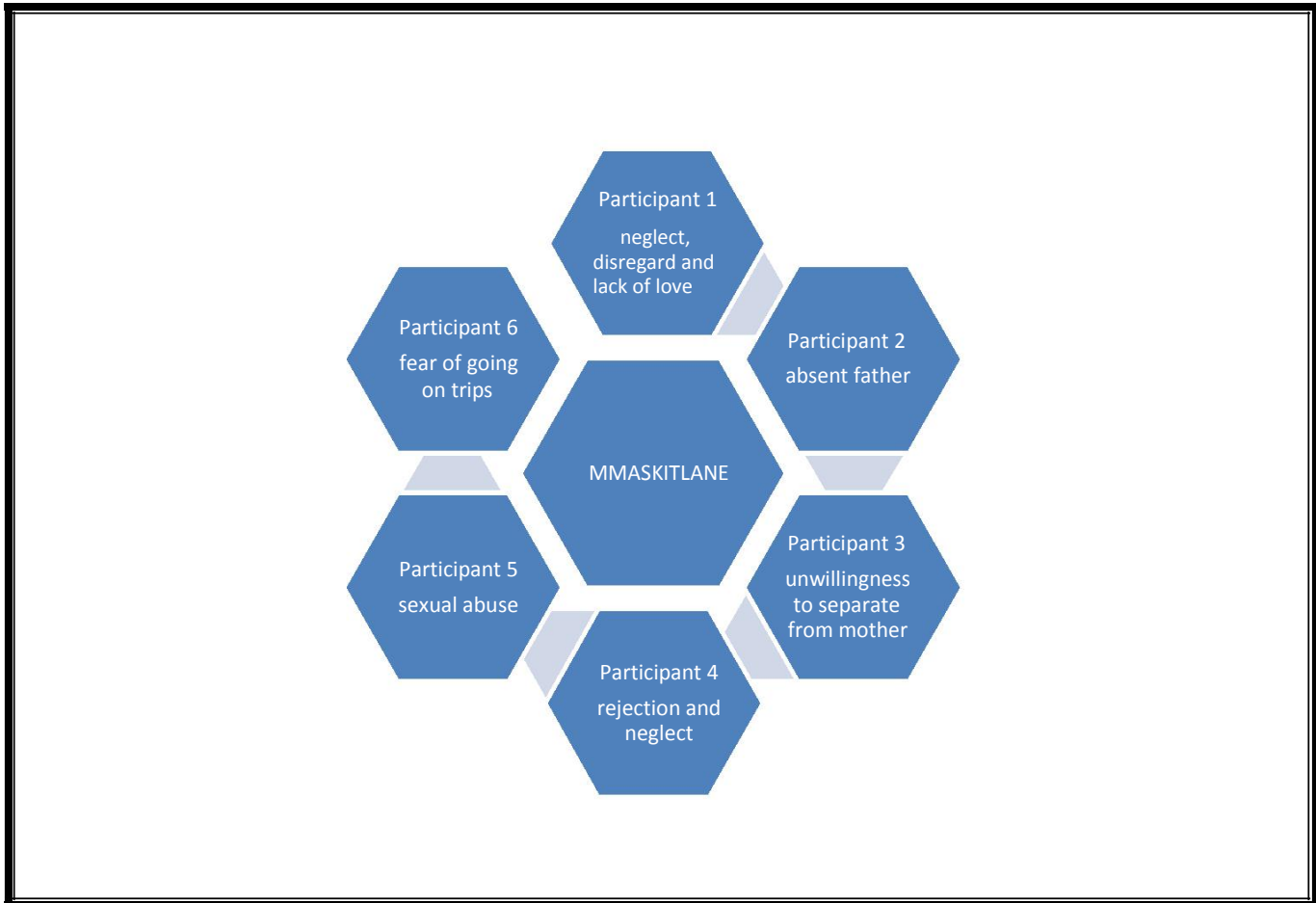
The above differences contributed towards my coding of different groups and sub-coding of types of players as discussed in 4.2 above. Every participant was unique and had to be treated as such, taking into account the merits of each case.

The fact that participants were familiar with the game did not mean that they would all be willing to readily play it. Some saw it as an inferior game. Some boys saw it as a game for girls. It was interesting to note how some participants who viewed it negatively changed their perceptions after seeing me play the game. These were those that I sub-coded the “wheelbarrow-movers” (such as participants numbered 2 and 6) as well as the “convince-me-movers” (such as participant number 3). Therapy with these participants took long because they had to play out a number of stories before reaching a relaxed stage. The extended time used proved beneficial, since apart from the fact that they did reach a relaxed stage, it also enhanced the establishment of a good rapport between us. However, there were those who maintained a negative stance against the game, who as a result did not proceed as part of the empirical investigation.

In the same way, the fact that participants were not familiar with the game did not mean that they could not play it after being introduced to it. Some of these participants ended up playing Mmaskitlane willingly and comfortably. That happened after watching me play and both of us taking turns playing different stories that were not related to their problems. These participants are those that I sub-coded as the “opportune-movers” (such as participant number 5). Therapy with these participants took place over longer periods, which came with the same advantages as those mentioned in the previous paragraph. Nevertheless, not everyone who practised the game showed a willingness to play it. Participants who, despite practising the game, never reached a comfortable stage did not proceed as part of the empirical investigation.

All six participants experienced cathartic moments and vented negative emotions such as sadness, anger, aggression, anxiety, worthlessness and restlessness (see Table 3.1). I was able, through themes that emerged from the participants’ metaphoric stories that were played through the medium of Mmaskitlane, to get a glimpse into their psyches. The following is a schematic representation of the themes that emerged per participant:

**Figure 4.5 Schematic representation of themes that emerged per participant while playing Mmaskitlane**



The glimpses I gained into the participants' psyches allowed me to intervene appropriately in each participant's challenges. I used the participant-player method, which is convenient for therapists who feel comfortable playing Mmaskitlane, with participants 2, 3, 4 and 6. The participant-observer method, which is convenient for therapists who do not feel comfortable playing Mmaskitlane, was used with participants 1 and 5.

#### **4.5.2 Findings related to the technique**

The Health Professions Act, 1974 (Act No. 56 of 1974) requires that psychologists should administer sufficient or adequate techniques/tests to provide appropriate substantiation for their findings. This implies that psychologists should administer a number of tests when assessing/evaluating a client before reaching a conclusion. My finding in this study is that

Mmaskitlane can be used along with other tests to assist psychologists in arriving at appropriate findings.

This is even more relevant considering the fact that services rendered should be inclusive and culturally relevant. My findings on this technique in this study correlate and support all known prior research on the technique as shown in Table 2.2. All research to date shows that Mmaskitlane has therapeutic effects and may therefore be used as a psychotherapeutic medium.

#### **4.5.3 Findings of other educational psychologists**

I held interviews with other educational psychologists from across the different provinces. A majority of them were from the different districts in Gauteng and not only from the Tshwane North District, as was the case with the participants. The interviews yielded fruitful information. Educational psychologists were asked whether they:

1. knew the Mmaskitlane technique
2. were interested in knowing about it (where the answer was negative)
3. had ever implemented it (where the answer was positive)
4. were willing to share their reasons for non-implementation (where the answer was negative to the previous question)
5. were willing to share their experience of implementation with me (where the answer was positive to the third question).

The following are the responses I received with regard to the previous questions:

1. Most of the psychologists from black communities answered positively, but there were a few who said that they did not know Mmaskitlane. The opposite was true for the psychologists who came from white communities. Most of them said they did not know Mmaskitlane, while a few did admit to being familiar with it.

2. After explaining what Mmaskitlane is to those who said they did not know it, some psychologists expressed their interest in knowing about it, while others expressed their contentment with their lack of knowledge of the game. I was not doing a qualitative investigation, but I can give an estimation that the former outnumbered the latter.

3. When asked whether or not they had ever implemented Mmaskitlane in their practices, the group of practitioners who said they were familiar with it responded in two different ways, some positively, others negatively.

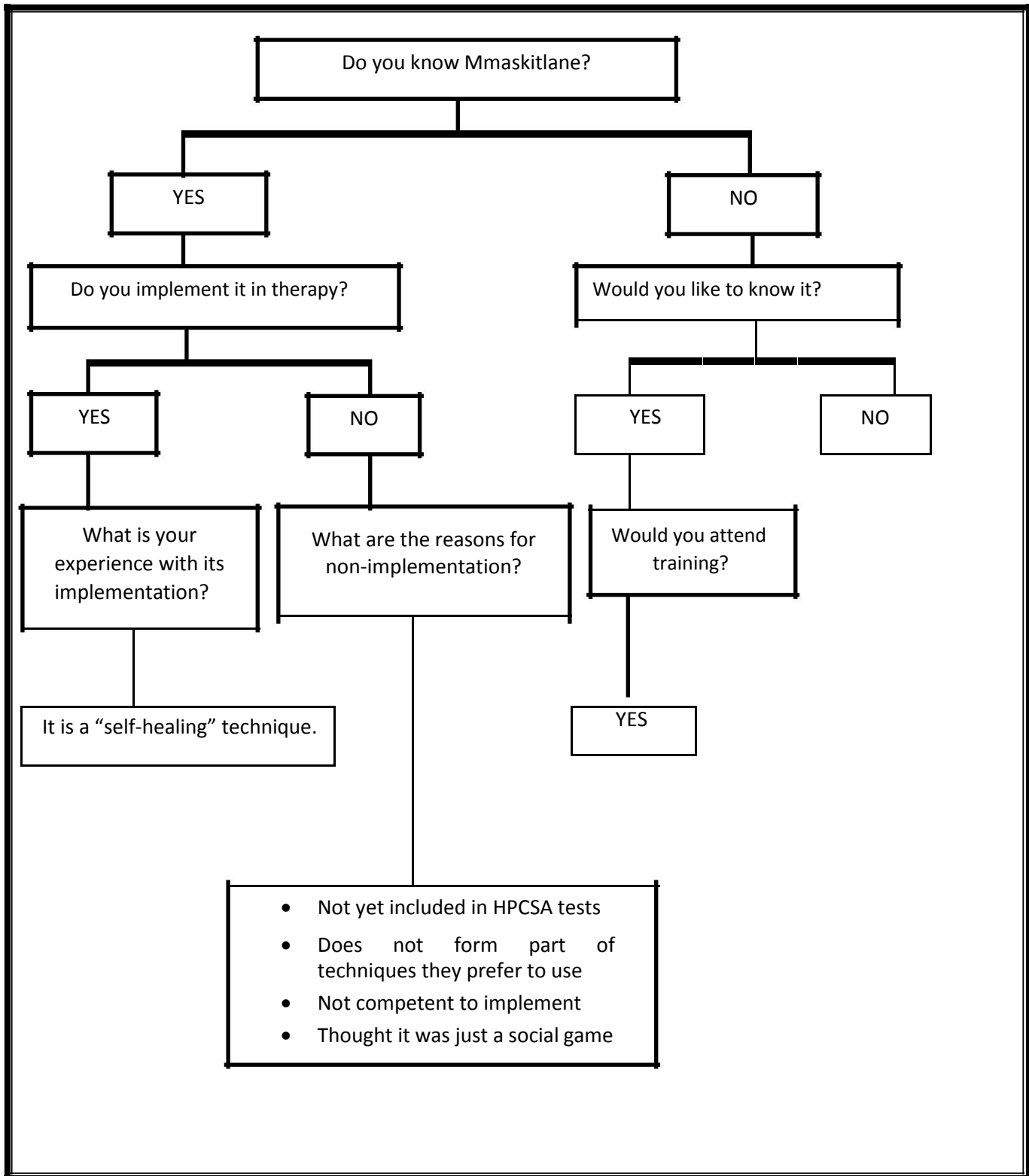
4. Various reasons were given as to why those who knew it did not implement it. Some mentioned that:

- it does not appear in the HPSCA's list of tests
- it does not appeal to them and is therefore not one of the preferred techniques they use
- they were not competent to use it
- they did not know that it could be used in therapy; these psychologists only knew it as a social game.

