

MMASKITLANE AS AN EXAMPLE OF PLAY THERAPY
FOR USE BY EDUCATIONAL PSYCHOLOGISTS

BY

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I, Rebecca Salang Modikwe, declare that

Mmaskitlane as an example of play therapy for use by Educational Psychologists

is my own work and that all the sources that I have used and quoted have been indicated and acknowledged by means of complete references.

.....
Signature

.....
Date

Name: Rebecca Salang Modikwe

ACKNOWLEDGEMENTS:

My sincerest gratitude goes to:

- my family for being with me all the way
- my supervisor for her patience and guidance
- God for everything

Mmaskitlane is a game played by African children. It is a solitary play, even though there may or may not be observers when it is played. In the play the child may take on the role of various people and act out a conversation between the various persons (see 2.5).

Summary

Play is one of the effective ways of assisting children to deal with their emotional problems in therapy. There are many methods and techniques that are scientifically proven that are used in play therapy. There are some indigenous types of play that have not yet been scientifically proven to be therapeutically effective. Mmaskitlane is one of these indigenous plays.

The motivation of this study was firstly, to make a literature study against which Mmaskitlane was compared to commonly used play techniques. Then an empirical study was done to explore the therapeutic effects of the play. It was used in combination with the Children Apperception Test (CAT), Draw a Person (DAP) and the Rational Emotive Therapy (RET), during play therapy with learners experiencing emotional problems.

The findings from this study indicate that the use of Mmaskitlane may be a valuable therapeutic tool in supporting learners with emotional problems.

Key words: play, play therapy, educational psychology, technique, Mmaskitlane, emotions, exploration, internal world, external world, mastery, catharsis, transformation.

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LIST OF ACRONYMS

CAT Children Apperception Test

DAP Draw a Person

ILST Institution Level Support Team

PTSD Post Traumatic Stress Disorder

RET Rational Emotive Therapy

CHAPTER ONE INTRODUCTION TO THE STUDY

1.1 BACKGROUND

Childhood is a unique time of being human. Children mostly are happy, energetic and resilient. It is very pleasing to see them in this joyful and jumpy state, which is often evident in children's play. However, some children can be found to appear sad and withdrawn, an observation which becomes a cause for concern. It is for children such as these that play can be most important. Singer, Golinkoff and Hirsh-Pasek (2006:7) state that play may be even more critical for children who have difficult life circumstances, emotional problems or developmental delays than for children with regular life circumstances and who are considered normal.

Children engage in a variety of play, some of it cross-cultural and other more prominent within specific communities. It is a given, that the socio-economic state of the community and the family impacts on lifestyle and as a result the types of play children will engage in is also affected. The majority of children from low socio-economic communities do not have toys (Kekae-Moletsane 2008:367). They seldom or never get toy presents, be it on their birthdays or on any special occasion like Christmas. These children will often create their own toys. Gil and Drewes (2005:62) state that children across all cultures are creative and innovative in using natural and environmental materials to make toys and props for their games and other forms of play.

Irrespective of their socio-economic status, children enjoy playing. It is interesting to note how children from low socio-economic communities or families will create 'toys' or something to play with, which they always do. As Schaefer and Kaduson (2006:32) state: 'Toys are the medium for that process, and if children have none, they create some'. Kekae-Moletsane(2008:367) concurs by stating that

most children from disadvantaged South African townships and rural areas do not have toys, they improvise by playing games that do not require commercialized material. This is the context into which Mmaskitlane was born. Kekae-Moletsane (2008:367) states Masekitlana as one of the games that do not require commercialised material that is played by children in South African townships and rural areas. Masekitlana is a seSotho name and Mmaskitlane is a seTswana name for the same pretend play (see 2.5).

No fancy expensive toys are used, but children experience a great deal of pleasure and derive satisfaction out of the game. It is a game in which one child plays a number of roles by either re-enacting or staging imagined occasions. There are two forms of Mmaskitlane, the first form of Mmaskitlane that is commonly played by three to five year olds and the second form of Mmaskitlane that is commonly played by eight to twelve year olds. Details on the nature of the two forms of the game will be explained in Chapter Two (see 2.5).

The researcher agrees with Wren (2006:2), who reports that play therapy is hypothesized to assist children to express their emotions, because play is a natural way for children to express themselves. Kekae-Moletsane (2008:368) concurs by stating that when children are afraid to express their emotions, the safest way for them to project their emotions is through play. She used the first form of Mmaskitlane as a therapeutic tool in play therapy with a three year and eight month old boy who had been diagnosed with Post Traumatic Stress Disorder (PTSD). She reported that Masekitlana helped the boy regain control, dignity, and empowerment in dealing with the trauma. The researcher wondered whether the second form of Mmaskitlane could be used as an example of play therapy.

1.2 ANALYSIS OF THE PROBLEM

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

1.2.1 Awareness

The researcher's attention was recently drawn to a type of play called Mmaskitlane. She observed learners playing this game at school during recess periods, both in and out of the classroom. She also observed children playing this game in their homes. This researcher has on numerous occasions, observed a child sitting alone, or in the company of others, absorbed, focused, and attentively engaged in playing Mmaskitlane.

This researcher has heard mothers and fathers, perplexed by both the rate and intensity at which this game is played. On many occasions the researcher has heard teachers complaining about the prominent use of this game. The contrary intrigues this researcher. This confirms what Van den Aardweg and Van den Aardweg (1993:206) explain on the issue of the awareness when they state that the problem should lie within the field of interest of the researcher and be researchable.

Children playing Mmaskitlane are reprimanded by both parents and teachers because the game can be aggressive at times, but apparently this does not bother the child at play. Actually some children seem to derive pleasure and satisfaction out of the aggression. This can be understood in research by Schaefer and Kaduson (2006:32) who state that children play aggressively to demonstrate their struggle in life. They further state that to the therapist the struggle or conflict in play is the child's attempt at emotional survival.

The question that the researcher pondered is 'Does Mmaskitlane, have any therapeutic value for the learner who needs emotional support?'

1.2.2 Preliminary literature investigation

Only one article written about Mmaskitlane was found in the course of the

literature review. In this article, Kekae-Moletsane (2008:368-369) states that Masekitlana teaches children many things, including good and bad, to be emotionally supportive while they are still young, to develop communication skills and it lays the foundation for critical thinking.

Gil and Drewes (2005:72) state that: 'Play is the survival expression of children; it can transcend differences in ethnicity, language, or other aspects of culture. Play can provide the sense of power and control that comes from solving problems and mastering new experiences, ideas, and concerns. It helps build feelings of accomplishment and confidence. Therefore, play therapy is an extremely effective therapeutic intervention to help heal and solve children's emotional conflicts and issues'.

Children can learn social skills, attitudes, and values through play as Elkind (2007:9) argues that children learn important social skills, attitudes, and values by creating their own games. In addition to these aspects, play also enhances intellectual development and offers a platform for emotional learning as Mercogliano (2007:59) confirms: 'Real play not only funds children's intellectual development but is an important source of emotional learning as well'. Children also learn self regulation through play, as cited by Singer *et al.* (2006:7) who report that play is critical to self regulation and children's ability to manage their own behaviour and emotions.

Play offers an environment and a platform through which children and adults learn about each other. Casey (2005:60) not only states that adults show children that they respect them and value what is important to them, but they also get to know them better through play.

In addition to enhancing learning, play addresses cultural issues. This is verified by Chazan (2002:20) who notes: 'As development progresses, play activity differentiates in its various forms to contain cultural meanings and increasingly abstract forms of expression'. Gil and Drewes (2005:34) concur in stating that

children enact culturally specific themes which reflect activities and values important within specific communities.

This means that when children are faced with challenges of a cultural nature, play can be effectively used to assist them in resolving such challenges. Mercogliano (2007:82) is in agreement with this as he asserts that a culture that has forsaken its ability to play has negative consequences for its children and for society as a whole. Play is dynamic and is not only culturally bound, but it can transcend across cultures as stated by Gil and Drewes (2005:72): 'Play is the universal expression of children; it can transcend differences in ethnicity, language, or other aspects of culture'.

Play is an effective technique in enriching children's understanding of others and their roles. By playing, children are not only afforded the opportunity to determine the appropriateness of their particular way of relating in a role towards others, but also seem to develop a better understanding of other people's roles (Pearson 2003:48).

It is an important aspect of development that children should be able to consider someone else's perception. In the words of Harris (2000:47) children who engage in more role play turn out to be better able to view a situation from another person's point of view. Play offers both the platform and opportunity for children to practice this as Schaefer and Kaduson (2006:32) declare: 'Through play children can change their perception of an event, which, in turn, changes their view of their world'.

Play may also have a positive impact on relationships when children carry internal stories with them as a way of understanding, describing and making sense of their personal and social relationships (Pearson 2003:33). This is verified by Schaefer and Kaduson (2006:9) who state that play addresses relationship issues and the child's internal working model and assists in resolving specific trauma related cognitions and memories.

Intervention in the form of play can help a child with emotional problems to improve. According to Cohen (2006:31) play can improve children whether they play in the consulting room or on the playground. The child's knowledge of self can be greatly improved through play. Mercogliano (2007:84) concurs in stating that play is childhood's training ground for developing the abilities and characters kids need to resist control and blossom into their true selves.

Coping is conceptualized as an organizational construct that describes how people regulate their own behaviour, emotion, and motivational orientation under conditions of psychological distress (Malan 2003:5). Through play therapy, children can learn how to cope in stressful situations and play can be used as the coping mechanism. Therapists must be in the position to assess whether a child is coping or not.

Assessment methods for play as cited by Drewes, Carey, and Schaefer (2001:5) are: Play observations in naturalistic settings (classroom and playground), formal schedules, informal multiple observer type and informal single-observer type. According to them, 'Play therapy itself is process-oriented and assessment within the therapy is ongoing. Both must be developmentally appropriate' (Drewes *et al.* 2001:4-5). The developmental appropriateness of assessment should take into consideration the child's cognitive skills, self-control, relationships, self-concept, and emotions.

Observation of play in naturalistic settings, according to Drewes *et al.* (2001:5), should focus on how the child interacts with the environment and the things in the environment, such as with other children and with adults. This correlates with the Educational Psychological perspective (Relational Theory) which postulates that children must be involved in the world and allocate meaning to what happens in and around them. Their involvement and allocation of meaning will result in their experience that is, how they feel about their relationships (Strydom, Roets, Wiechers & Kruger 2002:43-48).

The value of play thus includes:

- Learning of social skills, attitudes and values;
- Enhancing of intellectual development;
- Contributing to emotional learning;
- Learning of self-regulation;
- Addressing cultural issues;
- Transcending across cultures;
- Enriching children's understanding of others and their roles;
- Considering someone else's perception;
- Improving knowledge of self; and
- Coping in stressful situations.

In essence play is the most appropriate and accessible way in which children can make proper sense of both their intrapsychic and their interpsychic structures.

Play therapy has been proved by numerous researchers to be an effective therapeutic intervention but only a limited amount of literature could be found on the therapeutic effects of Mmaskitlane, therefore this research on Mmaskitlane appears to be justifiable.