5. A few who admitted to using it said they seldom did so. As a result, they were reluctant to share their case experiences. Others reported that they could not give specifics of their experience except to say that they did notice that it is "self-healing", as they described it.

The information received from educational psychologists is summarised schematically as follows:

**Figure 4.6 Schematic representation of communication with educational psychologists**





In conclusion I must admit that the implementation of Mmaskitlane by educational psychologists seems to be minimal, especially considering the positive findings of this study.

#### **4.5.4 Interpretation of the findings of educational psychologists**

My understanding of the findings from educational psychologists is that one of the reasons why indigenous techniques such as Mmaskitlane are not used in psychotherapy might be a result of the fact that some psychologists do not know the game. It stands to reason therefore that one cannot utilise a technique that one is not familiar with. However, I realised that some of these psychologists are willing to attend training on the use of the technique.

I understood that a lack of willingness by some psychologists who do not know the technique to receive training in it could possibly be due to the fact that they find it convenient to use what they already know. It is my understanding that such a state of affairs does not take into account culture sensitive therapy. I regard the exclusion of culturally appropriate therapy to be a form of violation of the clients' rights.

It is my belief that as far as non-implementation by psychologists who do know the technique is concerned, the chances are that they could either be satisfied with the status quo, or they could possibly not be aware of how to implement it in play therapy. All things considered, I believe that the lack of guidelines on how to utilise Mmaskitlane in play therapy could be the main reason for its non-implementation. I therefore believe that the availability of guidelines on how to use the technique will result in an increase in its utilisation. An increase in its use will possibly imply an increase in culturally sensitive therapy. This is the main reason why this study was needed.

#### **4.5.5 General findings**

- This study brought to light the fact that indigenous games, in some cases, are not recognised as important – not only by some learners, but also by some health practitioners.
- Some educational psychologists would rather just keep to the techniques they have been trained in.
- The finding in 3 above (responses to the third question by educational psychologists) confirms that there is an urgent need for universities to train student psychologists in the use of indigenous techniques.

- Some qualified educational psychologists would be willing to attend training in the use of indigenous techniques.
- Therapists who are not comfortable playing Mmaskitlane could still use the second method of implementation of the game.
- The empirical findings confirm the conclusions I drew from the literature, especially with regard to the use of metaphoric stories, puppets, mutual storytelling, and imaginative pretend play (see 2.9.1; 2.9.3; 2.9.5; and 2.9.7).
- I found out with great concern that most parents/guardians declined to give consent for both audio and video recordings of their children's cases. That happened despite the fact that I promised confidentiality, and showed them that the promise was included in the forms, containing my signature, that requested their consent (see Appendix F). I will make a recommendation on this in the final chapter.

#### **4.6 CONCLUSION**

This chapter explored the effective utilisation of Mmaskitlane as a therapeutic tool with children experiencing emotional problems. Pernicano (2010:3) reports that stories plant seeds for the possibility of change. Mmaskitlane was used during play therapy as a projective, psycho-educational, cathartic and debriefing medium in order to help learners cope better with emotional problems. As children were taken through therapy I explored and described their experiences.

The following chapter will provide guidelines for the effective use of this technique. The guidelines will be drawn from my experience of using the technique during the empirical investigation, as well as from knowledge gained from the literature.

## CHAPTER 5

### GUIDELINES FOR THE UTILISATION OF MMASKITLANE

Figure 5.1 Overview of Chapter 5

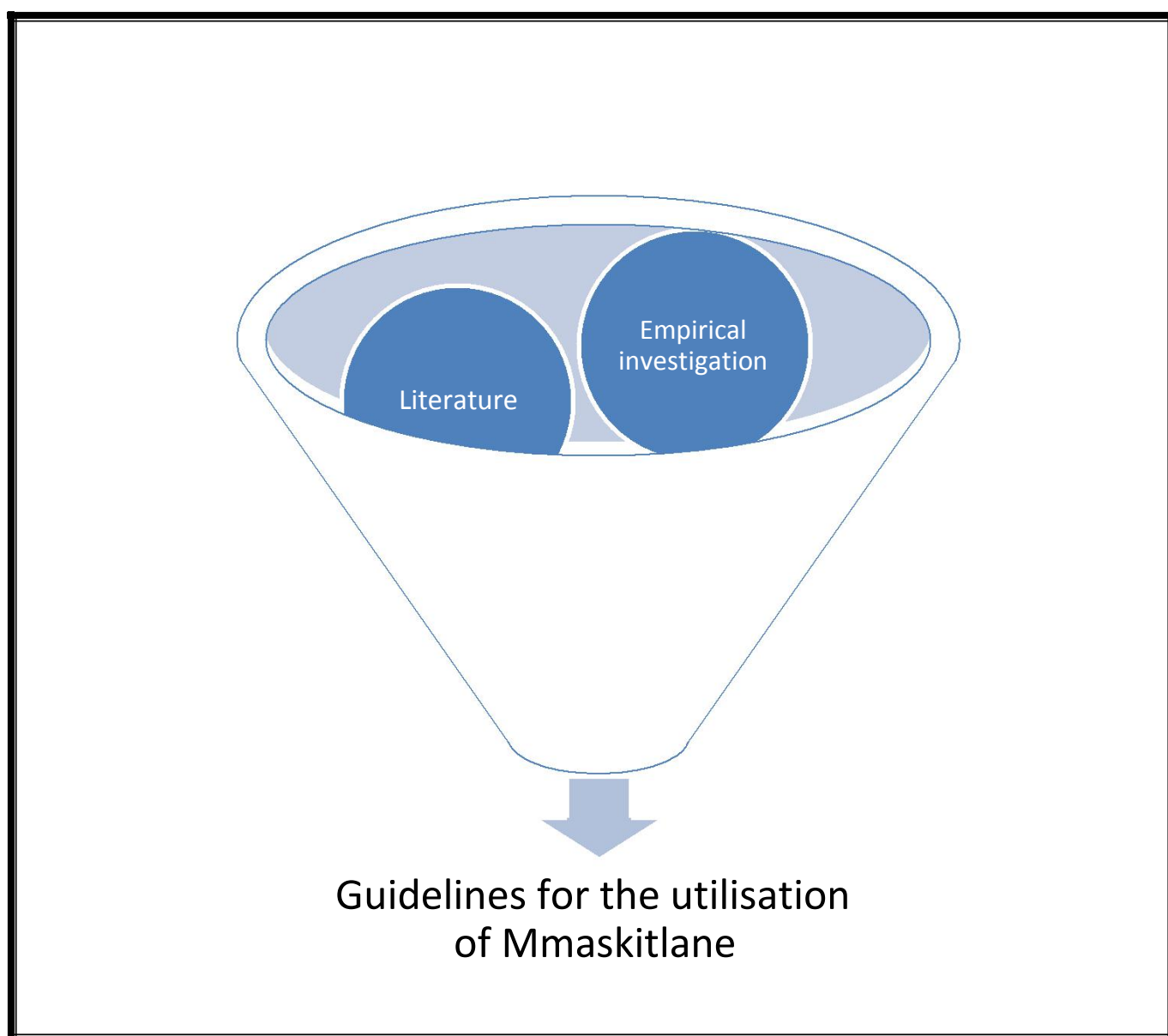
	<b>INTRODUCTION</b>	
	<b>GUIDELINES FOR PREPARING AN EFFECTIVE CLIMATE FOR THE UTILISATION OF MMASKITLANE</b>	
	<b>GUIDELINES FOR EFFECTIVE IMPLEMENTATION OF MMASKITLANE</b>	
	<b>HOW TO USE MMASKITLANE TO ACHIEVE SPECIFIC GOALS</b>	
	<b>GENERAL HINTS FOR EFFECTIVE UTILISATION OF MMASKITLANE</b>	
	<b>CONCLUSION</b>	

#### 5.1 INTRODUCTION

The empirical outcomes of the study were documented in the previous chapter. A report was given as to how Mmaskitlane was used as a therapeutic tool. Examples were given of how it was used as a projective, cathartic, psycho-educative and debriefing medium. The purpose of this chapter is to provide guidelines for the effective implementation of Mmaskitlane in play therapy by educational psychologists. The empirical findings and literature, together

with the experience gained through the use of this therapeutic tool, will enhance the achievement of this goal. The process that resulted in the formulation of the guidelines is presented schematically as follows:

**Figure 5.2 Procedures that resulted in the formulation of the guidelines for the utilisation of Mmaskitlane**



## **5.2 GUIDELINES FOR PREPARING AN EFFECTIVE CLIMATE FOR THE UTILISATION OF MMASKITLANE**

Mmaskitlane is a therapeutic technique used in play therapy. All therapeutic settings and requirements must be met for it to be implemented successfully. What follows is a description of the envisaged conducive climate for the implementation of the technique.

### **5.2.1 The therapeutic climate and client relationship for Mmaskitlane**

The establishment of an empathic relationship is of vital importance for therapy to be effective. A solid base of rapport and acceptance should be established with the clients. In order for this to be realised the following essential principles should be observed and adhered to:

#### **5.2.1.1 Empathy**

Empathy relates to the ability to project oneself into another person's experiential world while remaining unconditionally one's own self. Empathic therapists are able to enter into the subjective world of the client and to make an accurate representation of the client's internal frame of reference. They forget themselves, move into the client's world, focus on the clients, understand as their clients do, feel as their clients do, and see things as their clients do (Strydom, Roets, Wiechers & Kruger, 2002:95–103).

According to Kottman (2011:221–223) as well as Schaefer and Cangelosi (2002:136–141) it is necessary for therapists to build a relationship with the child before telling a story. This will enhance the likelihood that the child will listen to the story and care about the message. This is particularly true for Mmaskitlane, as it is basically storytelling. The opposite is also true where Mmaskitlane is concerned: that is, the likelihood that the child will be willing to tell their story with the hope that the therapist will be willing to listen and care about the message.

Empathic therapists should not only be good listeners. They should also ensure that they communicate to their clients that they understand their anxieties, frustrations and emotions. One way of doing this is through giving non-judgmental feedback. This can be done by reflecting, to ensure that what you hear and feel is indeed what the client said. However, feedback should:

- be used sparingly, when the client is ready to hear it
- be used in the client's language and phrased simply so that the client can understand
- contain only one idea at a time.

Feedback can also apply to the question and answer stage of Mmaskitlane, where questions and answers are based on role-played stories or scenarios. For example, in the case of Jezy (see 4.4.2.3), where the main character in her role-played story was Matlotlo, I used feedback in question 7 (see table 4.4). By asking whether Jezy was saying that Matlotlo did not do anything wrong, I was mirroring Jezy's underlying message or feeling about Matlotlo's innocence, which I believed to be a reflection of her feelings.

#### 5.2.1.2 Positive regard

Therapists should show respect for their clients' individuality and human dignity, as well as concern for their welfare. The clients must feel free to express any thought, desire or feeling without fear of disapproval or rejection. Clients must be given the explicit and implicit message that they are free to be themselves. They should have the assurance that they are respected for who they are.

Positive regard is also known as unconditional personal regard. This implies that no conditions are laid down for acceptance. All aspects of the clients are accepted unconditionally. There should be no judgement and no placing of words in the clients' mouths (Strydom et al., 2002:95–103).

I have already explained in 1.3 that learners playing this game will more often than not stop playing if they become aware that they are being watched or listened to. This is especially true if the observer is an adult and if the player is an emotionally troubled learner. It is therefore imperative that the clients should feel accepted unconditionally in order to loosen their defences. It should be noted that, unquestionably, without unconditional personal regard clients will not reach a relaxed stage where they are able to project their challenges through Mmaskitlane. This is the reason why therapists will have to stay with the client until the relaxed stage is achieved. Positive regard enhances a speedy attainment of the relaxed stage.

With regard to Mmaskitlane, therapists should observe and discover what types of players their clients are. Treat them as such, and do not force them into being a type of player they

are not. For example, if a client is a steady-mover, do not treat them as if they are the go-getters. This will come across as though you are impatient with the client, and there is a possibility that they might disengage. You have to accept the fact that it might be difficult for some clients to come up with scenarios or stories to role-play, while it could be easy for others to do this.

Other clients could present with unpleasant conditions like Tshidi in 4.4.1. The reported and experienced unpleasant smell did not make me treat her differently from other clients. I treated her with respect and human dignity, and the therapeutic relationship was therefore developed. This is where tolerance is required on the part of a therapist. Therapists should guard against situations where they may not necessarily have certain information about clients and might if not careful and cautious, develop snap judgements. Clients will almost always sense negative perceptions, and that will definitely prohibit attainment of a relaxed stage.

Trust is an essential requirement for attainment of a therapeutic relationship. This is even more so if Mmaskitlane is to be used effectively. Trust will not be achieved where there is no positive regard. However, for clients to feel sure of themselves so that they are able to take risks, especially that of playing Mmaskitlane in the presence of an adult, requires a high degree of trust.

Unconditional personal regard and trust enhance the formation of a climate where clients are gradually allowed to become aware of their incongruent inner experiences. Mmaskitlane enhances the verbalisation of emotions stemming from such experiences, which used to be or could still be socially unacceptable. It is important for therapists to provide confirmation of unwavering positive personal acceptance and understanding of their clients' evolving selves. This confirmation is necessary to assure clients that the therapists believe in their potential to actualise.

### 5.2.1.3 Genuineness

Genuineness refers to the ability of therapists to be themselves, without any artificiality, without being defensive, and without playing a role. Their words and behaviour should reflect their actual inner emotions. Genuine therapists are open, spontaneous, and share their ideas and opinions. If their ideas and opinions are incongruent, they verbalise the

mixed emotions and thoughts in a true, authentic and genuine manner. They are not evasive or defensive.

To be genuine, therapists need to rely on being considerate towards their clients from moment to moment. The attempt to understand their clients will enhance their perception that they are experiencing the things that the clients experience, that is, they are able to empathise with the clients. The willingness of therapists to be genuine in a therapeutic relationship provides the clients with a basis of reality that they can trust. To be genuine therapists also need to rely on the experiences they share with the clients at all times. A genuine experience of the clients' emotions is a matter of sharing the clients' emotions on an affective level and not on a cognitive knowledge level. It is therefore essential that therapists should not act or pretend to be interested in the clients, or pretend to care and to have respect. Doing so will only result in therapists bluffing themselves, since they will not attain the goals of therapy (Strydom et al., 2002:95–103).

Genuineness is an indispensable requirement for the effective implementation of Mmaskitlane in play therapy. To be genuine while implementing the game one has to be familiar with it. To be familiar with it one has to undergo training regarding its implementation if one is not already familiar with it. Once one has been familiarised with the game, one has to be fully in touch with reality. There has to be a reasonable degree of honesty on the part of therapists as to whether they are comfortable with the game or not. Therapists should not implement the game, just because learners are comfortable with it, when the therapists are not. That will not yield the desired results if the therapists are using the first method of implementation (see 5.3 for the explanation of the two methods).

For some clients to be able to achieve a relaxed stage, therapists have to demonstrate that they are comfortable with the game by playing it. It has been my observation that this is more often than not the case. To be able to model the game, one has to be realistic and honest about one's stance where the game is concerned. It therefore stands to reason that therapists who are not comfortable with playing the game should refrain from using the first method of implementation. It is, however, very important for therapists not to assume that they are not comfortable with the game prior to obtaining training and practice regarding its implementation. Making such an assumption would deprive clients of one of the efficient ways in which they can acquire healing.



For effective implementation of Mmaskitlane in play therapy, therapists will have to lose the “professional” attitude. They should, on the contrary, activate their “free child” in the ego states according to Eric Berne’s transactional analysis. The “free child” is the original, creative part of a person. It is curious, sensuous, affectionate, natural, spontaneous, impulsive and fun-loving, according to Berne (1910–1970).

The activation of a “free child” will enhance not only the attainment of genuineness, but it will also enable therapists to flow with the imaginary role play as well as the pretend play that Mmaskitlane is. It should be noted that the element of pretence here refers to the play cycle (see 2.6) or the play process, and not the actual relationship with the client as explained above. The implication here is that therapists will find it easy to engage with clients on their level.

#### 5.2.1.4 Self-revelation and concreteness

Self-revelation refers to activities through which therapists share their own experiences, attitudes, and emotions with their clients. For self-revelation to yield therapeutic effects it must be meaningful in both context and content. It must also be the truth, and it must be done with discretion. Finally, it must be appropriate and the timing of its usage must be right. If the above conditions are not met, self-revelation will not benefit the clients.

The significance of self-revelation by therapists is that it helps clients to feel that:

- they are acceptable on a human level
- they are not as different from other people as they thought or imagined
- therapists also have human characteristics, frustrations, shortcomings and doubts.

Self-revelation also enhances the establishment of trust. As a result, it can help in fast-tracking the therapeutic relationship to a deeper level. It enables clients to disclose more about themselves, especially those aspects of themselves that they have problems with or that they are ashamed of (Strydom et al., 2002:95–103).

An empirical example of the use of self-revelation when implementing Mmaskitlane is documented in Sankie’s case (see 4.4.3.3). That is when I told him that I was once burned by boiling oil while preparing fat cakes for my family. I explained that, irrespective of that, I still bake fat cakes whenever I want to. I believe that the self-revelation assisted him in role-playing his experience the way that he did, not forgetting, though, how the role-play

enhanced his venting of negative energy and attaining mastery. From the above example it is clear that self-reflection may be used when implementing Mmaskitlane. It is, however, imperative that all the above-mentioned conditions should be met, as is the case in the cited example.

Concreteness, on the other hand, means focusing on appropriate emotions and issues. It refers to situations where clients make vague complaints and therapists ground them in order for the root of the problem to be identified. This can be done, for example, by using techniques such as reflection or feedback to assist clients in phrasing their challenges more explicitly. Often question words such as “when”, “where”, “how” and “what” are used by therapists to help clients determine what their concrete challenges are. Concreteness allows therapists to assist clients to discover their own emotions instead of speculating about them. Therapists that are active listeners are able to spot clues which indicate that there are problems that clients would like to address if they can be assisted, through concreteness, to do so. Such therapists are effective therapists (Strydom et al., 2002:95–103).

Therapists should make use of concreteness where necessary for Mmaskitlane to be used effectively. An empirical example of the use of concreteness during the implementation of Mmaskitlane is an example found in Tsidi’s case (see 4.4.1.3). When I asked her, in question six, how Keli felt about staying alone, I was actually guiding her to focus on her feelings, albeit in the form of a metaphor. This example shows that concreteness can and should be used while implementing Mmaskitlane to guide clients into dealing with the issue at hand.

## **5.2.2 Contextual factors**

It is necessary to ensure that the contexts for the implementation of Mmaskitlane are appropriate and conducive for its effective application. Relevant contexts enhance the achievement of desirable outcomes. To achieve this goal, the following factors should be considered:

### **5.2.2.1 The site**

The sites where therapy takes place should be conducive for play therapy. This is usually not a problem where therapy occurs at private practices. However, where therapy is conducted in departmental institutions, therapists should take appropriate steps to ensure that there are no potential obstacles and other distracters. These could vary from one

institution to another. Amongst other things, therapists should ensure that the noise levels are acceptable, that is, such that therapy is not hindered, and that there are no distracting movements.

#### 5.2.2.2 The therapy room

The therapy room should, preferably, be a consistent element, that is, therapy should not be conducted at different locations, for example by moving it between rooms. This will help to keep the client focused. It is important that the toilet should be within easy reach. It can happen at any given moment during sessions that a client could need to use the toilet, as happened in Jezy's case (see 4.4.2.3) during the empirical investigation. It worked out well that she could access the facility quickly and that I was also able to monitor her. As is the case in all forms of therapy, water and tissues are a must.

The fact that the therapy rooms that I used during the empirical investigation did not have toys, as one would expect of a play therapy room, was a blessing in disguise. The clients were not distracted by other toys and as a result they paid undivided attention to the Mmaskitlane activities. Where the therapy room is well resourced it is recommended that other toys could be locked up to prevent overstimulation and divided attention. Therapists should use their discretion as to whether they sit with clients at a table or on the carpet on the floor. It also helps to engage the client in this respect, as it gives them a sense of being important to a point of taking part in decision-making. It also enhances the development of a good relationship.

Resources for Mmaskitlane should be within easy reach. It is recommended that therapists make available all the materials for both forms of Mmaskitlane in all sessions. This should be done even though it is a known fact that younger clients prefer the first form, while older ones prefer the second form. It will be up to the individual client to choose which materials to use. The choice will decide the form to be played, that is, picking stones will imply that the client chose to play the first form of Mmaskitlane. The implication of picking the book/chart and pointer is that the client prefers to play the second form of Mmaskitlane.

#### 5.2.2.3 Culture

Culture, as in social heritage and cultural tools, is one of the factors that shape the psychosocial differentiation in the direction of a given people's cultural meaning systems.

The reciprocal processes by which culture and psyche co-construct, result in divergences in

the praxes, intelligences, and desirable developmental outcomes and child states that are valued and promoted by different peoples in different times and societies (Nsamenang, 2008:73).

Therapists should be mindful of the client's culture in order to better understand their behaviour because for all people, culture significantly shapes the sense of self and their worldviews, values, and belief systems. The clients are children who are placed at the centre of the larger socio-cultural context. As articulated in the social constructivist point of view, they are surrounded by a series of external contexts that can directly or indirectly shape their behaviour.

It stands to reason therefore that clients from various communities will behave in different ways. This is another reason why therapists have to handle each client's case on its merits.