1.2.3 Research question

Many researchers have written about the value of play for the development of children (see 1.2.2). Only one reference to the first form of Mmaskitlane and no references to the second form of Mmaskitlane could be found in the literature review, even though it is a game played by many children, especially in black South African communities. The question that the researcher wishes to explore is: 'What is the therapeutic value of Mmaskitlane?'

1.3 THE AIM OF THE STUDY

The aim of this study is twofold. First a thorough literature study will be done to obtain a conceptual framework against which the empirical study will be done. Secondly the research question will be investigated in an empirical setup.

1.3.1 In the literature study information will be sought regarding the following:

- The nature of play therapy (see 2.2).
- The therapeutic value of play (see 2.3).
- The different forms of play therapy (see 2.4).
- The extent to which Mmaskitlane can be compared to play therapy in general (see 2.8).
- The use of play therapy to intervene in the child's internal and external worlds (see 2.3.14 and 2.3.15).
- Existing information on Mmaskitlane in literature (see 2.5).
- A comparison of Mmaskitlane with well- known play techniques used for therapy (see 2.8).

1.3.2 The aims envisaged for the qualitative investigation are:

- To conduct a qualitative research (case studies) in order to explore the therapeutic use of Mmaskitlane with six learners who experience emotional problems.
- To determine what needs are met by playing this game, for example if it could be used as an expressive therapeutic tool.

1.4 RESEARCH METHOD

The first step to the research procedure will be to conduct a literature study so as to review the concepts of play and play therapy as well as the role of the educational psychologist in play therapy. Through making a thorough study of recent literature, the researcher is able to interpret, synthesize, and integrate information and therefore is enabled to identify and clarify implications and inter-relationships (Van Preen 2002:12). The researcher will be able to evaluate and interpret the findings of the empirical study in a qualitative investigation making use of the information gathered from the literature investigation.

This researcher will use a case study design in which data analysis focuses on one phenomenon, which the researcher selects to understand in depth regardless of the number of sites or participants for the study (McMilian & Schumacher 2006:316).

An initial situation analysis will be done by means of interviews and studying all relevant documents on the emotional states of the participants. After the intervention process, using Mmaskitlane, the outcome of the intervention will be assessed. A questionnaire will be used to determine the perception of parents and teachers on the emotional status of the participants after the intervention process with Mmaskitlane.

Observation and field notes, which include detailed and comprehensive written descriptions of reactions, comments, body language and other relevant information will also be used (Wren 2006:8).

Data collection strategies will include formal and informal interviews with learners, parents, and educators. Mmaskitlane could be used with other forms of therapy as Drewes *et al.* (2001:160) state that often play therapy is done in combination with other modalities of therapy, like family therapy, group therapy, and sometimes art, music, and drama therapy. In this study other therapy techniques namely the DAP, the CAT and the THREE WISHES will be used in conjunction with Mmaskitlane to determine the therapeutic value of the play.

The method that will be used in this study can be represented schematically as follows:

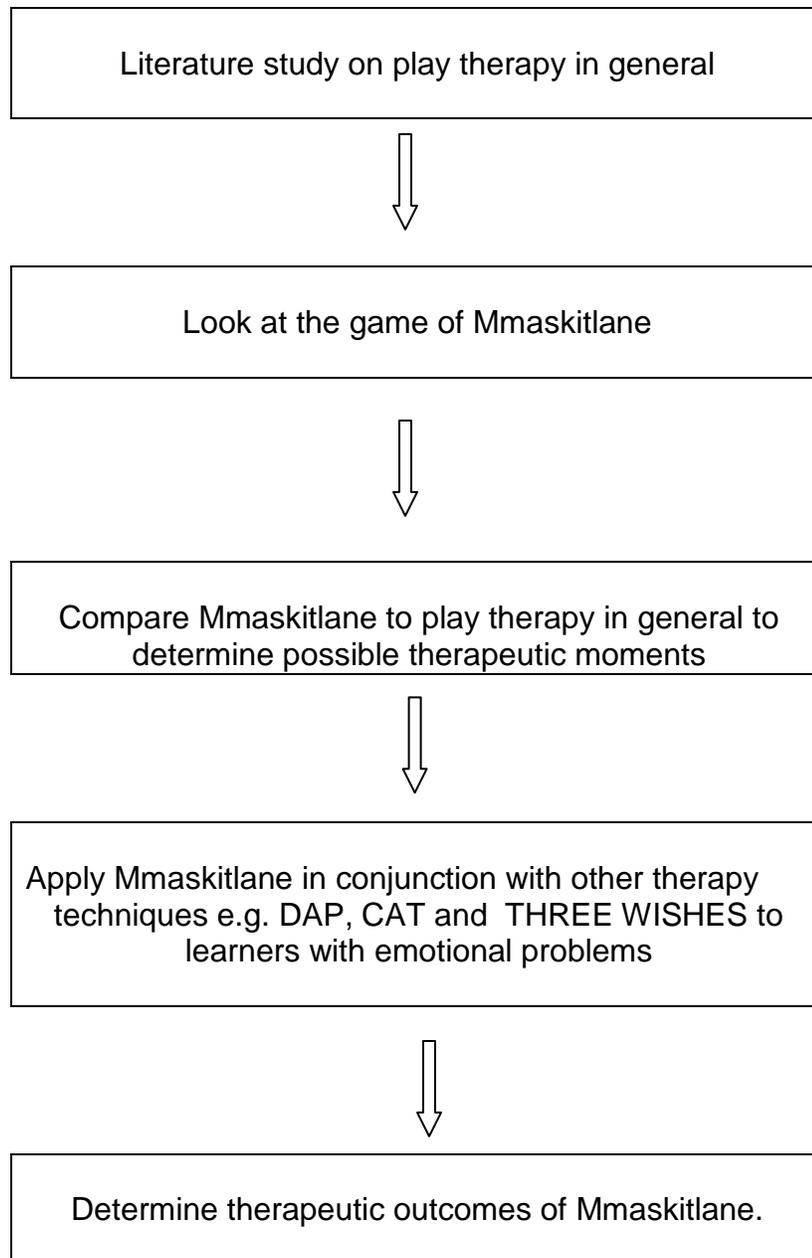


Figure 1.1 Schematic representation of used method

1.5 SIGNIFICANCE OF THE STUDY

The researcher is of the opinion that this study will be of significance to therapists dealing with primary school children with emotional problems because:

- most of the children especially in black communities, are familiar with the game, and
- It could be used as a projective and expressive therapeutic tool.

Therefore, if it can be found that Mmaskitlane can be adapted to be used therapeutically, it could then be made accessible to therapists. The accessibility of the game would contribute towards a more effective and comprehensive treatment of children with emotional problems.

1.6 EXPLANATION OF TERMS

For the purpose of this study the following terms should be understood as follows:

1.6.1 Play

Different researchers have different yet, somehow, similar definitions of play. According to Schaefer and Kaduson (2006:32): 'Play is the child's introduction to the world, and nothing more expresses his or her being more than play'. As far as Elkind (2007:3) is concerned: 'Play is our need to adapt the world to ourselves and create new learning experiences'. Finally, Van den Aardweg and Van Den Aardweg (1993:178) state that: 'Play is a principal means of solving emotional problems that occur during development'.

In this study, play is seen as the most important mode of communication through which children make sense of both their inner world and outer world.

1.6.2 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 self (feelings, thoughts, experiences, and behaviour) through play. Play therapy

makes use of play because it is the child's natural medium of communication, 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 ability to make sense of the inner and outer world through play.

1.6.3 Educational Psychology

According to Van den Aardweg and Van den Aardweg (1993:77): 'Educational Psychology is the application of psychology to teaching. Whereas Psychology of Education lays its emphasis on and has its point of departure education, Educational Psychology has as its departure point psychology'.

From the educational psychology's point of view, every child is a unique person with individual potential that should be actualised. This can be done through self actualisation or by means of adult guidance. This study will pay attention to both the child's intrapsychic structure (relationship with self) especially the self-talk and the interpsychic structure (relationships with others).

Educational Psychologists are concerned with the science of studying human behaviour from birth to death, and in all situations (Van den Aardweg & Van den Aardweg 1993:188). Behaviour is studied not only from an educational perspective but also from the social and psychological points of view.

1.6.4 Mmaskitlane

Mmaskitlane is a game that originated in South Africa. It is a solitary play that many young children in black South African communities like to engage in. It exists in two known forms. The first is commonly played by three to five year old children and the second form is commonly played by eight to twelve year old children. There is a slight difference in the way the game is played in the two

forms (see 2.5). It is a verbal narrative of happy, sad or disliked events that have actually happened or that may be imagined, wished for or loathed by the children. It does not have specific rules and it is not a competitive play (Kekae-Moletsane 2008:368).

This study focuses on the second form of Mmaskitlane.

1.7 DEMARCATION

The scope of this research will focus on one game namely 'Mmaskitlane'. Therapeutic use of this play will be investigated. The ages of children that the study will focus on, range from 8 years to 12 years. Children of these ages are, according to the observation of the researcher, the ones who most like to play this game. The research will, however, focus only on those with emotional problems so as to explore the therapeutic use of the play. Both genders are subject to this research. The study will be conducted in a black community in Gauteng Province in South Africa.

1.8 PROGRAMME

Chapter One orientates the reader on the value of play therapy. An analysis of the problem, the aims, and significance of the research and the course of the research are introduced.

Chapter Two deals with an extensive literature study, in which the nature, and therapeutic value of play therapy are focused on. Mmaskitlane is described and compared to play therapy in general.

Chapter Three focuses on discussing the empirical research design. Chapter four provides a discussion on the findings of the empirical study.

Chapter Five functions as a summary of the research and reflects the results. The shortcomings of the study and recommendations for further research are discussed.

1.9 CONCLUSION

This chapter gives an outline of the awareness of the problem and the significance of the research. In addition, the analysis of the problem, aims of the study as well as the course of the research were highlighted. The nature and value of play therapy as well as the conceptual frame work necessary to conduct an empirical investigation will be presented in the following chapter.

CHAPTER TWO THE NATURE, TYPES, AND VALUE OF PLAY THERAPY

2.1 INTRODUCTION

In this chapter a report is given on the literature study. The researcher will explain the nature of play therapy, the therapeutic value of play therapy and the role of the therapist. The nature of Mmaskitlane (Soliloquy) will be explained after which a comparison between Mmaskitlane and play therapy in general will be made. The conceptual framework necessary to conduct the qualitative investigation will also be dealt with.

2.2 THE NATURE OF PLAY THERAPY

Therapy is, *inter alia*, the treatment of deviances and disorders which manifest in behavioural and learning problems in children. Different approaches are used to achieve therapy but the focus of this study is to investigate the therapeutic value of Mmaskitlane.

Depending on their developmental level, children might not be able to communicate verbally. Their most prominent and appropriate way of communicating non-verbally is through play. Schaefer and Kaduson (2006:8) state: 'For young children, thematic play serves as a communicative medium to convey their concerns, feelings, and ideas. Thus, for the child, play is a language that is far more fluent than words'.

Play therapy is cathartic in nature as unexpressed, unconscious, or hidden emotions are released to relieve tension and anxiety (Göncü & Gaskins 2006:287). The atmosphere and conditions provided by play therapy enhance relaxation in children which in turn enhances catharsis. In a relaxed treatment setting, children relax their control of impulses and transference phenomenon become more obvious. According to Timberlake and Cutler (2001:37) transference refers to the unconscious mental processes that result in reflexive

reactions to clinical material produced in therapy. Transference may present as regressive behaviour, aggressive enactment or primitive play (Timberlake & Cutler 2001:36). The release of emotions during play therapy is genuine even if it is done in a playful manner (McCarthy 2007:57).