### **5.2.3 The therapist**

Therapists bear the greater part of the responsibilities in the process of therapy. They have to ensure that the therapeutic climate and relationship are intact, as explained in 5.2.1 above. Mmaskitlane is storytelling, and as a result therapists using it should be good in the following areas:

#### **5.2.3.1 They should be good listeners**

They should hear accurately. To hear accurately means hearing not only what the clients are saying but also what the clients are saying to themselves. Therapists should listen to the following:

##### **(i) Verbal communication**

This includes the formulation of ideas, choice of words and fluency of verbal messages.

##### **(ii) Emotional aspects of speech**

Amongst these are hesitations, tone of voice, intonation, long silences and stammering.

##### **(iii) Emotional meaning of words and sentences**

There is a lot more of information in words than just what they describe. Words and their emotional meaning are in many ways associated with non-verbal signals. Therapists should be careful not to take words at their face value. Words like "fool" or "liar" do not only refer to

certain characteristics of a person, but also explains that the speaker is negatively disposed towards that person.

In the same way as words, sentences also have emotional connotations. Clients might utter a sentence with a completely different secondary meaning from its literal meaning.

Therapists must always contextualise what clients are saying. If we are to take Tshidi's case as an example (see 4.4.1.3), and consider question 14 in table 4.3, we can definitely hear more than just the physical condition of tiredness. I could perceive an emotional connotation in the sentence. Unfortunately, or maybe even fortunately, she could not name the underlying emotions at that moment. It was unfortunate because she could not process the emotions at that point. However, it was fortunate because I believe I acted appropriately by not pushing her into what she was not ready to handle.

#### (iv) Metalanguage

Metalanguage is the language behind the words. At times clients may utter phrases that are commonly used in societies. Such phrases may seem to mean one thing while on the other hand they may be implying something else. Take a phrase like "all people make mistakes", for example. Some clients might use it when they should be accepting responsibility for their actions. It could be used to mean that even though they may be acknowledging the mistake, they should not be held accountable because everybody else also does it. In other words, the clients might be questioning why the therapist is making a big deal out of a trivial matter.

#### 5.2.3.2 They should see accurately

Therapists cannot and should not only rely on what the clients are saying. Neither should they rely only on what they are hearing, as explained in 5.2.3.1, above. It is also the responsibility of the therapist to see accurately. They should be able to perceive aspects of non-verbal behaviour such as the use of space, eye contact, posture, touching and physical gestures.

Taking note of non-verbal communication will enable therapists to perceive their clients' attitudes. This can be indicated by the clients' facial and bodily clues. Other such indications could be the tone of voice, foot and hand movements, as well as the use of interpersonal space. Non-verbal communication is commonly used to communicate feelings, aspects of immediate response, and attitudes. Verbal communication on the other hand is usually used to discuss objects and people. Although Mmaskitlane is a verbal form of play, it is also non-

verbal, especially in therapy. To enhance the interplay between both verbal and non-verbal communication requires that therapists should be sensitive and vigilant.

#### 5.2.3.3 They should sense accurately

Therapists should be able to sense the prevailing emotional mood between themselves and their clients. The climate for interaction between therapists and clients should be conducive for therapy. As children may not always be able to express themselves in words, it is up to the therapist to be able to sense when the mood or the climate is not right for therapy.

The therapist also needs to sense their client's emotional experience. In order for the therapist to sense what their client is feeling, they need to synchronise with the client. The therapist should then be able to convey this understanding to the client verbally, in a language that is adjusted to the client's feelings. For example, when a therapist says to the client "I get it", the client can get the feeling that they are understood.

### **5.3 GUIDELINES FOR THE EFFECTIVE IMPLEMENTATION OF MMASKITLANE**

There are two methods through which therapists can utilise Mmaskitlane in both its forms. The first method is the one that was used in this investigation. This is the method where the therapist is also a player. The second method is the one where the therapist is a non-player and only an observer. The clients are the only ones who play while the therapist observes, listens and engages in the question and answer stage of the play. The following are the guidelines for these two methods:

#### **5.3.1 The first method**

To be able to use this method, therapists must be comfortable with playing Mmaskitlane themselves. This is the method where the discussion about genuineness, as set out earlier, should be followed fully (see 5.2.1.3). The method tallies with what Geldard et al. (2013:242–245) call parallel play and co-playing (see 2.9.7.2).

The following are recommended steps to be taken for the method to be effective, in conjunction with what Kottman (2011:221–223) and Schaefer and Cangelosi (2002:136–141) recommend for custom-designing an effective metaphor, since Mmaskitlane can in fact be likened to a metaphor:

#### 5.3.1.1 Gather background as well as collateral information about the client

Collect information about the client and their family background, experiences, personality, etc., in order for the role-played stories to be relevant. This knowledge will come in handy when custom-designing stories to be role-played. However, the details in the custom-designed stories should not be too close or too distant from the client's situation. If the parallels to the client's life are too close, it is likely to evoke defensive reactions.

On the other hand, if stories have too few parallels to clients' lives, the clients might not be interested in or engage with the stories since there will be no similarities between them and the characters. There is a probability that the clients will miss the relevance of the stories to their lives. The result will be that the clients ignore the stories' messages and teachings.

Both scenarios will defeat the purpose of using Mmaskitlane therapeutically.

Knowledge of the client's medical history is an important part of their background information. It will come in handy when proceeding with therapy. For example, if they fall asleep during therapy, as happened in the case of Omolemo (see 4.3.3.3), could this be due to a mild form of epilepsy, narcolepsy, or some other disease, or could it just be fatigue or ordinary sleep?

#### 5.3.1.2 Build a relationship with the client

It is imperative to build a relationship with the child before using Mmaskitlane. Doing so will increase the likelihood that the client will engage in the play activity. Engagement will enhance the likelihood that they will care about the message contained in the stories. Therapists should maintain confidentiality at all times, and should never talk about the client's challenges in the presence of other people, for example, significant others or teachers.

Treat each client as a unique human being. Clients are not the same: some will require a lot of patience and more tolerance than others. The openness and genuineness of the therapist enhances development of a good relationship with the client. In order to win the confidence and trust of the client it is advisable to participate in whatever story they bring to the table, irrespective of how insignificant it might sound to the therapist. In those cases where therapists participate in the playing, their play should convince the client of their genuine interest.

### 5.3.1.3 Ask whether the client is familiar with Mmaskitlane

Not all learners are familiar with the game. It is therefore very important to ask the client if they are familiar with it or not. A very minute percentage of clients will indicate outright their familiarity with it, without the therapist having to ask. These are those few clients who will spontaneously show interest in the materials, pull them out, or initiate a conversation or start to play Mmaskitlane. However, with the majority of clients it is up to the therapist to ask if they are familiar or not. This is because most emotionally challenged children will not readily play Mmaskitlane in the presence of an observer, as has already been explained in 1.3.

### 5.3.1.4 Determine what type of player the client is

When therapists know the background and collateral information of the client, it is also important to know what type of player the client is, as explained in 4.2.2. Some clients, the “go-getters”, will spontaneously pull out the play material (relevant to their age group for either the first form or the second form of the game), and start to role-play a scenario of their own choice. Others, the “ready-movers”, will wait for the instruction to play before playing their own scenarios.

The third type, the “steady-movers”, will pull out the material after being asked to play, but they will also wait for an instruction on which scenarios to play. Other clients may know the game but have a negative perception about it, as is the case with some boys and a minority of girls. However, some of these clients, the “wheelbarrow-movers”, when given an opportunity to practise Mmaskitlane, end up playing comfortably. The last type comprises clients who down-grade the game as being that of children who don’t have toys, the “opportune-movers”. Just as is the case with the “wheelbarrow-movers”, once given an opportunity to practise, some “opportune-movers” also end up playing it comfortably.

Knowing the type of mover or potential mover the therapist is dealing with will guide them on how to proceed with therapy. For an example, if they are dealing with a “non-mover” – those clients who, regardless of the amount of practice they may be given, remain uninterested in the game – it will be fruitless to try and use the technique. On the other hand, when dealing with a potential mover, it would benefit the client if they can be given an opportunity to practise the game.



#### 5.3.1.5 Ensure that the right form of Mmaskitlane is utilised

It has already been explained in 1.3 that technique comes in two forms. Depending on their developmental level, empirical investigation has shown that clients will use either the first form or the second one (see 1.3). The therapist should allow clients to make their own choice as to which form they would like to play.

A seven-year-old client might prefer to still use the first form, while other seven-year-old clients might prefer the second form. If the therapist should prescribe the second form for the first seven-year-old, it would be an injustice for that child, but more than that, imposing such a choice would reduce the impact the therapy has compared what it could achieve if the form of Mmaskitlane the child prefers was used. A client's mental age does not necessarily correspond with their chronological age. Prescribing the form of play based on age would not be effective in such cases. To achieve maximum effect when using the technique, therapists should be directed by clients as to which form they will play.

#### 5.3.1.6 Enable clients to reach the relaxed stage

The relaxed stage refers to a point that is reached with Mmaskitlane where a client is comfortable to role-play any type of scenario in the presence of a therapist (see 1.7.5). By now it is a well-known fact that most emotionally challenged clients are not comfortable with playing the game in the presence of an observer, especially if the observer is an adult. The relaxed stage is not easily attained. However, given the required prerequisites for effective implementation of Mmaskitlane, as explained in 5.2 above, attainment of a relaxed stage can be advantageous.

Included with these prerequisites should be sufficient opportunity to practise the game for those who need it. Each client is unique, and there is therefore no "one size fits all" time requirement for clients. Some clients may not need any practise, others may need a little, while another lot may need quite a bit longer to practise. Regardless of how long it might take for clients to reach this stage, it is imperative that therapists should stay with the client until a relaxed stage is attained. Attempting to implement the technique where a relaxed stage has not been achieved will be an exercise in futility.

When clients get absorbed into role-playing scenes related to their scenarios, it should be an indication to the therapist that they are at a relaxed stage. That will be the time for the therapist to take a step back and let the clients play in their own way.

#### 5.3.1.7 Use a time in the past or future to tell the story

Being strategic about using time in the past or future makes it possible for clients to get involved in the details without becoming aware that the story is about their lives. The therapist may begin with words like "A long time ago ...". "Several years ago ...", or "Many years into the future, there will be ...". This "plausible deniability" is necessary for some children to be able to hear the embedded message. When this strategy is employed, clients do not automatically switch on their defences because if the story took place long ago or will take place sometime in the future, it definitely cannot be about them.

#### 5.3.1.8 Describe the characters by very clearly giving each a name and emphasising key physical, emotional, and mental characteristics

Younger children like using animation in storytelling. However, I have not yet come across a participant in either, my masters' study, or this investigation, or in my practice as a psychologist, where animation was used in Mmaskitlane. That could be the reason why I have also never attempted using it. However, that need not imply that it cannot be used. I believe that if one were to come across a client, especially in the first form of the game, who prefers using animation, one could effectively utilise it.

Depending on the story and the client's challenge, the characters in the story should include the protagonist (a person who represents the client), the antagonist (a person or situation that is creating problems for the protagonist), a resource person (someone who can provide advice or assistance for the protagonist), and one or more allies (a person who is supportive of the protagonist). These characters may not necessarily all be present in one story. The characters can be realistic or highly imaginative, depending on the client, as well as on their experience or challenge.

Depending on the developmental stage of the client it is sometimes advisable to change the gender of the protagonist. For example, in the case of Omolemo, who is a girl (see 4.3.3.3), the protagonist in the role-played story was Modise, a boy. I believe the story had a greater impact than it would have if the protagonist had been the same gender as the client.

#### 5.3.1.9 Describe the problem encountered by the protagonist in concrete terms

The role-played story should contain a challenge that is similar to the one encountered by the child. However, the correlation between the two problems should not be too obvious.

Therapists must also be careful not to point out the similarity between the problems encountered by the characters and the client. It is up to the client whether they respond to this correspondence on the conscious or unconscious level, and whether or not they acknowledge the parallels.

For example, in the case of Jezy in 4.4.2.3, I thought it wise to leave it up to her whether to deal with the metaphor on the conscious or unconscious level, and whether to acknowledge the parallel or not.

#### 5.3.1.10 Watch the client's verbal and non-verbal reactions as the story unfolds

The client's reactions may lead the therapist to change the contents of the story or the manner of its telling. It is therefore very important that the therapist should watch the child's body language. The focus should be on things like eye movement, eye contact, activity and energy level, verbal comments (both positive and negative), as well as general engagement. General engagement will include things such as:

- the amount of pressure exerted, that is, how hard the stones are hit against each other in the first form of play, and how hard the pointer (pen) is hit against the paper/chart in the second form
- pace, that is, the speed at which the stones are hit against each other or the speed at which the pointer is hit against the paper/chart
- frequency, that is, the number of times that the stones are hit against each other or the number of times that pointer is hit against the paper/chart
- volume of speech. When the client is inaudible, use your own discretion as to how to deal with the situation. It is important to check the reason why that is happening. For example, it could be due to the fact that rapport has not yet been satisfactorily established; if the child was audible enough in prior stories it could be due to the fact that they are portraying resistance or dissatisfaction. Heightened anxiety could be another possible cause.

When clients experience an increase in negative energy, all the above-mentioned general engagements also increase. The degree of increase in negative energy is proportional to the degree of increase in the general engagements, that is, the more intense the negative energy that is experienced, the greater the pressure, pace and frequency of hitting becomes. This increase goes along with a tense body posture such as, for example,

frowning, clenching of fists, etc., as well as an increase in volume. All these result in a cathartic experience.

5.3.1.11 It is often helpful to include several obstacles, even though the protagonist should make progress in overcoming the challenge

Including a few obstacles keeps the stories closer to reality rather than suggesting that the client's challenge is easy to fix. Some level of struggle and conflict should be added in order for the protagonist to earn the final triumph. Doing so will help clients get the idea that they must work to make changes in their situations. The inclusion also makes for a more interesting and engaging plot.

The resource person and the allies can be of assistance to the protagonist when needed. However, the protagonist should make the decisions and be responsible for most of the attempts taken to come to the resolution. This allows the client to become aware that they must ultimately be responsible for solving problems they are faced with. At the same time, it also makes them aware that help is available for generating solutions and for support in implementing them.

5.3.1.12 Ensure that the resolution to the original problem is concrete and  
clearly defined

The resolution does not have to completely solve the problem. It should nevertheless demonstrate that the protagonist has made progress in coping with the problem and the obstacles that have interfered with their progress. The steps taken by the protagonist to bring about changes, and the results of those efforts, should be made very clear. This will help clients to gain a concrete understanding of the message that is conveyed, or the lesson that is taught.

5.3.1.13 Close the stories with some type of celebration and affirmation of the progress represented in the resolution

The celebration can come in the form of a party or an opportunity for the protagonists to proudly explain to others what they have learned. The resource person and/or the allies can congratulate the protagonist. Any means of bringing closure to the story and acknowledging the protagonist's progress can be used.

#### 5.3.1.14 Enhance the achievement of mastery over past issues and events

Therapists may invite clients to use Mmaskitlane as imaginative pretend play to re-create unpleasant or painful experiences. Such experiences usually result in children feeling helpless and disempowered. As clients act out in the form of role-playing, they may be encouraged to be more actively involved in events that might previously have been experienced passively. For example, in the case of Sankie, as reported in 4.4.3.3, the boy was given an opportunity to relive his painful experience in the safety of therapy. As a result, he was able to process his emotions and attain mastery.

To achieve this, in some cases, the clients should be invited to repeat the role-play several times. In each repetition the child is encouraged to experiment with new behaviours which are more powerful and involve taking control. Martyn (2007:145) states that the need to repeat is related to the immortality of the unconscious wish. He goes on to state that what gets repeated is everything that has to do with the driving force of the wish, including everything not accessible to the conscious mind. The result of the clients' repetitions will be that clients will move from a position of victimhood and gain a sense of mastery over events that have been threatening (Geldard et al., 2013:241–243).

#### 5.3.1.15 Decide how you want to handle the processing of the story

Clients become engaged by processing the stories through the questions and clarity-seeking comments. Clients may also be left to reach a conclusion about the story without any verbal processing through the use of questions and answers if the therapist deems that necessary. For children who respond positively to verbal processing, therapists should not allude to any application of the stories' messages in their lives. The discussion should be based on emotions, attitudes, behaviour, decisions, results, and the problem-solving strategies of the characters in the stories.

No connection should be made to the parallel with the child's situation. Some children are willing to apply the stories' lessons to their lives. Such children will make comments such as, "That is like my situation", or "I felt just like that when my parents got a divorce". For example, in Jezy's case as reported in 4.4.2.3, at the end of the question and answer stage of the last Mmaskitlane game, she made a comment, without any probing from me whatsoever, that if ever she were to find herself a victim of crime, she would tell her mother or grandmother.

This tacitly gives therapists permission to process directly the underlying messages and lessons of the stories. Other clients might not respond to attempts to discuss the story, whether directly or indirectly. This does not imply that the stories were not helpful to them, or that they did not learn the lessons contained in the stories. Such clients might bring up the story weeks or even months later and want to discuss it. Other clients may not bring up the story, but changes in behaviour and attitudes will be apparent.

#### 5.3.1.16 Do not take the clients' reactions personally

It might happen that a story does not have any impact on a particular client. Therapists may invest a lot of trust and hope in their own creation. They may invest in a client liking the story, learning what they want to teach, and making miraculous changes as a result of their efforts. It is therefore very important that therapists do not get so invested in the stories' effects that they take the clients' reactions to it personally.

There is a possibility, according to Moon (2007:129), that not every metaphoric intervention will lead to positive outcomes. Sometimes clients are not yet psychologically ready to understand or interpret the indirect message of a therapist's metaphor. Nevertheless, in such situations, the indirectness of metaphoric communication serves an important protective function in that no harm comes to the relationship as a result of the intervention (Moon, 2007:129). The same can be said of stories role-played through Mmaskitlane.

#### 5.3.2 The second method

Some therapists may feel that they cannot utilise the first method due to the fact that they don't know the game or are not comfortable playing it. These should not be reasons for avoiding the use of Mmaskitlane. There may be quite a number of learners who are comfortable with the game who consult with such therapists. Denying them an opportunity to use this form of play might be tantamount to not being culturally sensitive in such a case. Cultural sensitivity should be a priority in this era of the African Renaissance.

It is in such instances where the second method of implementation is relevant. The method does not require therapists to play the game. Apart from ensuring that all prerequisites for effective therapy are put in place, therapists are required to be active listeners and observers when using this method. Materials for playing both forms of Mmaskitlane should be provided, together with other toys, at the same time making sure that clients are not overstimulated. Clients should be given the liberty to choose which toys to engage with.

Therapists will allow clients who chose the game to proceed with play. The implication will be that such clients are comfortable playing, irrespective of the fact that they are being observed. Therapists should remain mindful of the following elements:

#### 5.3.2.1 Focus on the play

The fact that clients are at a sufficiently relaxed stage to play Mmaskitlane implies that there is a high possibility that they might tap right away into role-playing stories connected to their challenges. Nevertheless, a possibility still exists that other clients might want to test the therapists' tolerance by playing stories not related to their challenges. Both the background and collateral information will guide the therapist into spotting whether the client falls into the former or the latter kind of role-playing. Regardless of which one the client is engaged in, therapists have to be observant in order to be able to engage in the question and answer stage of the client's play.

In situations where clients are testing the therapist's tolerance, clients will unconsciously end up tapping into scenarios portraying their challenges if they experience the therapist's active involvement and genuineness.

#### 5.3.2.2 Focus on the client

While listening actively to the unfolding stories, therapists should not fail to keep their focus on the playing client. The client's body language will provide therapists with a lot of information. Things to watch for include eye movement, eye contact, activity and energy level, verbal comments (both positive and negative), as well as general engagement. General engagement will include things like

- the amount of pressure exerted, that is, how hard the stones are hit against each other in the first form of play and how hard the pointer (pen) is hit against the paper/chart in the second form
- the pace, that is, the speed at which the stones are hit against each other or the speed at which the pointer is hit against the paper/chart
- the frequency, that is, the number of times that the stones are hit against each other or the number of times that the pointer is hit against the paper/chart.

When clients experience an increase in negative energy, all the above-mentioned general engagements also increase. The degree of increase in negative energy is proportional to the

degree of increase in the general engagements; that is, the more intense the negative energy that is experienced, the greater the pressure, pace and frequency of hitting becomes. The increase goes along with a tense body posture, for example, frowning, clenching of fists, etc., as well as an increase in volume. All these result in a cathartic experience.

#### 5.3.2.3 Decide how you want to handle the processing of the story

Processing occurs during the question and answer stage. Clarity-seeking comments may also be used as a way of processing the stories. The therapist asks questions that will lead the client into consciously or unconsciously dealing with their situation. Clients may also be left to reach a conclusion about the story without any verbal processing, through the use of questions and answers, if the therapist deems this necessary.

For children who respond positively to verbal processing, therapists should not allude to any application of the stories' messages in their lives. The discussion should be based on emotions, attitudes, behaviour, decisions, results, and the problem-solving strategies of the characters in the stories. No connection should be made to any parallel with the child's situation. Some children are willing to apply the stories' lessons to their lives.

#### 5.3.2.4 Affirm the clients' good play

All people like it when they are congratulated for doing well. This is more so the case with children. It is of the uttermost importance where emotionally challenged children are concerned. Affirmation and validation enhance both self-image and self-esteem. It is therefore very important for therapists to congratulate and praise clients for rendering a good role-play. Tell them whatever positive words you deem necessary at that time.

Since therapists using the second method might not custom-design stories to be used for psycho-education, since they are not players, they will use other forms of therapy in conjunction with Mmaskitlane.

## **5.4 HOW TO USE MMASKITLANE TO ACHIEVE SPECIFIC GOALS**

Mmaskitlane is in essence projective play as well as imaginative pretend play. It can be used as a projective medium as well as to achieve the same goals that can be achieved through



imaginative pretend play. What follows is a guide to using Mmaskitlane to achieve these goals.