In play therapy, play is used to assist children to move from the inability to express their needs and conflicts, to either an indirect or a direct expression of their problems. Children, from an early age, learn by involving all five senses. They involve their senses as a means of incorporating information from their environment. Therefore, what they see, hear, touch, smell and taste is perceived directly as it is and they do not think or analyse these encounters. The sensory information elicits emotional responses (Schaefer & Kaduson 2006:29). As the result of the information that came in through the senses, children will experience different feelings like joy, sadness, anger and others.

Children experiencing emotional problems may not be able to explain how they feel but they can demonstrate or portray their feelings through play. In line with this Mercogliano (2007:59) states that children can work or play their way through the emotional spectrum by imagining themselves in all sorts of evocative roles and situations.

Play therapy may be directive with the therapist suggesting which type of play the children should engage in or it may be non-directive, with the children spontaneously and voluntarily being actively involved in any play of their choice. In non-directive play therapy, there are no extrinsic goals given to the children, although the therapist's aim is to assist children to become consciously aware of feelings, thoughts, and conflicts leading to their actions. In general, the literature supports the use of directive trauma-focused therapy over nondirective support oriented techniques to reduce most trauma symptoms in children (Reddy, Files-Halls & Schaefer 2005:82).

The advantage of non-directive play therapy amongst others, is that it poses less risk of elevating the child's anxiety therefore children may be less likely exposed to feeling discomfort when non-directive techniques are used (Reddy *et al.* 2005:84). It is advisable to integrate directive play therapy and non-directive play therapy, depending on the circumstances or the context of the case.

Play therapy is not just ordinary play but it is play used to enhance and achieve therapy. Cohen (2006:141) concurs by stating that play therapy reveals more about therapy than about play. For example, in therapy, play is used to help children express emotions especially negative ones; and then it is further used to assist the children to deal with these emotions. In conjunction with this Russ (2004:137) states: 'For children with constricted affect in play, and who present with anxiety and fear, a play intervention that focuses on helping the child to express emotion in play, especially negative emotion, should help the child to then use the play to resolve the problems'.

Therapists assist children in learning to handle or cope with their problems by acting them out in play during therapy. By so doing, children are able to restructure, re-experience, and reattribute meaning to their world (Van Den Aardweg & Van den Aardweg 1993:166).

As play is such an important tool in play therapy, it is important to focus on the nature of play. According to Gil and Drewes (2005:62) the nature of play across all cultures can be reduced to four major types:

- Play as imitation of and/or preparation for adult life.
- Play as a game or sports activity for physical skill.
- Play as a projective or an expressive activity and
- Play as a pastime.

The focus of this study is on the third type namely, play as a projective or an expressive activity. This is the type that Elkind (2007:103) calls therapeutic play.

Therapeutic play is any play that children engage in as a way of dealing with stressful life situations. To this effect Elkind (2007:103) states that therapeutic play gives children strategies for coping with stressful life events. Some stressful life situations that some children have to deal with include abuse, violence, and disrupted families.

Play therapy has a way of making children who have experienced sexual abuse to re-enact such acts or scenes. Drewes *et al.* (2001:152) concur: 'Children also reenact their traumatic sexual experience in the course of play therapy. These abuse re-enactments are attempts by the child to gain mastery over the original experience, which was overpowering at the time. Gradually, the children are able to master the powerful affects often related to the victimization experience(s)'. Through play therapy, therapists can reinforce positive feelings which children experience as a result of mastery over negative ones during play therapy, and as such enhance a positive intra-psychic structure.

Aggression is one of the themes frequently observed in the play of children with emotional problems. Drewes *et al.* (2001:112) state that aggressive themes are dominant in the play therapy of at-risk children. They further state that what is most striking is not that children with emotional problems play aggressive themes, but rather the intensity and persistence of their aggression. Therapists are offered an opportunity to intervene by offering children alternative responses. They can also teach reinforcement of acceptable behaviour, which can increase a child's use of non-aggressive solutions for interpersonal problems (Humphrey 2004:28).

Some children seem to derive satisfaction out of the aggression. This can be understood in terms of the light shed by Schaefer and Kaduson (2006:32): 'Children play aggressively to portray their struggle in life, but to the play therapist this struggle or conflict in play is the child's attempt at emotional survival'.

Themes of nurturing are often played by deprived children. They either play scenes where this fundamental physiological need is explicitly unmet or scenes where this need is dominantly being met. For such children play becomes a platform where this basic need is conveyed (Drewes *et al.* 2001:140).

Play therapy also has a way of acting as a buffer in that it can help to relieve the child from the negative affects they feel when faced with stressful situations. During play therapy a child might bring-up positive feelings she experienced, in the past. This invokes hope in the child and possibilities of change become eminent because the child might advance towards re-experiencing the positive feelings. Mercagliano (2007:61) states: 'Piaget also termed pretend play "practice" play because it allows kids to re-enact experiences that have moved or delighted them, and thereby to reinvoke, rethink, and integrate those feelings. A child can liquidate anxieties caused by traumatic situations by reliving those experiences in make-believe'.

Play therapy is a medium within which children express and work through their intrapsychic conflicts and psychosocial concerns. It is also a ground from which therapists develop interpretive comments linking the content and process themes of the play metaphor with the child's conflicts and concerns (Timberlake & Cutler 2001:23). As children do what they like and enjoy, which is playing, they release negative emotions in the process. Therapists have an opportunity and a platform to reinforce positive emotions and behaviour through play.

2.3 THE THERAPEUTIC VALUE OF PLAY

What follows is a discussion on the therapeutic value of play.

2.3.1 Play contributes towards knowledge of self

Knowledge of self is essential for one's self actualisation. As children go through different developmental stages, they have to discover who they are, what they

are capable of doing, and what they like. Children who are not well nurtured, who grow up under conditions of anxiety and who have a need to conform so as to please caregivers and significant others, often end up with knowledge of the adapted self and not the actual self (Bronkhorst 2006:4).

Internal conflict leading to emotional problems is unavoidable in children with knowledge of an adapted self. The emotional instability may present in different ways with aggressive behaviour being one. During play therapy, therapists accompany children to the awareness of their actual selves. Through play therapy, (Mmaskitlane may be an example), an exploration of the actual self may be carried out in the child's favourable medium of communication, that is, play.

Increased personal awareness yields new behavioural responses, and the child learns to own behaviours rather than depersonalise them (Reddy *et al.* 2005:35). A child with increased personal awareness would for example not deny doing something or claiming that an unknown or imaginary person did it.

2.3.2 Enhancement of ego strength

Children's ego strength is enhanced during play therapy. Some children may not be able to tolerate feelings of anger or self-assertion which are important elements in the child's developing ego. This is because these feelings are not approved of by some parents or society in general. The anger and self-assertion can reappear as a vast array of symptoms. Some of these symptoms can be severe, for example, suicidal ideas, somatic problems like encopresis and/or enuresis, selective mutism, autistic-like or psychotic-like behaviour. When these feelings and the negative energy trapped in the symptoms become available to the child, the symptoms often go away very quickly and are replaced by vibrancy. Play therapy can supply the pressure needed to unlock these feelings and energies contained in symptoms or that is expressed through them (McCarthy 2007:109).

This is similar to what Martyn (2007:138-139) refers to as the immortality of the unconscious wish. The wishes are in the unconscious mind and they will not be denied as they keep pressing for satisfaction by some means throughout life. If frustrated at the immediate level of fulfillment, these wishes keep seeking other paths of satisfaction, ceaselessly and perpetually regenerating themselves with ever-shifting life situations and relationships. As long as the wishes are not released, children's ego strengths are affected negatively. Mmaskitlane may be one of the ways that may be used to assist children to release such wishes.

If not satisfied directly, the wishes will appear in changed form in symptoms. In play therapy the wishes are accessed mainly through repeating old impulses, attitudes, character traits, symptoms and weapons of self-protection, including not knowing (Martyn 2007:145). Therapists can step in and intervene which will result in an enhanced ego-strength.

2.3.3 Enhancement of self-esteem

Often individual therapeutic play is a way of dealing with the challenges of growing up and creating a sense of selfhood (Elkind 2007:146). Self-esteem is part of selfhood. Play therapy enhances formation of a positive self-esteem. Mercogliano (2007:63) reports that according to Ariel's extensive research, children who are not skilled in make-believe play are often rejected by their peers and that this can have serious negative effects on their self-esteem.

Mercogliano (2007:64) goes on to state: 'However, according to two studies conducted by the research psychologists Stephen Davis and John Fautuzzo, peer-led play treatment sessions helped rejected children learn how to engage in make-believe play, which in turn led to significant improvements in their social competence and their overall behaviour'. When children engage in make-believe play during therapy, they get a platform and an opportunity to practice their social skills in a safe environment, that is one without judgment. This allows them to be involved, take risks, be creative, and go with the flow. This creates a sense of

self worth and enhances their self-esteem. The researcher believes that Mmaskitlane may qualify as make-believe play because it involves role playing which is make-believe in nature.

2.3.4 Stimulation of creativity

Play therapy stimulates imagination and creativity. Levin and Carlsson-Piaget (2006:30) concur by stating that in creative play children take in information from their experience and use it in their own ways according to their current skills and understanding.

Mercogliano (2007:69) agrees by reporting on an experiment that was carried out by Hennessey and Amabile. The findings show, that children who tend to engage spontaneously in make-believe play, score high on creativity.

Göncü and Gaskins (2006:275) acknowledge that play enhances creativity when they say that children's unguided and creative use of play are salient reminders that play holds important power for coping.

2.3.5 Enhancement of emotions, thoughts, and behaviour

One of the basic goals of play therapy is to help children to get in touch with their feelings and thoughts and to help them learn how these affect their behaviour. Different techniques can be used to identify and name various feelings. Mmaskitlane may be one of these techniques as therapists may use it to identify and to name various emotions. These feelings can be discussed and examples from every day life can be given in relevant context. Children can be made aware that they have permission to talk about these feelings and they can be taught how to express themselves in appropriate ways.

According to Gil and Drewes (2005:128) the awareness that they have permission to talk about their feelings is especially essential to:

- Children who come from overly strict homes as they are not allowed to express themselves and
- Boys from cultures where boys are not allowed to cry.

Play therapy is therefore important as it enhances children's sense of self-control. In connection with the enhancement of self-control, Drewes *et al.* (2001:63) postulate that through play activity, children can be helped to develop a way of handling themselves and managing behaviour. The self-management and management of behaviour will continue to be valuable later in adulthood.

2.3.6 Alleviation of relational traumas

Relational traumas like abuse, family violence, and disrupted attachment, which this researcher believes are unacceptable, are often the cause of emotional problems in children. Frequently children from families with relational traumas, experience negative feelings like guilt, shame, and embarrassment. Such children blame themselves for whatever went wrong in their relationships. These perceptions can effectively be confronted and addressed appropriately during play therapy (Schaefer & Kaduson 2006:8-9). Kekae-Moletsane (2008:368) concurs by stating that children learn from their experiences that their guilt and anxieties need not be overwhelming.