#### **5.4.1 How to use Mmaskitlane as a projective technique**

Mmaskitlane is a projective form of play. As is the case with all the projective techniques, it is unstructured and relies on different ambiguous stimuli, such as the diagrams and names that are used in the game (see 1.3). As they play, children reveal a good deal about their personal preoccupations, conflicts, motives, coping mechanisms and personality characteristics. Since the children are trying to make sense of the vague, unstructured stimuli, they end up projecting their own problems and wishes into the game.

As a projective technique Mmaskitlane can be used to unveil the ways in which the client's past learning and self-structure may lead them to organise and perceive ambiguous information from the environment. All that therapists have to do to achieve this is to ensure that clients reach the relaxed stage, as explained in 1.7.5.

#### **5.4.2 How to use Mmaskitlane to help clients express themselves**

Mmaskitlane is expressive in nature. It enables children to re-create their world in a symbolic and dramatic way. While role-playing, some children will spontaneously express their wishes, fantasies, fears, thoughts and ideas. This expression is not only done verbally, but also occurs non-verbally. For other children, however, the therapist can enrich their fantasies, wishes and ideas through co-play. This can be done where the therapist custom-designs stories relevant to the client's challenges. The therapist will then use Mmaskitlane to role play the stories, after which the children will ask questions, both to gain clarity and to provide comments on the stories.

#### **5.4.3 How to use Mmaskitlane to help clients achieve catharsis**

While playing Mmaskitlane children tell many tales, some true, others made up, but in many cases with some resemblance to the child's experiences. The empathetic and non-judgemental therapist listens and observes attentively. This enhances the expression of deep rooted emotions, the existence of which such children were not even aware of. When the therapist acknowledges the child's ventilation and validates this, the child feels affirmed. They breathe a sigh of relief and experience a sense of mastery over their challenges. This, for the child, is a cathartic experience.

#### **5.4.4 How to use Mmaskitlane to provide an opportunity for clients to develop insight into current and past events**

In the game of Mmaskitlane a child has a chance of playing various characters. Role-playing different characters gives children an opportunity to experience what it is like to be those characters. The experience firstly results in the children gaining insight into the beliefs, perceptions, and behaviours of others. Secondly, the experience results in children gaining insight into current and past events.

In the event that clients may choose to role-play specific scenes or stories over and over again, therapists should not prohibit this. Clients should be allowed to carry on with play, since there are reasons for the repetition. One of the possibilities for such a repetition could be that they are rehearsing the beliefs, perceptions and behaviours they experienced during the initial role-playing. This will undoubtedly lead to better insight into current and past events.

#### **5.4.5 How to use Mmaskitlane to help clients take risks in developing new behaviours**

Very often children carry on with the behaviours that they are accustomed to. The fact that some of these behaviours land them in trouble at times does not result in them changing the behaviour. However, when alternative behaviours are suggested – subtly, in the safety of play therapy through the use of Mmaskitlane – such children can feel safe while trying them out. Therapists can show alternative behaviours by doing the following through Mmaskitlane:

- role-playing stories where behaviour similar to the client's leads the characters into trouble
- reinforcing the disadvantages of such behaviour during the question and answer stage
- role-playing stories that show alternative behaviours to that of the client, where the leading characters are seen as heroes – or simply as acceptable children
- using the question answer time to re-enforce the idea that adopting such behaviours would be to the benefit of the client
- letting the client experiment by role-playing the alternative behaviours
- using the question and answer time to re-enforce the idea that such behaviours are not only acceptable, but that they are also beneficial.

#### **5.4.6 How to use Mmaskitlane to provide clients with the opportunity to build self-concept and self-esteem**

As clients role-play various characters, they not only gain insight into other peoples' perceptions, but they also discover some things about themselves. The therapist can encourage the child to expand on qualities which are emerging by role-playing them, letting the client role-play these behaviours and re-enforcing them during the question and answer session. Such positive emerging qualities may include behaviours such as collaboration, friendship, cooperation, problem solving, helpfulness and leadership.

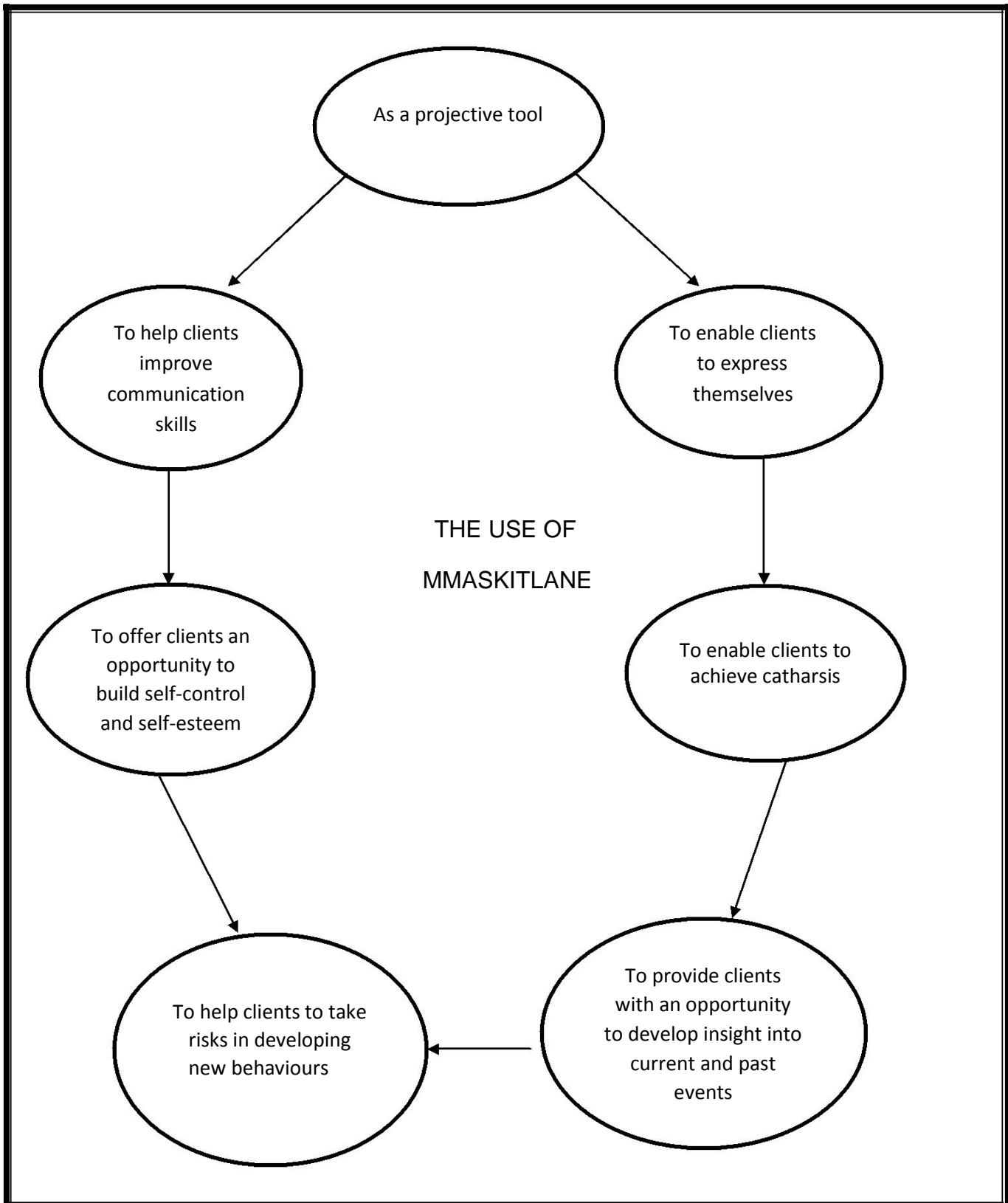
#### **5.4.7 How to use Mmaskitlane to help clients improve their communication skills**

Mmaskitlane is in essence a verbal form of play. Everything that the child imagines is put out in words and not acted upon, as in the case of drama. The non-verbal communication part of the game is reflected mainly in the body language of the player. The actions that are in the child's mind are verbalised in such a way that whatever is uttered makes sense to the listener. For someone to do this requires them to work on their communication skills.

This can be likened to the situation where a drama is acted out over the radio, where people do not see the action but have an understanding of it because of the method of verbal communication used. In Mmaskitlane, action is verbal and therefore auditory. As a result, children who play the game sharpen their verbal communication skills as they play it over and over again. Mmaskitlane therefore enhances verbal communication skills in children.

The following diagram shows a summarised schematic way in which Mmaskitlane can be used to achieve specific goals:

**Figure 5.3 Summarised ways in which Mmaskitlane can be used to achieve specific goals:**



## 5.5 GENERAL HINTS FOR THE EFFECTIVE UTILISATION OF MMASKITLANE

1. Therapists who are not familiar with this form of play should expose themselves to it. This may be done in the form of training. As is the case with all techniques, therapists have to practice this technique in order to be able to use it effectively.
2. It is important for therapists to see themselves on the client's level. Howard and McInnes (2013:53) state that playfulness in adults is an internal disposition that affects attitude and approach. Therapists should connect to their inner playful child in order to connect with the children. This can be an empowering experience for children with emotional problems.
3. Limit-setting is required, as with all forms of therapy. For example, clients should know that, just as there are learning periods (for different subjects) in their classes at school, so also therapy is allocated a certain number of minutes. They are not allowed to just walk out of therapy when they feel like doing so. The second example may be that even though Mmaskitlane is a highly verbalised play, clients may not use vulgar words in therapy.
4. Ask every time if clients are willing to play Mmaskitlane. Never impose it on them. If there is a need to vent out emotion/s, the response will almost always be a positive one if they are familiar with the game.
5. The attempt by the therapist to persuade clients to play occurs only in the first sessions, when the therapist is assessing whether the participant is a player or not, and if a player what type of player, as explained in 4.2.2. Should the client decline to play after reaching a relaxed stage, their wishes should be respected and no persuasion should be undertaken.
6. When role-playing general stories that are not related to the client's experiences, the therapist should try their level best to use interesting stories that will capture the attention of the client. This can be likened to the selling of oneself in an interview. The therapist wants the client to be convinced that Mmaskitlane is a "cool" game.
7. Should it happen that clients role-play stories which therapists consider to be irrelevant to the children's challenges, they should nevertheless be allowed to complete the stories. The therapist should rather maintain the child's focus and attention, and ask a few questions around those stories. Therapists should always be mindful of the fact that they do not know everything but have to accompany their clients through the healing process.