Through the use of Mmaskitlane children may come to an awareness that they are not to blame for what ever might not be right in their relationship(s). Alternative ways of how to deal with their situations can be explored in the safety of therapy. Schaefer and Kaduson (2006:8-9) assert that object relations play therapy addresses the primary therapeutic needs of relationship issues directly. They further assert that object relations play therapy addresses the child's internal working model and helps resolve specific trauma-related cognitions, feelings, and memories.

The researcher has never seen or heard of adults playing Mmaskitlane. However, as Kekae-Moletsane (2008:368) states, the play situation allows adults

to enter the exclusive domain of children filled with objects acknowledged as theirs alone. Therapists who are familiar with Mmaskitlane may be in a better position to use it as a tool during play therapy. This researcher is of the opinion that once the children see the therapist playing Mmaskitlane, they will be amused and will, as a result, show interest. This will enhance feelings of freedom which will in turn enhance the relationship of trust. The researcher believes that where there is trust there will be a secure attachment.

Based on object relations play therapy, the relationship between the therapist and the child should be of a secure attachment for Mmaskitlane to be effective. From this point of departure the therapist may be able to challenge the negative internal working models which resulted from relational traumas. Mmaskitlane may continue to be used to build positive internal working models which will enhance good intrapersonal and interpersonal relations.

Children of alcoholics are also exposed to relational trauma. When they are away from home, these children try hard to be perfect so as to prove to the outsiders that their family is fine. This perfectionism urges them to want to take control in most areas of their lives. The researcher agrees with Drewes *et al.* (2001:198) who state that, these children can come to give up some of this control and expose the pain and hurt, that underlie their mask through play therapy. Mmaskitlane may be one of the techniques used to assist children of alcoholics to relate to others at their appropriate realistic ages. Before therapy is terminated these children, may be assisted to assimilate and internalise appropriate healthier ways of handling their conditions.

2.3.7 Dealing with stress

Stressors like all forms of trauma, and internal and external barriers to learning, among others result in distressing children. Play is an excellent way of children to release and cope with stress, both in and out of therapy. Malan (2003:5) conceptualises coping as the way we respond to difficulties and problems and

may take the form of a range of thoughts, feelings, strategies, and actions. These coping mechanisms are important in assisting the individual through difficult phases of life and allow the person to deal with stressful situations in future.

Through the medium of play in therapy, children become involved in their stressful situations. They can do something about the situation. Release play therapy can be used to assist children in re-enacting stressful events and fosters children's ability to work through the events and release the anger or pain (Drewes *et al.* 2001:242). Release play therapy offers distressed children the awareness that they have the ability to respond appropriately towards the stressors. Mmaskitlane may qualify as release play because there may be expression of emotion when it is played.

Children are therefore not just victims of the circumstances but have an opportunity to experience a measure of control. Therapists are enabled by play therapy to encourage children to express emotions as harmlessly as possible. Therefore, the stress resulting from harmful emotional behaviour can at least be reduced if not eliminated entirely (Humphrey 2004:21).

2.3.8 Provision of satisfaction

Release play therapy satisfies the need of children with emotional problems, namely to express or release their emotions about their life experience. Drewes *et al.* (2001:114-115) report that the active release of tension in the play room that is done through aggressive play, frequently decreases children's need to act out in the classroom. These authors further go on to state that teachers comment that children are better able to focus in the classroom after participation in play therapy. McCarthy (2007:59) concurs when he states that some children express aggression and anger spontaneously in play therapy while others need to access their aggression through their imagination first.

Even if the child, due to any given reason, cannot play; the stress levels can be reduced just by remembering past playful experiences. Elkind (2007:218) agrees when he states that the memory of playful experiences, as well as the play experience itself, is capable of reducing stress and can provide comfort as well as reassurance. This is similar to abreaction which is a process by which one's reaction to a stimulus brings to mind previous experiences leading to a reduction of painful feelings (Göncü & Gaskins 2006:287). Mmaskitlane may be used to bring to memory past positive feelings which may alleviate experiencing negative emotions.

2.3.9 Understanding roles

Children can come to understand roles through play. 'In playacting, the child is taking the role with all the authority and prerogatives of the adult, and this is its true meaning. He understood that you can play at being adult while remaining a child' (Elkind 2007:134). It is necessary that children should understand roles. Like the fact that it is the role of the adults (parents and teachers) to teach and guide children as well as to correct them where there is a need to do so. The lack of understanding of roles might lead to emotional problems. When disciplined for example, children who do not understand roles might perceive it as punishment.

The lack of understanding of roles might lead to negative emotions like frustration and feelings of rejection based on the perception that they are unloved and/or rejected. These perceptions can be corrected through various techniques in play therapy, for example, role-playing, drama and puppets. Role playing is striking because children temporarily immerse themselves in the part that they create. They act on the world and talk about it as if they were experiencing it from the point of view of the invented person or creature (Harris 2000:30). This role playing act enhances understanding of other people's roles. Mmaskitlane may be one of the techniques that may be used in therapy as it is role playing in nature.

A child playing doctor may not know what credentials or skills are required to be a doctor. This child might also not be practicing to be a doctor. Elkind (2007:134) states that in play-acting children accept that they are playing a different role. With the understanding of roles, children come to understand others, for example, parents and educators, better. Understanding of roles alleviates experiencing negative affect which could have resulted due to the lack of that understanding.

2.3.10 Realistic meaning attribution

This researcher believes that with the understanding of roles also comes realistic meaning attribution. When disciplined, children who understand roles might attribute the action to the role and not the person carrying out the discipline. The act of discipline does not have to affect the relationship negatively, if meaning is attributed realistically. The opposite is also true. Children, who don't understand roles, might attribute the action towards the discipliner resulting in the interpersonal relationship being negatively affected. The researcher believes that these types of situations can successfully be remedied through play therapy.

Play, according to Levin and Carlsson-Piaget (2006:30), is the central part of meaning making process, where children experience mastery and control, over experiences. In creative play, children take in information from their experiences and use it in their own way according to their current skills and understanding (Levin & Carlsson-Piaget 2006:30). Timberlake and Cutler (2001:22) depict play as a mental digesting process that enables children to understand experiences and situations. By so doing play ensures that meaning is discoverable by the individual person, rather than determined, fixed or dictated (Göncü & Gaskins 2006:284). It is vital that children understand meaning and as Spitz (2006:174) puts it, children must and do learn that meaning survives objects.

Mmaskitlane may assist children to discover the meaning of their experiences, rather than the therapist determining and dictating meaning to them.

2.3.11 Promotion of positive feelings

Play addresses the way children think and feel. It encourages and enhances positive thinking and feeling. Mercogliano (2007:62) cites the study performed by the husband-and wife psychologist team, Dorothy and Jarome Singer. The study was conducted in eight nursery schools over the course of a year. The team found that make-believe play promotes positive feelings, and alleviates negative ones. Mercogliano (2007:63) states: 'They found not surprisingly, that the children who engage in the most make-believe play exhibited the most joy and liveliness; and the more imaginative the child appeared, the less he or she seemed anxious, sad, or fatigued'.

Mmaskitlane may qualify as a make-believe play because when engaged in it children pretend to be the person that is being role played. Play is therefore therapeutic in that it enhances positive affect in children.

2.3.12 Provides information about the client

Play therapy provides the therapist with a wealth of information. It gives the therapist, insight into the child's emotions and life world and also enables the therapist to observe the child's responses to failure, success, decision-making, problem solving and completing tasks (Geldard & Geldard 2006:172). Once therapists understand the clients, they can accompany them successfully through therapy. With insight into the children's world, therapists will understand these clients better and can successfully make them experience success. This will enhance formation of healthier intrapsychic and interpsychic structures.

2.3.13 Consideration of other peoples' perceptions

Play also teaches children to consider other peoples' perceptions and therefore to not be selfish. Concerning this Elkind (2007:162) states that play often has

moral overtones, showing the bad guys-against the good guys. The child must be able to take the perspective of both the hero and villain.

By playing other peoples' roles, children get to practice how others act and therefore how they think as actions are influenced by thoughts. The understanding of other people's roles helps children understand how other people see things. Understanding of others may result from using Mmaskitlane and that would enhance interpersonal relationships.

2.3.14 Intervention in the child's internal world

It is a well researched and known fact to psychologists that children live between two worlds, the internal world and the external world. It is from this point of departure that Martyn (2007:110) states that children are exposed to two kinds of threatening winds. One kind blows from within and the other blows from without. Göncü and Gaskins (2006:28) refer to the internal world as an as-if universe of each child's own making while Harris (2000:19) refers to it as the imaginary world.

It might not be all people who can have access into children's internal worlds, but psychologists are some of those who can, and only when the children let them in. Reddy *et al.* (2005:14) concur by stating that play provides adults an opportunity to share the child's inner world on the child's terms and at the child's pace. Mmaskitlane could be one of the techniques used to intervene in the child's internal world.

Socially unacceptable impulses and emotions form part of the internal world and imaginary companions may serve as fantasy surrogates of the child's wild side (Elkind 2007:114-115). Some children invent their doubles to protect their egos. The significance of Mmaskitlane could be that therapists could use it to accompany the children into their internal world and intervene.

When children are engaged in Mmaskitlane they may look and listen inwardly and they may get to know themselves in a deeper way. When they have enough empty space in their daily lives, they learn to use it constructively, in ways that support their relationship with their inner wildness (Mercogliano 2007:118). Through play therapy children give themselves and their therapists, tangible renditions of their interior strivings, wishes, hopes, struggles, apprehensions and fear about themselves, as well as their concerns about their parents and siblings (Martyn 2007:99). The researcher is of the opinion that Mmaskitlane may be used to achieve the same results.

Schafer and Kaduson (2006:33) state that together, the distressed child and the therapist can enter the child's emotional world and hear his or her pleas for understanding and confirmation. With the application of Mmaskitlane, therapists could acknowledge the children's feelings and help them feel accepted while intervening saliently.

As children develop and grow they also develop internal working models or cognitive frameworks that they always refer to when confronted with similar situations. Sometimes these internal working models are negative and unhealthy. Through the application of Mmaskitlane, used as an intervention technique by the therapist, these negative cognitions may be challenged and modified. Schaefer and Kaduson (2006:32) agree and state that through play children can change their perception of an event, which, in turn, changes their view of their world, resulting in their feeling less emotional about the event.

2.3.15 Intervention in the child's external world

Drewes *et al.* (2001:5) state: 'Observation of play in naturalistic settings focus on how the child interacts with the environment and things in the environment, with other children (same age, younger or older; same or different gender), and with adults in the environment'. This refers to how the child interacts with the external world, which among others is formed by the environment.

Therapists should have no problem differentiating between the children's intrapsychic structure and their interpsychic structure. Gil and Drewes (2005:74) state that therapists need to be able to distinguish intrapsychic stress from stress created by their social structure. This shows that stress can emanate from the children's internal world or from their external world, which society is a part of.

The fact that children need balance between their internal and external worlds, correlates with what Göncü and Gaskins (2006:282) express when they say that children's ability to remain 'well adjusted' is not merely a matter of adjusting to the external world. The implication is that even if children can adjust to the external world, they also need to adjust to the internal world in order for them to be well adjusted. Mmaskitlane could prove to have the capability to intervene in both the internal and external worlds.