8. When a client has more than one challenge/problem, the therapist must use their own discretion as to how to prioritise them. This will also depend on the type of client you are dealing with. With some clients it would be beneficial to start with the most trivial challenges as a way of reinforcing rapport. However, with others it would be helpful to commence with the most challenging problems so as to enhance a speedy recovery.
9. The therapist may ask questions about what happened before the role-played story, that is, on what was not in the story but could be the possible cause of what happened in the story, or could have an effect on it.
10. Try by all means to always proceed with the question and answer stage after every role-play. It is better not to let clients leave the therapy room without attending to this stage. This is because the story will still be fresh in both the therapist's and the client's minds. Therapists and clients should agree, when setting limits, that they are not going to part before completing the question and answer stage of a role-played story. Clients can always be reminded of this should it happen that they insist on leaving before completing this stage. However, it should be handled wisely and tactfully, and not in a forceful way.
11. However, should the client be activated to the point of asking that they be released, the therapist should weigh the situation in the best interest of the client. It might seem right to let them go right then, but therapists should bear in mind hint 9 above. It is not advisable to leave this stage for another session. The questions and answers provide some form of debriefing in themselves.
12. During the question and answer stage therapists may also ask about things that could have happened to the characters before and after the story. This refers to things that were not mentioned in the actual story but could have implications for the way it plays out. For example, a question may be asked as to what the main character was thinking and feeling before and/or after the activities mentioned in the play.
13. Therapists should not be hasty in giving answers to clients' questions. They should rather seek clarity on the questions asked before giving a response, e.g. when Sankie asked whether Reps was afraid in 4.4.3.3, I could easily have jumped to the conclusion that he was asking whether Reps was afraid of taking subsequent camping trips. However, when I asked him to clarify his question, it turned out that that was not what he was asking. Had I spontaneously given an answer, I would not have addressed his concerns appropriately.

14. It is advisable to react appropriately to the client's non-verbal cues, e.g. even if they do not state that it is the end of the story, one can deduce this by their actions, such as putting down the pointer and/or pushing away the book, etc.
15. Do not jump to conclusions, but rather verify with the client whether any opinion you might have is true or not.
16. Some children, for example younger ones, might not be able to explicitly state some things, e.g. rape, but therapists may deduce this from their projections, especially if it is projected in a number of media. It is therefore recommended that a number of media/techniques be used to verify any hypothesis formulated during playing Mmaskitlane, as is done in all other techniques.
17. It is recommended that therapists should not give closed answers. Explanations to eliminate whatever fear clients may be facing should be given. In the same way, it is also recommended that closed questions should not be used. Clients should be given enough leverage to explore.
18. When working with the story representing the client's scenario, it is advisable not to suggest that the role-played story will be the final one. One may think at that point that the story could be the last one, only to find out in subsequent sessions that one could still use the same story to further enhance healing for the client.
19. If the client says that they have no questions when the therapist can see a need to further engage them, this might pose a challenge, involvement has to be voluntary. However, a client-centred approach has to take precedence.
20. To use Mmaskitlane for psycho-education, therapists may use a number of approaches:
  - First, the therapist may modify the client's stories in ways that will provide for the exploration of desired or healthy alternatives. The modification must be appropriate and based on the child's interest, or else the client may not engage.
  - Second, the therapist may tailor-make stories relevant to the client's challenges, in which case new but similar characters will be used. These stories should also offer various healthy alternatives for the client.
  - Third, the therapist may borrow the same characters that the client used (after asking for permission from the client to do so) and ask the client to role-play a suggested scenario or theme. The details of the story should, however, be of the client's own making. From these client stories the therapist may continue to let the

client explore healthy alternatives. Such explorations may also be achieved through the questions and answers based on the stories.

- Finally, the therapist may borrow one or two characters from the client's stories and add as many new ones as is required by the new story.

21. It is important to debrief clients before they leave the therapy room. Therapists may use any debriefing method as long as the clients do not leave the therapy room in an activated state.

Regardless of the approach the therapist takes, the stories and themes used should be relevant in order for play to be maintained. As Howard and McInnes (1973:59–60) have stated, play episodes can be terminated by inappropriate responses (see 2.6). This is inclusive of play episodes in games like Mmaskitlane.

## **5.6. CONCLUSION**

A report of the empirical findings was given in the preceding chapter. Literature, empirical findings, as well as experience (inclusive of that learned in the masters' study) were used to formulate the report guidelines in this chapter. The guidelines include how to use the Mmaskitlane technique to achieve desirable therapeutic goals, as well as general hints on how to effectively utilise this form of play.

The research study will be summarised in the following chapter. The limitations as well as the recommendations of the study will also be presented there.



## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

#### 6.1 INTRODUCTION

The first chapter introduced the rationale and motive of the study, the nature of Mmaskitlane, the aim of the study, and the research method, as well as the explanation of terms used in the study. The second chapter dealt with an intensive literature study, which formed the basis for carrying out an empirical study. A report was also given on the theoretical framework which informed and supported the study. An empirical research design was outlined in the third chapter. The research methodology and work procedure were explained.

The findings from the empirical investigation were discussed in the fourth chapter. The research process and context were explained. The previous chapter provided guidelines for the effective implementation of Mmaskitlane in play therapy by educational psychologists. Guidelines were given for preparing an effective climate for the effective utilisation of Mmaskitlane. The guidelines also gave advice on how to use Mmaskitlane to achieve specific goals. Finally, general hints for the effective utilisation of Mmaskitlane were documented.

The purpose of this chapter is to review the study and to discuss the extent to which the aims of the research study have been achieved. The limitations of the study will be presented, and recommendations based on the research findings will be made.

#### 6.2 REVIEW OF THE STUDY

It is important at this stage to look back and evaluate the study.

##### 6.2.1 Review of factors that motivated the study

Factors that motivated the study were revisited and evaluated.

(a) Minimal research on indigenous play therapy techniques



The fact that there is a tremendous need for research on African play, especially in psychotherapy, cannot be disputed. This includes indigenous play therapy techniques. Minimal research in this area could be a result of the lack of relevant literature. I believe that the opposite is also true, in that minimal literature in indigenous psychotherapy could be a result of minimal research in this area. This is a vicious circle that needs to be broken. I believe there is no better time than now, the African Renaissance to spur on such a development. This study is intended to contribute to that effort. I believe that, to a certain extent, this goal has been achieved in that this report will contribute to both the existing research and the literature.

#### (b) Commercial viability

The empirical investigation has proved that Mmaskitlane is indeed commercially viable. Participation was free of charge. Throughout the study, nothing was spent on any of the materials used to play the game. This was very helpful, considering that in all the schools in the township and rural areas where I conducted the study, none of them had a therapy room, let alone play resources. As I explained in the fourth chapter, therapy was conducted in an office that each of these schools provided. Of significance was the fact that the room that was provided for therapy was used for that purpose throughout the therapy sessions, without any need to move from one room to another. This helped to ground the participants and keep them focused.

No money was needed to buy resources, since the technique uses either natural or old resources. This investigation proved once more that this technique is indeed commercially viable.

#### (c) The need to familiarise educational psychologists with the technique

The study did confirm that there is a need for educational psychologists to be familiarised with Mmaskitlane (see 4.5.3). From the random communications I had with these practitioners from across various provinces in South Africa, a considerable number did indicate that they did not know the game. From this group a sizeable number indicated that they wished to become involved with the game. These psychologists gave an indication that they would avail themselves of training opportunities to learn how to play it.

However, familiarity with the game does not guarantee its implementation in play therapy. A considerable number of practitioners who were already familiar with the game did not

implement it in therapy. Some gave as a reason for this non-implementation the lack of guidelines for implementing it. It is my hope and wish that some of these practitioners will reconsider their stance after reading this report.

I believe that after educational psychologists have been familiarised with Mmaskitlane, they should have access to the guidelines in order to enhance implementation. There is a possibility therefore that this study could contribute positively towards resolving one of the findings of the same study, namely that there is currently minimal implementation of Mmaskitlane in play therapy. This study has indeed confirmed that there is a need for psychologists to be familiarised with Mmaskitlane and then provided with guidelines as to how to implement it effectively.

#### (d) Inclusion of indigenous play therapy techniques in training programmes

I have already explained in 1.2.4 that I believe that indigenous play therapy techniques should be included in the training programmes for psychologists in all universities. As part of my investigation I enquired from the educational psychologists if they knew of any universities that offer indigenous techniques in their programmes. None of them knew of any such university.

This finding verifies my concern that there is a need for lectures or training psychologists, to also be familiarised with the indigenous play techniques. I believe that once they are familiar with the technique and have access to the guidelines of utilising it, Mmaskitlane could be one of the first indigenous techniques to be utilised in university training programmes. Graduate psychologists would be familiar with this particular indigenous play technique, and chances of the technique being utilised in therapy would increase. That would be a step in a positive direction towards the attainment of culturally diverse therapy and African Renaissance.

#### (e) Precipitate inclusion in the HPCSA's list of classified psychological tests

In order for a test/technique to be accepted by the HPCSA it must have been used extensively to prove its efficacy. The fact that a technique is not included does not necessarily mean that it is not efficacious. On the contrary, it could be a very effective technique that has been underutilised. When student psychologists graduate with knowledge of a technique and its implementation, the possibility is great that it might be extensively used. Possibilities for extensive utilisation will even be greater when qualified

psychologists get training on the technique and are provided with guidelines for its implementation.

It stands to reason, therefore, that once this becomes true for Mmaskitlane, the research figures required for inclusion could be speedily achieved. This would encourage early inclusion of the technique in the HPCSA's tests/techniques. I believe that this study might enhance this.

(f) Need for recognition and acknowledgement of African psychology

The fact that psychological assessment and evaluation requires the use of adequate media cannot be overemphasised. It is imperative therefore that whatever medium has been proved to be of therapeutic effect should be utilised in appropriate situations. The fact that psychological assessments and evaluations should be culturally relevant cannot be disputed. It is for these reasons, amongst others, that African psychology should be recognised and acknowledged.

It has already been proved that Mmaskitlane has therapeutic effects (see 2.5). I am of the opinion that Africans should, without discarding knowledge from the Eurocentric era, affirm their indigenous knowledge and add value to the academic world. I followed this approach during my investigation. I administered a number of media, including the DAP, CAT, and KFD, as well as Mmaskitlane. I believe that such combinations satisfy both the requirement for the use of adequate media as well as for recognising and acknowledging African psychology.

(g) Self-actualisation

Engaging in this study gave me an opportunity to reflect on the value of indigenous knowledge and culture. The fact that Mmaskitlane can be likened to a number of contemporary play techniques such as metaphoric stories, the use of puppets, mutual storytelling techniques, role playing and imaginative pretend play (see Table 2.5), is no doubt indisputable proof of the value of Mmaskitlane. The fact that this investigation allowed me to document guidelines for the effective implementation of Mmaskitlane is without doubt a positive contribution to the field not only of African psychology but also psychology in general. It is for this reason that the completion of this study made a contribution towards my self-actualisation.

## 6.2.2 Review of the research question

The research question, as stated in 1.4.3, reads “Seeing that there is such little literature and research on the indigenous techniques, yet such great need for culture-appropriate services, the question arises: How can educational psychologists appropriately and effectively utilise Mmaskitlane in play therapy?”

This report answers the research question in three ways:

- First, it is an addition to the research and literature on indigenous techniques, and as such is a solution to the concern that there is minimal research on indigenous play therapy techniques (see 1.2.1).
- Second, it speaks to the cultural aspect of play therapy in many communities in South Africa, and as a result answers a concern of many researchers such as Kekae-Moletsane (2008), Moghaddam (1987), and John (2012), who have stated that there is a tremendous need for research on African play, especially in psychotherapy. The study contributes positively towards the need for recognition and acknowledgement of African psychology, as explained in 1.2.6.
- Third, the report, especially the guidelines provided in chapter five, could help alleviate some of the challenges that might have hampered the effective use of the game. Psychologists are trained in the use of a wide array of techniques before they can effectively implement them. In this light, if they could be guided in the use of Mmaskitlane they would perhaps be better able to use it in play therapy.