Some factors from the external world that influence emotionality in children are social factors such as quarrelling and unrest as well as family relationships (Humphrey 2004:31).

Family relationships are part of the external world while the relationship in the internal world is that of the self, meaning the relationship with one-self. Children have to learn to keep all relationships in a healthy condition. With the aid of Mmaskitlane as a play technique, therapists may intervene and help to organize children's intrapsychic and interpersonal relationships (Timberlake & Cutler 2001:24).

Play therapy is therefore essential for enhancing both the children's internal world and their external world towards healthier existence,

Play therapy can be summarized as follows:

- a means of self expression;
- can be used for ventilation of negative affect;

- can be used as a de-stressor and a coping mechanism;
- can be used to teach social skills;
- enhances knowledge of self and self esteem;
- helps children get in touch with their thoughts, feelings, and actions;
- offers an opportunity for children to resolve traumatic issues and gain mastery over their feelings;
- can be used to teach realistic meaning attribution;
- can be used to teach children to consider other people's perceptions; and
- can be used to intervene in both the child's internal and external worlds.

2.4 FORMS OF PLAY THERAPY

Play therapy is differentiated according to various theoretical perspectives which include psychodynamic play therapy, client-centered play therapy, cognitive behavioural play therapy and experiential play therapy. A discussion of each of these perspectives follows.

2.4.1 Psychodynamic play therapy

This perspective is subdivided into insight-oriented, structure-building and supportive psychotherapy. Following is a discussion of each of these subdivisions.

2.4.1.1 Insight-oriented play therapy

Insight-oriented play therapy is the form of therapy most associated with the psychodynamic approach. The major mechanism of change is insight and working through the client's issues by using play and interpretation by the therapist (Russ 2004:42).

'This approach is appropriate for children who have age-appropriate ego development, show evidence of internal conflicts, have ability to trust adults, have some degree of psychological-mindedness, and can use play effectively. Insight-oriented therapy is most often recommended for internalising disorders including many of the anxiety disorders and depressive disorders' (Russ 2004:42).

The requirements for the use of psychodynamic play therapy are for the child to be able and free to play and for the therapist to be skillful and competent at interpreting play.

2.4.1.2 Structure-building play therapy

The structure-building approach is the second major form of psychodynamic play therapy. The building of internal structure and processes like object relations are the major mechanisms of change. This form of therapy is used with children with structural deficits and major problems in developing good object relations, for example, borderline children and narcissistically disturbed children. Empathy on the part of the therapist is a much more needed intervention than interpretation (Russ 2004:43).

The approach is structured such that the therapist takes an active role in helping the child achieve the therapeutic goals. It is directive in that the therapists choose play materials and create scenarios that would enable children to re-enact previous experiences (Knell 2004:12).

2.4.1.3 Supportive play psychotherapy

Supportive play psychotherapy is the third form of psychodynamic play therapy. In order to bring about change, therapy focuses on the here and now and on the development of problem-solving skills and coping resources. Supportive play psychotherapy is appropriate for children with externalising disorders, for example, those who frequently act-out, have antisocial tendencies, and are impulsive-driven (Russ 2004:44).

Such children when teased at school, for example, might react violently and find themselves in trouble. In supportive psychotherapy, the therapist might role-play

with the child alternative ways of handling teasing and ensure that they are internalised for the future use.

2.4.2 Client-centered play therapy

Empathic reflection is the major intervention by the therapist that results in change in client-centered play therapy. Children experiment how to express different experiences through play while therapists strive to achieve and express empathic understanding. According to Kaduson, Cangelosi and Schaefer (2004:69) this kind of play therapy is mostly suitable for children between the ages of three years and twelve years. They further recommend that therapists should work with one child at a time in order to give them their undivided attention when using client-centered play therapy.

The client-centered play therapy approach accepts the child's capacity for self determination and accepts that children are basically motivated to reach their highest potential (Knell 2004:13). Therapists merely reflect the child's feelings so that the child can gain insight that promotes problem solving and behaviour change. The impetus for change comes from the child and the therapist is not the source of interpretations (Knell 2004:14).

Gil and Drewes (2005:143) concur as they state that in client-centered play therapy, the child is in charge and the therapist follows the child's lead. They further state that the therapist's role is maintaining only those limits that are essential for the child's safety and for the compliance with the rule of the therapy setting.

2.4.3 Cognitive behavioural play therapy

Cognitive-behavioural therapy and play therapy principles are integrated into one approach. The corrective emotional experience is the major change mechanism.

Anxiety of feared stimuli is extinguished through direct or indirect exposure, through imagery.

Play is used to teach skills and alternative behaviours while interpretations are given by the therapist. Praise is a crucial component of cognitive behavioural play therapy. Reflection, imitation of play, questions, interpretation, reinforcement, and contingent attention are some of the techniques used by the therapist (Russ 2004:47).

Cognitive behavioural play therapy involves the child in treatment via play, it focuses on the child's thoughts, feelings, fantasies, and the environment. It provides strategies for developing more adaptive thoughts and behaviour and it is directive and goal oriented (Knell 2004:44-45). Some of the key elements in this approach involve the use of typical cognitive techniques such as relaxation methods, increasing the children's sense of safety, increasing their ability to discuss traumatic events without extreme distress and correcting any misconceptions about traumatic events (Webb 2007:395).

Play therapy may be a short-term or long-term process depending on a number of variables, such as the nature and extent of the problem. A child experiencing mild stress might not spend the same time in therapy as one experiencing severe stress. The severity of the stressor and how long the child was exposed to the stressor are some of the factors contributing to the nature of the problem. The age of the child and whether the child has sufficient support, also have an influence on the duration of the therapy.

2.4.4 Experiential play therapy

According to experiential play therapy, children encounter the world in an experiential style and not a cognitive style. Children do not think about their encounters but involve their senses as a means of incorporating information from their environment. Children are informed by what they see, hear, touch, smell

and taste. Information gathered through the senses results in emotional responses (Schaefer & Kaduson 2006:29).

Experiential play therapists believe that exposure to different experiences enhances children’s development from one stage to another. A cognitive framework is formed as a result of the experiences. Children can then use this framework when faced with similar situations in future. Children are empowered through play therapy to be able to overcome emotionality and to function effectively when confronted with an emotional situation (Schaefer & Kaduson 2006:29). Table 2.1 summarises information on the types of play therapy and their value.

Table 2.1 Types of play therapy and their value

TYPE OF PLAY THERAPY	VALUE
Psychodynamic play therapy <ul style="list-style-type: none"> • Insight-oriented therapy • Structure-building therapy • Supportive psychotherapy 	Is used to treat internalising disorders like anxiety and depressive disorders. Is used to treat children with structural deficits and problems with developing good object relations, for example borderline and narcissistically disturbed children. Is used to treat children with externalising disorders, that is, dealing with problems through external actions against the environment, for example aggression and delinquency (Carson & Butcher 1992:538).
Client-centered play therapy	Offers an opportunity to experiment expressing various experiences.
Cognitive Behavioural play therapy	Is used to extinguish anxiety through direct or indirect exposure through imagery.
Experiential play therapy	Enhances formation of a cognitive framework with which a child approaches future similar situations.

2.5 THE NATURE OF MMASKITLANE

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 like it more than others. This can be understood by considering what Gil and Drewes (2005:35) state: 'However, we can learn something about the most common patterns within the populations we commonly serve, while keeping in mind the fact that there is tremendous variation both within each group and among individuals'.

Even though some children within a specific South African community (group) may like the game, others may not like it. Furthermore, there is a difference in the extent of liking the game amongst those who like it, that is, some may like it more than others.

Mmaskitlane is the seTswana name for this game, it is called Masekitlana in seSotho as documented by Kekae-Moletsane in (Kekae-Moletsane 2008:367-375). This game is called Ukuxoxa in isiZulu and many other black South African cultures have their own name for it. This researcher believes that Soliloquy may be the most appropriate English name for this game, according to the Oxford English Dictionary definition, a soliloquy is a speech in which a character speaks his/her thoughts without addressing a listener (see 2.5.1 and 2.5.2).

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

2.5.1 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 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 on what is narrated. Should questions be asked, then the player will answer them. In this form, children use two small stones to relate their narrative. One stone is hit with 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 the frequency (the number of times that the stones are hit against each other), (Kekae-Moletsane 2008:368).

The nonverbal expressions, also differs when positive emotions and negative emotions are expressed. Positive emotions are expressed with the stones being hit at low pressure, at a low pace and infrequently. The child speaks softly with a sweet tone and appears happy. Negative emotions 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 sad and/or angry (Kekae-Moletsane 2008:368).

2.5.2 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. Mercogliano (2007:73) acknowledges that play with minimal structure is often much more varied and rich in fantasy than the 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 this researcher's observations. 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 or notebooks, old calendars or charts and old pens. A pencil and an eraser are usually the items that are in a working condition. Sometimes sticks are

used for drawing on the ground as a replacement for books, in which case stones are used as a replacement for pens. 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.

Therapists should make appropriate selection of material in order for them to achieve envisaged goals. Thompson and Rudolph (2000:386) state that therapists should choose play material according to the following criteria:

- facilitate 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 opportunity to test reality; and
- provides the child with an acceptable means for expressing unacceptable thoughts and feelings.

The researcher is of the opinion that materials used in Mmaskitlane fit all the above requirements, and therefore she believes that Mmaskitlane uses relevant and appropriate material for play therapy.

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 play 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.

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 protective measures or not. An old pen is used to point at the person, object, or place that is being role played (see figure 2.1).

A figure that may serve as an example of how Mmaskitlane may look like follows.

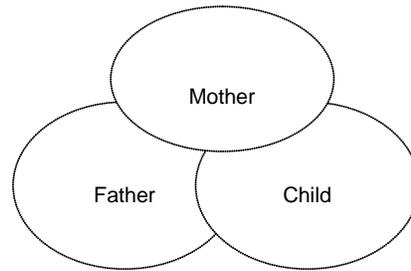


Figure 2.1 The visual representation of Mmaskitlane

Mmaskitlane is a solitary 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 on 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 as Spitz (2006:158) states that 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 certain of our dreams. As Mmaskitlane is a solitary play, it may have the potential of assisting children to encounter certain of their dreams. 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 play. The children tell what is happening as they point at the character and role play it. McCarthy (2007:45) states that the language used is significant as the child's opening scenes offer a glimpse deep into their psyche. He goes further to say that because the child is protected by the symbol (the play tool) the 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. It is also very perceptive and imaginative as the children perceive and imagine themselves as a character in play. 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 a play in which energy surfaces in the context of the play and in the child's body-psyche as a charged 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. These appearances tally 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 touchy to 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' (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 the play is that it may be a means of expression through which the children express feelings, thoughts, and reflect on the relationships they have with themselves and the external world. This play offers a child the platform and potential to release negative feelings like anger and pain which may be a therapeutic act.

The researcher believes 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 as they state that low-income children provided examples of pretend play as they also engage in the types of play that have not been used by previous descriptions of the middle-class children's play activities. The researcher also believes that types of play such as Mmaskitlane that have not been used by the middle and upper-class children, may be regarded as games of chance.

The researcher is 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 could prove to be as equally effective as the games that are commonly used. The subject of this study has as its focus the second form of Mmaskitlane.

Following is a case study that this researcher observed prior to this study while working as a teacher. The researcher believes that the case study might shed some light on how Mmaskitlane is played.

2.6 A CASE STUDY EXAMPLE OF A SITUATION OF HOW MMASKITLANE IS USED.

(The following case study should be used in conjunction with figure 2.1).

Tshepo is a 10 year old girl living with both parents. Tshepo is very withdrawn and does not like playing with others. The teacher has observed her, several times, in solitude, striking at an old book. On this one occasion, the teacher made sure that she did not disturb Tshepo as she observed and listened to her play.

She saw Tshepo with the same diagram as Figure 2.1. What follows is what she saw and heard from Tshepo's role playing:

Tshepo strikes lightly at the 'Mothe' area 'Today is Friday, I want to see if he is coming home or not. Oh! God help me, I am really tired of this. At least there he comes'.

Tshepo strikes at the 'Father' area 'Hello, Tshepo take this case to the bedroom and bring me a glass of water'.

Tshepo strikes moderately at the 'Mother' area 'Are you going to sit down while waiting for water?'

Tshepo strikes moderately at the 'Father' area 'No, I am in a hurry, I have to get somewhere'.

Tshepo with intense strikes at the 'Mother' area 'Where exactly are you going, because you have just arrived from work?'

Tshepo strikes severely at the 'Father' area 'Why do you want to know, it is none of your business'.

Tshepo strikes very intense at the 'Mother' 'Oh ...is that so?'

Tshepo strikes hard at the 'Child' area 'I wish they can stop, I feel... I feel...'

Tshepo strikes severely at the 'Father' area 'You said you want a house, I bought you a house, you wanted furniture, I bought it, what more do you want from me?'

Tshepo shouts and uses intense strikes at the 'Child' area 'Stop ...stop....'

2.7 REFLECTION ON THE CASE STUDY

This could be a re-enactment of what happens in Tshepo's home. This can be verified by questionnaires and other collateral information. If this is found to be the case, then Tshepo lives under conditions of quarreling and unrest which are caused by both parents. This predisposes Tshepo to unpleasant emotional conditions according to Humphrey (2004:31), who states that quarreling, unrest and family relationships are some of the factors that influence emotionality. This could be one of the reasons why Tshepo never plays with other children and why she experiences barriers to learning.

The same play that enabled the teacher to uncover this condition, could possibly be used by therapists to intervene in assisting Tshepo to cope, both at home and at school. The researcher is of the opinion that intervention could be done by the therapist with the use of Mmaskitlane. The therapist could role play alternative appropriate coping behaviours that the learner could emulate.

2.8 COMPARISON BETWEEN MMASKITLANE AND PLAY THERAPY IN GENERAL

What follows is a comparison between Mmaskitlane and object relations play, sand tray, puppets, dramatic play, role playing, solitary play, empty chair play, pretend play, gestalt play therapy, artistic play, client-centered play therapy and war play respectively:

2.8.1 Object relations play therapy

Object relations play therapy focuses on the relationship between the therapist and the child in a play setting. It aims to help the child with difficulties experienced in interpersonal relationships (Schaefer & Kaduson 2006:3). According to object relations theorists and researchers, there are wide individual

differences in the security of attachment. The differences range from secure attachment through insecure attachment to disorders of non-attachment.

Depending on the type of attachment, enduring object relational patterns that emerge during childhood can range from healthy adaptive internal working models to maladaptive internal working models. The latter is according to Schaefer and Kaduson (2006:5) associated with various types of developmental psychopathology in childhood and adulthood.

Object relations play therapy proposes that change occurs when a 'secure-base' relationship exists between the therapist and the child. Within this relationship the therapist by refusing to conform to the maladaptive expectations of the child's negative internal working models, challenges the child to amend those maladaptive expectations in healthy directions. From the children's negative working models they will expect negative interaction with others but every time the therapist fails to confirm the child's expectations, the negative internal working models are challenged.

The challenge leads to the child's internal working models of others becoming open to the idea that not all people are going to hurt the child (Schaefer & Kaduson 2006:7). Negative object relations of the self, that the self is bad and unlovable, would begin to shift to the idea that maybe the self is actually lovable.

Mmaskitlane is comparable to object relations play therapy because for therapy to be effective in both there has to be a secure attachment between the therapist and the child. With the secure attachment in Mmaskitlane, the children will feel free to narrate their stories not fearing that they will be reprimanded as is the case outside therapy. The unconditional acceptance of the child by the therapist may challenge the negative internal working models. The challenge may result in formation of positive internal working models.

2.8.2 Puppet play

Puppet play makes use of puppets to play different figures like aggressive animals, shy and quiet animals, magical characters, and people representing various family members. It is role playing of the chosen character(s) by the therapist, the child and/or both. Puppets are used to tell imagined or actual stories. They can also be used to express wishes in the form of a narration.

Mmaskitlane could be used in therapy in the same way as puppet play is used. With regard to this Kekae-Moletsane (2008:368) states that players of Masekitlane distance themselves from the picture as they tell their story. 'Another way for children to use puppets is for children to tell a story, followed by the therapist retelling the same story with a slightly different ending so as to gradually change the children's perception of events, improve their coping strategies, or build defenses. Or the therapist may suggest a theme for the play', (Drewes *et al* 2001:156). The therapist could use Mmaskitlane in a similar manner to gradually change children's perceptions and to improve their coping strategies.

For example, in the case of children who perceive correction or discipline as not being loved or as being rejected, a therapist can role-play an imagined situation using made-up names. Where the discipliner, talking alone states how he/she loves and cares for the child and what his/her concerns are regarding the child. The therapist will continue to role-play, in turns, the discipliner approaching and talking to the child and the child reacting and responding to the discipliner. The therapist will then role-play the child thinking and talking to himself and stating the desired outcome, for example, 'The teacher loves me so much that she does not want me to do wrong things'.

Using puppets allows children to explore and expand their thinking and encourages them to be interactive and sometimes even adventurous (Geldard & Geldard 2006:190). Mmaskitlane, like puppets, encourages and provides the opportunity for children to stretch their thinking while fostering interaction

between the characters in the play. For example, in the example of the disciplinary action above, where some children perceive being disciplined as being punished or hated, children can be assisted to reach awareness that there are different reasons why disciplinary actions take place.

The researcher believes that this could be done by therapists' role playing different reasons why discipline is carried out. As children watch and listen, they are encouraged to expand their thinking and to internalise reasons why discipline is administered. From the positive cognitions formed while observing and listening to the therapist's role playing through Mmaskitlane, they are likely to consider others people's perceptions. The ability to consider other people's perceptions could enhance the way they relate to others.

2.8.3 Dramatic play

In dramatic play children express their inner thoughts and feelings as they play out experiences in the form of a drama. It provides an opportunity for traumatised children to turn a passive experience into one in which they can be active participants. They can control, direct and master the situation that is dramatised.

Dramatic play is used often in therapy. With regard to this kind of play, Drewes *et al.* (2001:157) state that the therapist can learn a lot about the child by watching dramatic play which, just in itself, can be curative. The therapist can also help the child by commenting on the play, by taking a role within the play, or by introducing alternative solutions or endings in the play. Mmaskitlane could also be curative on its own. Kekae-Moletsane (2008:368) concurs by saying that when children play Masekitlne, they usually relate stories about things that worry them, things they imagine, their wishes, things they detest and things about people that they detest. The therapist, could role play scenes in ways that introduce and reinforce desirable behaviour while the child watches, learns and internalises.

2.8.4 Role playing

Role playing in therapy can take various forms such as in a dramatic play, puppet play and individual (solo) play. It is a play in which a child, a therapist and/or both play different roles of an individual or different characters.

Just as role playing is used in therapy, so could Mmaskitlane be used, as it is, in essence role playing. Kekae-Moletsane (2008:368) states that players of Masekitlane speak in the third person when they tell their stories. Mercogliano (2007:59) states that by donning a man's hat, a boy can suddenly transform himself into a stern, punitive father. A girl can become a strict, domineering mother simply by slipping a pair of women's shoes onto her feet and purse over her wrist. With the use of Mmaskitlane, a diagram is drawn and any child can transform into a man by speaking in a heavy tone. Similarly, any child can transform into a woman by speaking in a tone commonly believed to be of women.

Children can imagine themselves in different roles and consideration of other people's perceptions is made possible. By taking a pen and pointing at a block or circle designated to represent a specific person, the children transform themselves into that person and speak as though it is the person speaking. Of vital importance is that the children's emotions are projected onto the character and expressed. This may be a therapeutic event.

2.8.5 Solitary play

Solitary play is a play in which an individual plays alone. There may or may not be others observing the play.

Mercogliano (2007:113) states the following about solitary play: 'So how can children learn to fashion their own rich, unique selves today? There are no fool proof recipes, but one essential ingredient is time alone, away from the clatter of

modernity'. Kekae-Moletsane (2008:368) defines Masekitlana as a monologue play which is played by one child at a time. Solitary plays like Mmaskitlane are therefore essential for enhancing knowledge of self. Mercogliano (2007:113) emphasises this by stating: 'What matters is not so much the nature or location of the activity but the existential experience of aloneness, of uncluttered time and space within which children can think their own thoughts, feel their own feelings, and hear the inner voice that Socrates described'. This researcher believes that Mmaskitlane, as a solitary play, may enhance development of a positive intrapsychic structure and will test this in the empirical study.

2.8.6 Empty chair play

In empty chair play the therapist may ask the child to imagine holding a conversation with someone or something imagined who is in the empty chair. Children project representation of a person or an object or even part of themselves into an empty chair. They then present a dialogue with whoever or whatever is projected into the chair.

Some children grow up with a distorted knowledge of self which was caused by external factors. By making use of the empty chair play technique, children can complete an unfinished gestalt in their life if they talk to the empty chair with the person with whom they have unfinished business, rather than to talk about the person with the therapist (Blom 2004:165). Similarly in Mmaskitlane, a child can talk to the person with whom they have issues, who is represented in a diagram on an old book or chart, and does not have to tell the therapist about the person. Kekae-Moletsane (2008:368) states that when playing Masekitlana children relate stories about people they detest.

Mmaskitlane like many other play techniques (for example: empty-chair technique) may be used to challenge a misperception and to provide alternative, healthier solutions to problems for the child to consider, pick and internalise. This will enhance acceptance of the self. Elkind (2007:146) states that individual

therapeutic play is often a way of dealing with the challenges of growing up and creating a sense of selfhood.

2.8.7 Pretend play

Pretend play has to do with children behaving as if something is true or real even though they know that it is not, in play. It can be used in role playing, dramatic play or solitary play. Children can pretend to express their unacceptable feelings, thoughts and wishes to whoever they wish in play. The release of emotions during play is genuine even if it is done in a playful manner (McCarthy 2007:57). In relation to this Kekae-Moletsane (2008:368) reports that when the players relate aggressive incidents and sad or depressive stories, they hit the stones hard and they display anger and aggression on their faces.