I am therefore convinced that the outcome of this study does have a positive answer to the research question.

## 6.3 THE AIM OF THE STUDY REVISITED

The threefold aim of this study was to

- conduct a thorough literature study which would form the basis for carrying out an empirical study
- conduct an empirical study to investigate the research question
- document guidelines for the effective use of Mmaskitlane.

A review of the above aims is set out below.

### **6.3.1 Literature study**

An extensive literature study was conducted to find all available information on Mmaskitlane. I discovered that it has attracted the interest of a number of psychological researchers in recent years. Kekae-Moletsane (2008), Odendaal (2010), Modikwe (2010), John (2012), Modikwe and Lessing (2012), and Dipale (2013) are some of the documented reports on this technique (see Table 2.2). However, I believe that this constitutes minimal research on what has been proven to be an effective therapeutic technique.

A theoretical philosophical framework in terms of which the study was conducted, consisting of Gestalt play therapy, hermeneutics, and social constructivism, was researched in the literature, and discussed. This framework, together with a narrative focus, was used as the approach taken by the study. Concepts such as indigenous psychology and play therapy were explained.

Several therapeutic techniques such as metaphoric stories, the use of a telephone in play therapy, the use of puppets in play therapy, the emotional barometer and the “teeter totter”, mutual storytelling technique, and role playing and imaginative pretend play, were studied in the literature. Mmaskitlane was studied in comparison with these contemporary play techniques. The focus was on the similarities between Mmaskitlane and the other play techniques since they were of significance to the study (see 2.9). The information found on the use of the emotional barometer and the “teeter totter” balance was very significant, hence my decision to use it during the investigation. The guidelines for the use of various contemporary techniques, for example, the guidelines for custom-designing a story as a therapeutic metaphor, as well as the tips on the use of mutual storytelling, came in very handy when I documented the guidelines for the effective utilisation of Mmaskitlane. The study could not have succeeded without this information obtained from the literature review.

### **6.3.2 Empirical study**

An empirical investigation was conducted into the two forms of Mmaskitlane. These forms are, first, one that is played by children younger than six years, where one stone is hit against the other, and second, one that is played by children younger than thirteen years of age, where they draw figures to represent characters in their role-played stories. The findings of the empirical investigation were that:

- indigenous games are not held in high esteem by some children
- participants held different views about, and had different responses to, Mmaskitlane, which resulted in my sub-coding of the different types of players (see 4.2.2)
- there are two methods in terms of which Mmaskitlane can be utilised (see 4.3)
- Mmaskitlane can be used for different purposes, such as, for example, projection and psycho-education (see 4.4.1 and 4.4.2).

### **6.3.3 Guidelines for the effective use of Mmaskitlane**

Finally, the study culminated in my documenting of guidelines for the utilisation of Mmaskitlane. I started by giving guidelines for preparing an effective setting for the utilisation of Mmaskitlane. I went on to provide guidelines for the effective implementation of Mmaskitlane. The guidelines set out both possible methods for implementing Mmaskitlane.

Furthermore, I explained how to use Mmaskitlane to achieve specific goals, such as how to use Mmaskitlane as a projective technique so as to help clients express themselves and achieve catharsis, and to provide them with the opportunity to build self-concept and self-esteem. Finally, I gave general hints for the effective utilisation of Mmaskitlane.

## **6.4 TRUSTWORTHINESS OF THE STUDY**

As this was a qualitative study, I used as a yardstick the values of trustworthiness, these being plausibility, credibility, dependability, confirmability, and cultural authenticity, as discussed below:

### **6.4.1 Plausibility**

An attempt was made to represent observations and data from the empirical investigation as objectively as possible. I tried by all means to present this report as an adequate and faithful reflection of the findings of the study, and an honest reflection of what occurred during the investigation. The results appeared plausible to educators and the significant others of participants, since they all reported having noticed a positive change in the behaviour of the participants as therapy progressed, as well as after termination.

#### **6.4.2 Credibility**

One of the vital aspects of credibility in this study was that participants should feel that their narratives were correctly interpreted. This was achieved through discussions held with participants, and also the use of questions and answers after the role-playing had ended. Additionally, participant credibility in therapy is established through cultural sensitivity. Being an African myself, and using a therapeutic technique familiar to the African children's play repertoire, I believe that culturally sensitive participant credibility was achieved. Finally, the data obtained was suitable and consistent with the research aim and question, and as a result rendered the findings of the study credible (John, 2012).

#### **6.4.3 Dependability**

Accurately reporting on all proceedings, trends and identified themes, and so not only on those elements which appealed to me, renders the report dependable. The fact that the report provides a logical and traceable process showing the methodology, data collection and analysis, as well as the findings, also makes this report dependable (John, 2012; Schwandt, 2007).

#### **6.4.4 Confirmability**

Confirmability is determined by whether the findings reflect accurately the data presented, or whether I was biased. If another researcher could use the same methods and models of therapy with a similar sample of participants, and come up with different findings, that would render this study not confirmable. However, I believe that the same findings would be obtained by such a hypothetical researcher. The research journal, and the fact that field notes were captured as therapy sessions proceeded and had further detail added shortly after each session ended, aided in the accurate presentation of data.

#### **6.4.5 Cultural authenticity**

The fact that I am a psychologist and an African allowed me to embrace both the cognitive as well as the emotive components of the narrative discourses of African children. In terms of the hermeneutic approach, knowledge is constructed through relationships and conversation with others. I was able to engage with the participants in their mother tongues, which included sePedi (Northern Sotho) and seTswana. I believe I was able to understand the participants' narratives from a similar perspective as theirs.



## **6.5 LIMITATIONS OF THE STUDY**

The following are considered to be the shortcomings of the study:

### **6.5.1 Researcher bias**

Despite the fact that I engaged with and explained to the parents/guardians of participants the need for and purpose of recording sessions or parts of sessions, none of them was willing to give consent to that effect. I therefore relied largely on my field notes, which I tried as far as possible to immediately write up into detailed statements similar to the kinds of verbatim statements participants had provided. I used self-reflection and my best reasonable professional judgment to avoid subjectivity, and tried at all times to be objective throughout the study. Multiple data collection methods and data sources (triangulation) were used to enhance the trustworthiness of this research.

### **6.5.2 Transferability**

This was a qualitative study with a small sample size (six participants). As a result, the findings cannot be generalised. However, I believe that both the methods of implementation as well as the guidelines provided may be used by psychologists in the right contexts to produce desirable effects.

## **6.6 RECOMMENDATIONS FOR FURTHER STUDIES**

Taking into consideration everything that happened during the period of this study, and the knowledge that I acquired from it, I would like to make the following recommendations:

### **(a) Recommendation pertaining to the field of psychology**

For many centuries, psychology's focus and approach came from a Eurocentric perspective. That might have been appropriate for that period: as Moletsane (2004) and John (2012) universities did not produce black psychologists at that time. It stands to reason therefore that psychologists of that era might not have had indigenous knowledge relevant to the field of psychology. I concur with Moghaddam (1987) and John (2012), who state that the growth of indigenous psychology could potentially lead to fresh ideas that could only spring from the work of Third World psychologists, with beneficial results for psychology in general.

It is my recommendation therefore that psychologists should develop fresh ideas based on indigenous knowledge that is appropriate to the field of psychology. The recommendation applies to both black and white psychologists, since Odendaal (2010), Lessing (2012) and John (2012) have already set a precedent showing that white psychologists are capable of doing this. I believe that this recommendation is feasible, in that the African Renaissance offers an opportunity for indigenous psychology to claim its rightful place in the global world.

### **(b) Recommendation pertaining to indigenous techniques**

There could be many indigenous techniques that are of relevance to the field of psychology. I believe that there is a need for such techniques to be brought to light and to be measured with a scientific yardstick to prove their appropriateness in the field of psychology. It is my recommendation, therefore, that psychologists should consider discovering such techniques and proving their relevance to the field, as was done in the case of Mmaskitlane.

Secondly, I recommend that therapists should come up with guidelines for the utilisation of indigenous techniques that have been proven to have therapeutic effects. Such guidelines will enhance the implementation of those techniques. Their implementation will promote culturally appropriate service provision.

### **(c) Recommendation pertaining to Mmaskitlane**

This recommendation has three components: recommendations pertaining to the first form of Mmaskitlane, to the second form, and to the possible evolution of the technique. These recommendations are explained below:

#### **(i) Recommendation regarding the first form of Mmaskitlane**

Table 2.2 gave a summary of research done on Mmaskitlane to date. Out of the six mentioned reports, five focused on the first form of the technique that deals with stones (see 1.3.1). I consider the studies which yielded the five reports to be almost negligible or insufficient considering the range of psychological challenges children in South Africa are faced with. There is still a lot that can be researched on this first form of the technique.

#### **(ii) Recommendation regarding the second form of Mmaskitlane**

With regard to the second form of Mmaskitlane, extremely little work has been done on it. Only one of the six reported studies dealt with this form. This is the form where structures

are drawn in old books or on the ground (see 1.3.2). This is the form of the technique that was used for psycho-education in the current study. It is highly recommended that more research should be channelled into this form of the technique. Investigation can be done as how it may be

- used to reduce aggressive behaviour in children
- used to break the cycle of victim perpetration of abuse, for example, sexual abuse
- evolved to deal with private challenges or problems in older children.

(iii) Recommendation regarding the evolution of Mmaskitlane

I explained in the first chapter that my observation of this game is that it is played by children younger than thirteen years. Both of my studies, namely that of my masters' degree and the current one, focused on the same age group, namely, children younger than thirteen years of age. This is also true of the other studies conducted on this form of play by other researchers. Looking at the therapeutic effects that the game provides for younger children, I wonder if it could be evolved to the extent that it can be utilised as a psychotherapeutic technique with older children.

It is for this reason that my third and final recommendation on this technique is that studies should be conducted to investigate whether there is a possibility that it can evolve to a stage where it can be used as a psychotherapeutic technique with older children.

## **6.7 CONCLUSION**

It is a given fact that some children in all cultures undergo life experiences that leave them emotionally injured. It is also a fact that such children are usually not in a position to explain how they feel or even to appropriately name the emotions they are experiencing. The fact that play therapy is indispensable in such situations cannot be disputed. It is vital therefore that there should be a sufficient number of play therapy techniques to cater for children of all cultures. Mmaskitlane is one such technique.

The availability of techniques is not sufficient if therapists are not able to use them. It is therefore necessary that therapists should be familiarised with different techniques relevant to all cultures. It was the aim of this study to provide therapists with guidelines as to how to effectively use Mmaskitlane in play therapy. The first chapter introduced the rationale and

motive for the study. It also set the focus and ensured that the research remained focused on its main theme. The nature of Mmaskitlane and both of its forms was explained.

The second chapter discussed the literature that served as a guide to the empirical investigation that was reported in the fourth chapter. Chapter three focused on the research methodology as well as the ethical measures that were adhered to in this study. The guidelines as to how educational psychologists can effectively utilise Mmaskitlane in play therapy were successfully documented in the fifth chapter.

I hope that this study will bring further awareness to therapists to assist them in guiding children towards feeling safe and able to experience the world as a nice place to live in. I acknowledge, however, that further research is needed to reduce the limitations of this study and build on its recommendations.

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