The researcher believes that in order for children to develop critical thinking, they need practice in expressing their dissatisfactions and disagreements. Unfortunately the expression of dissatisfaction and disagreement by children is not permitted in some black cultures in South Africa, and it is equated to disrespect. The prohibition of expressing disagreement and dissatisfaction by children to adults is common in some of the communities in which Mmaskitlane is prominently played. Pretend play offers children a platform and an opportunity to practice these forbidden skills without fear of rebuke or punishment. The researcher is of the opinion that this pretence and use of expressive release is one of the outstanding characteristics of Mmaskitlane and will test this in the empirical study.

2.8.8 Client-centered play therapy

Like client-centered play therapy, the researcher believes that Mmaskitlane may assist the children to tap into their inner capacity for self-actualisation, as Drewes *et al.* (2001:241) state that client-centered play therapy has at its core the belief that children have the inner capacity for selfactualisation. As children

practice to express different experiences and therapists express empathic understanding, children come to a better understanding and acceptance of themselves.

2.8.9 War play

War play is the type of play in which children pretend to be involved in war. It is violent in nature and makes use of instruments of war such as guns. It often involves a lot of noise and at times screaming. The aggressive nature of war play is the reason why most parents do not allow children to engage in it however, children are at liberty to play this game in therapy.

Children need to be in charge of what they play. Their choices reflect their level of development, experience, needs and interest. Therefore, children are the best guides of what they need to work on, when and how to work on it. So when children choose to engage in war play, even if we would prefer that they did not, they are showing us what they need to work on (Levin & Carlsson-Piaget 2006:26). The researcher is of the opinion that children choose to play Mmaskitlane even if they are reprimanded because they are showing us what they need to work on. With regard to adult's preferences of children's play, Göncü and Gaskins (2006:282) state that therapists can support but not dictate the direction a child takes when coping through play.

Levin and Carlsson-Piaget (2006:27) state that the reason why war play is so appealing is that perhaps more than most other types of play, it helps children experience power and control. The significance of this is that they are at an age when many of life's experiences can lead to feelings of helplessness and being out of control, like their experiences as they work on developmental tasks. It seems that Mmaskitlane too is very appealing to children because they persist on playing it against all odds. This could be because of the same reason that it helps children experience power and control.

Table 2.2 summarises similarities derived from the above comparisons between Mmaskitlane and other play techniques:

Table 2.2 Similarities between Mmaskitlane and other play techniques

Mmaskitlane	Other play techniques	Similarities to Mmaskitlane
Mmaskitlane	Object-related play	The relationship between the therapist and the child must be of a secure base.
Mmaskitlane	Puppet play	Encourage children to stretch their thinking while fostering interaction between the characters in the play.
Mmaskitlane	Dramatic play	The therapists can role play scenes in ways that introduce and reinforce desirable behaviours.
Mmaskitlane	Role playing	Children's emotions are projected onto the characters and expressed.
Mmaskitlane	Solitary play	Enhance knowledge of self.
Mmaskitlane	Empty chair play	Children can talk with the person with whom they have unfinished issues rather than talk to the therapist about the person.
Mmaskitlane	Pretend play	Offer opportunity to practice critical thinking without fear.
Mmaskitlane	Client-centered play therapy	Assist children to tap into their inner capacity for self-actualisation.
Mmaskitlane	War play	Assist in making children experience power and control.

Therapists must be familiar with all these types of play amongst others, in order to be able to assist children in therapy. Other roles of the therapist will be discussed next.

2.9 THE ROLE OF THE THERAPIST IN MMASKITLANE

Responsibilities of the therapist with regard to play therapy will be discussed under the following subheadings: security, empathy, assessment, session scheduling, criteria, emotional awareness and tolerance respectively.

2.9.1 Security

Safety and security is one of the basic needs of human kind, especially for children. It is of paramount importance that the relationship between the therapist and the child be secure. This will put the child at ease, which is one of the basic responsibilities of the therapist. The relationship must be healthy to be therapeutic. A therapeutic relationship requires empathy, unconditional regard, respect, and warmth from the therapist (Gil & Drewes 2005:127).

The researcher will try her best to practice and to manifest the above attributes in order for the children to feel secure and free to play Mmaskitlane in therapy.

2.9.2 Empathy

The therapists' offering of unconditional positive regard, accurate empathy and genuineness is both necessary and sufficient for therapeutic progress to be made (Van Pairen 2002:82). Empathic reflection by therapists help children to develop a strong sense of self which gives them a sense of well-being and inner strength to express any buried emotions (Oaklander 2000: 145). Empathy also enhances creation of a safe environment in which children feel free to express themselves. This is very important in Mmaskitlane as verbalisation is the main means of communication in this play. The implication is that if children do not feel free, they will not talk, and as a result they will not be able to play Mmaskitlane.

2.9.3 Assessment

Mmaskitlane may be culturally inclusive and the therapist must be familiar with the client's culture. It is however necessary that the therapist should not see the children in terms of their culture only but in totality of the context of their existence. It is important for the therapist to know the child's background in order to make appropriate selection of scenes to be role played (Gil & Drewes 2005:127-128).

Resources for playing Mmaskitlane, namely, two small stones for children of five years and younger an old exercise book, an old pen, a pencil and an eraser for children from six years to twelve years (see 2.5.2) will be made available only to the appropriate age group. These resources will also be produced when the child is ready to engage in Mmaskitlane.

The therapist must be able to assess the child at play. Drewes *et al.* (2001:4) state that assessment needs to be as comprehensive as possible, working to identify the presenting problem, the salient problem, the plan or method, and the measurement criterion. Knowledge that play therapy is a process and that assessment within therapy should be ongoing and developmentally appropriate is very vital. A broad spectrum of questions to keep in mind when assessing include the following:

- How intense is the play?
- Is there repetition compulsion?
- Is play focused around a theme or is it random or listless?
- How much confidence and mastery is exhibited?
- Is the child tentative and observing?
- Does the child seek eye contact with any particular person for acknowledge, approval, or permission?
- What affect dominates the play?
- How interactive is the play?

Therapists should look at children energetically, trying to understand how they have been affected and more importantly, how they can release negative emotion. If therapists can look and listen to and perceive the children with their own sensory apparatus along these lines, they may be able to assess what is going on and what direction they need to go in (McCarthy 2007:54).

How therapists understand and respond to the play, facilitate therapeutic change. In order for therapists to understand a child's play, it is required that they recognise themes, and identify the affects and interpersonal interactions presented through the play (Schaefer & Kaduson 2006:8).

When making use of Mmaskitlane in the empirical investigation, all of the mentioned assessment criteria will be considered. The researcher will be vigilant to identify themes, affect and interpersonal interactions displayed by children playing Mmaskitlane.

2.9.4 Session scheduling

Scheduling of sessions should be appropriate, for example, if therapy is conducted at school, sessions should be varied so as not to disturb the same learning are each time. The therapist must set limits, which must be communicated to the children. The children must understand what is expected of them like, what is acceptable and unacceptable behaviour. Drewes *et al.* (2001:115) asserts that counselors should set limits so as to be able to achieve the goal of therapy, namely, to enhance children's self-control.

An example of a limit that could be set when playing Mmaskitlane is to explain to the children that even if verbal release is accepted and encouraged, the use of vulgar words will not be allowed. Drewes *et al.* (2001:120) state that counselors should consider scheduling sessions at nonacademic times in order for children not to miss class for academic instructions. The researcher plans to schedule therapy sessions for Mmaskitlane after contact time in order that they should not temper with academic instruction time.

2.9.5 Criteria

One of the roles of therapist is to assist children to come to a point (stage) where they are able to verbalise their problems (concerns) to some extent. The therapist must be familiar with various criteria that can be used to achieve the goals of therapy, one of which is probing. The researcher agrees with Wren (2006:3) who believes that children with learning problems deploy secondary feelings like sad, glad, mad, but with deeper probing therapists would find that

the real primary feelings are probably closer to feelings of frustration, anxiety, inadequacy, disappointment, bafflement, and challenge.

In Mmaskitlane, probing may take various forms: including therapists, role playing a scene and asking a child to play a similar scene in their own way. Therapists may also ask questions based on the narration and make comments. This could shed some degree of clarity on some issues.

2.9.6 Emotional awareness

Increased emotional awareness is one of the goals of therapy and the therapist must know how to achieve this. They have to ensure that children are empowered to name different emotions and that these emotions can be expressed in examples of relevant contexts. Therapists can model this by playing scenes where appropriate feelings are expressed and named. Children can then be asked to play scenes that demonstrate particular emotions. Therapists may also intervene by modeling how these emotions are to be expressed in a socially acceptable manner. Duncan and Lockwood (2008:163) define an interactive intervention as one in which therapists are required to be responsive to what the child is doing and saying on an extended ongoing basis. Mmaskitlane could qualify as an interactive intervention strategy.

2.9.7 Tolerance

Amongst the qualities that the therapist must have is tolerance. This is especially vital at the beginning of therapy, when children have not yet bonded with the therapists. In such moments children might take out their frustrations and pain on the therapists, and therapists must be able to contain these (Drewes *et al.* 2001:149).

With Mmaskitlane, just as with other play techniques, it is required that in addition to the professional knowledge, therapists must also have some knowledge of,

amongst others, the children's background, their personality and their aspirations, in order for this technique to be used effectively. The possession of this knowledge will make it easier for the therapist to practice tolerance in play therapy sessions of Mmaskitlane.

2.10 CONCLUSION

The literature information, discussed in this chapter, sheds light on play therapy and confirms the importance thereof. Details of Mmaskitlane have also been discussed and Mmaskitlane was compared to different types of play therapy to indicate possible therapeutic value. The researcher will discuss the empirical research design in Chapter Three.

CHAPTER THREE RESEARCH DESIGN

3.1 INTRODUCTION

The focus of this chapter is the research question, purpose of the research, research method, research design, data collection, and data interpretation.

3.2 PURPOSE OF THE RESEARCH

The general aim of the research is to determine whether the game of Mmaskitlane has any therapeutic value for learners with emotional problems. Part of this process has been a literature study which was used as a mirror against which Mmaskitlane was reflected. The research purpose as well as method of the study is therefore descriptive-explanatory: where little known phenomena are studied.

The specific purpose of the research is to find an answer to the following research question: 'What is the therapeutic value of Mmaskitlane?'

3.3 RESEARCH DESIGN

The research follows an interactive mode of inquiry, using the case study to explore the psychotherapeutic worth of Mmaskitlane as an example of play technique on children with emotional problems. This might possibly lead to further inquiry or research.

3.3.1 Research paradigm

The researcher will make use of the qualitative research as it covers a variety of diverse research methods and approaches that examine phenomena from a subjective and contextually bound perspective. It can be viewed as a systematic

approach to describing and understanding attitudes, opinions and beliefs (Choudhuri, Glauser & Peregoy 2004:443).

To determine if Mmaskitlane has any therapeutic effects on emotionally troubled children, it is essential that how participants behave after the intervention with Mmaskitlane needs to be thoroughly analysed. Included in things to be analysed are the children's feelings, beliefs, ideas, thoughts, and actions (McMillan & Schumacher 2001:396). Mmaskitlane is very verbal in nature therefore analysis of words, the tone of voice as well as non-verbal behaviour is very important. Both the verbal and the non-verbal behaviour of the participants should be closely scrutinised.

The research strategies in qualitative research are flexible and the researcher can use different combinations of techniques to obtain data. It is an in-depth study that uses face-to-face techniques to collect data from people in natural settings. This makes it an interactive mode of inquiry and the researcher will use the case study as the specific interactive mode of inquiry in this study.

A case study design is especially appropriate for discovery-orientated and exploratory research. Exploratory research examines a topic in which there has been little prior research and is designed to lead to further inquiry (McMillan & Schumacher 2001:399). This is certainly the case with Mmaskitlane as a play therapy technique because little scientific research has been done with regard to the first form of Mmaskitlane and seemingly none with regard to the second form of Mmaskitlane. In this instance, qualitative research can possibly contribute to psychological theory and practice.

3.3.2 Research method

The researcher used case studies and various data collection methods. A discussion of these methods follows.

3.3.2.1 Case study

According to Mcmillian and Schumacher (2001:36), a case study examines a case over time in detail, employing multiple sources of data. The study provides a detailed description of the case, an analysis of data as well as the researcher's interpretations of the case. A case study is a study of a phenomenon in its natural context. It is research that involves watching people in their own territory and interacting with them in their own language and on their own terms (Gall, Gall & Borg 2005:309).

Researchers take an interactive role in which they record observations and interactions with participants. Researchers working in the field choose their research roles beforehand. The roles differ in terms of how the researcher's presence affects the person under study. In this study the researcher will choose the roles of observer, participant, and interviewer. The role of observer as participant enables the researcher to participate in the activities as desired, even if the main role of the researcher is to collect data, therefore generating a more complete understanding of the activities (Kawulich 2005:7).

Case studies were selected to illustrate an issue and as the researcher believes that it will be the most appropriate way of exploring the research question. Also because the researcher may be explicit about personal perspectives, values, opinions and beliefs (Harry; Peshkin in Brantlinger 2004:5).

The focus of this study is Mmaskitlane as a possible therapeutic play technique for children with emotional problems. This certainly qualifies as unique and can provide an alternative when dealing with learners with emotional problems. Gall *et al.* (2005:307) state that the insights and speculations of case studies can help one develop the capacity to explore and refine one's educational practice.

3.3.2.2 Data collection

Qualitative researchers use different methods that are appropriate to their purpose. They might use multiple data collecting methods about the same phenomenon in order to enhance the soundness of their findings (Gall *et al.* 2005:312). The participant observer method aims to develop a holistic understanding of the phenomenon under study that is as accurate and objective as possible (De Walt & De Walt 2002:92). This study made use of the participant observer method.

Interviewing, artifact collection, limited participation, and field observation are some data collection strategies that are combined to form participant observation (McMillan & Schumacher 2001:437).

3.3.2.2.1 Observation

Like many researchers of qualitative research, this researcher chose to become a participant observer. A participant observer interacts personally with the field participants in field activities. The participation helps in order to build empathy and trust as well as to further the researcher's understanding of the phenomenon (Gall *et al.* 2005:313).

It was very vital that the researcher be accepted by the clients as she was both the therapist and the observer (Bronkhorst 2006:34). The researcher acted out of empathy as a way of avoiding subjectivity. The events were recorded as briefly as they took place in the field and details were recorded immediately after the researcher was able to. Observation helps to collect less visible data such as body language and to record the researcher's own reactions, thoughts and feelings in response to what is observed (Farber 2006:372). Both verbal and non-verbal behaviours were recorded. Verbal comments were recorded verbatim which the researcher believes will contribute to validity and reliability.

3.3.2.2.2 Document and artifact collection

Documents and artifact collection is a non-interactive strategy for obtaining qualitative data. This data collection strategy involves very little or no reciprocity between researcher and participant. McMillan and Schumacher (2001:451) define artifact collections as tangible manifestations that describe people's experience, knowledge, actions, and values.

Both personal, for example, anecdotal records that have surfaced during the study and official documents, for example, the clients' school records, were used in this study. Before therapy commenced the researcher familiarised herself with the clients' history by reading their school records. Personal documents were consulted as and when they surfaced.

The clients' parents and teachers were asked to keep an ongoing record of the clients' behaviour as the therapy continued. The records of information that occurred before therapy was started were drafted from information obtained from the interviews.

3.3.2.2.3 Interviews

Interviews according to Greeff (2005:292) seem to be the most commonly used method of data collection in qualitative research. Interviews involve describing experiences and reflecting on the descriptions. Through the process of interviewing meaning is created and qualitative interviews aim at understanding the world of the respondent (Greeff 2005:292).

Informal interviews with open-ended questions were held with clients, their parents, and some of their educators. Open-ended questions are defined by Gall *et al.* (2005:313) as the type of questions where the respondents can answer freely in their own terms rather than selecting from a fixed set of responses. Greeff (2005:298) states that an unstructured, one-on-one interview aims to

explore and understand the respondent's experiences. Unstructured interviews were used in this study.

McMillan and Schumacher (2001:444) state the purpose of interview in qualitative research as to:

- Obtain present perceptions of activities, roles, feelings, motivations, concerns, and thoughts.
- Obtain future expectations or anticipated experiences.
- Verify and extend information obtained.
- Verify or extend hunches and ideas developed by participants or researchers.

The information obtained from interviews assisted the researcher to gain insight into the problems and expectations of all stakeholders.

3.3.2.2.4 Field notes

According to Greeff (2005:298) field notes are used to minimize the loss of data and that the researchers use the notes to record information about their experiences during the interviews.

In this study the researcher recorded the events briefly as they took place at the sites (due to contextual factors such as lack of space as the rooms used were provided for specified times). The reason being that school managers' offices were sometimes used for therapy. The details were recorded immediately after the researcher completed the session. This was done in line with what Greeff (2005:299) states, that the researcher must transcribe and analyze the interviews while they are fresh in the researcher's memory.

Both verbal and non-verbal behaviour were recorded. Verbal comments were recorded verbatim which the researcher believes will ensure validity and reliability.

3.3.3 SELECTION OF PARTICIPANTS

In qualitative research sampling is usually purposive with the goal of selecting information-rich cases (Bronkhorst 2006:33). Purposeful sampling is non-random and involves choosing a convenient sample from a population with specific set of characteristics for the research study (Bronkhorst 2006:33). In this study the sample is chosen as it is likely to provide knowledge and information about the phenomenon that the researcher is investigating (McMillan & Schumacher 2001:39). Internal sampling was employed in this study, which implies the selection of individuals, times and documents that will provide the greatest amount of information (McMillan 2004:273).

In the discussion of the findings, the data gathered for two participants will be discussed in detail. The data of the four other participants will be summarised. All participants were from townships and all presented with emotional problems albeit in different forms. The context of this study, were some schools in the Gauteng province. The participants were familiar with the sites and were therefore comfortable in them. The researcher observed participants in their own territories and interacted with them in their own language (Gall et al. 2005:309).

3.3.4 THERAPY SESSIONS

Five therapy sessions were held with all participants individually. The duration of sessions varied from 45 minutes to 60 minutes. Sometimes sessions were held during school hours and at other times they were held after school. In cases where sessions were held after school, parents or guardians were required to wait for children outside the therapy room. Sessions were held in private offices offered by the schools.

3.3.5 DATA ANALYSIS

According to Mouton (2002:161), the term analysis means the resolution of a complex whole into its parts. Even if there is no consensus for the analysis of qualitative data, most researchers use common features. A general overview of all information is recommended. However interviews and therapy sessions of individual cases will be analysed separately. Interpreted results will be discussed per participant. The results of each implemented medium will be discussed individually. Then, the researcher will integrate and combine the information from all the interviews and therapy sessions to form a meaningful whole. The data concerned appear in the form of words and not numbers.

Analysing qualitative data is primarily an inductive process of organising the data into categories and identifying relationships among the categories. McMillan and Schumacher (2001:462) state qualitative analysis as a relatively systematic process of selecting, categorizing, comparing, synthesising as well as interpreting so as to provide explanations of a single phenomenon.

The researcher will scan all data for possible topics and gain an overall perspective on the range of data topics. The researcher will then code interesting features of the data in a systematic fashion across the entire data set.

According to Braun and Clarke (2006:89-92) in a theoretical approach, the researcher is guided by the research question and the literature review when coding the transcriptions. For example, in this study the researcher will actively search for the effects of Mmaskitlane across the data set. The codes will be reviewed during the data analysis and additional codes will be included where necessary. Actually the whole system of analysing data will continually be revised to enable the most effective analysis.

3.4 ETHICAL ASPECTS

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.

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.

In this study the researcher addresses the following areas to deal with ethical issues:

3.4.1 Informed consent

The researcher must provide adequate information to the respondents in a study regarding goals, work procedures and possible dangers that the respondents might be exposed to during the study (Strydom 2005:59). This is important as it will enable the respondents to make informed decisions on whether they wish to participate in the study or not. For the purpose of this study the researcher ensured that the respondents, their parents, and relevant educators were informed of the goals and procedures of the study before they committed to participate in the study (see appendix N, O and P).

3.4.2 Violation of privacy/anonymity/confidentiality.

It is the responsibility of the researcher to ensure confidentiality of participants

whether they requested it or not. Confidentiality was regarded as a priority in this study and the following steps were undertaken to ensure it:

- The identity of all respondents is concealed.
- No concealed media was used to gather data without the knowledge of the respondents.
- Information gathered was discussed with the researcher's study leader only.
- Information gathered was kept in a safe and locked place.

Geldard and Geldard (2006:13) state that the researcher needs to explain to the participant that she will be under supervision and that even if she will be discussing therapy with the supervisor, the supervisor will not share this information with anyone else. The supervisor is held accountable to the same code of ethics regarding the respondent as the researcher.

3.4.3 Avoidance of harm

According to Strydom (2005:58) harm in social sciences is mostly emotional and researchers are ethically obliged to avoid any physical or emotional discomfort that may be caused as a result of the study. Neuman (2000:95) concurs as he states that a researcher with ethical values will always be sensitive to any harm that the participant may come to and always considers possible precautions to prevent humiliation and harm. The researcher did not expose her participants to any foreseen harm and is therefore confident that no harm occurred to the participants in this research study.

3.4.4 Deception of subjects

No form of deception should ever be inflicted on participants and if this occurs unplanned, it should be rectified immediately (Strydom 2005:61). Babbie (2005:67) concurs by stating that under no circumstances should the researcher deceive the respondents in order to gather information as that would be

unethical. For the purpose of this study, the researcher revealed the goal and process to the participants, their parents and their educators.

3.4.5 Actions and competence of the researcher

Researcher competence is one of the requirements of the ethical code of professional conduct (The Professional Board for Psychology, Health Professions Council of South Africa 1999:38). The researcher is ethically obliged to ensure that they are competent and adequately skilled to undertake the research (Strydom 2005:63). This research project is done as a partial requirement for the degree and the researcher received supervision from a study leader at the University of South Africa. The researcher completed modules as required for the study course. The researcher has ensured that all procedures followed during the course of the study complied with the ethical code. Ethically correct actions and attitudes were monitored by the study leader to correspond with the stated ethical code and requirements.

3.4.6 Release or publications of the findings

A high level of reflection and accountability is required when dealing with qualitative research (Shank & Villeda 2004:51). Part of this accountability is to be practiced in the writing and publishing of the report. Strydom (2005:65) states that the researcher should compile the report as accurately and objectively as possible. He further states that the researcher has the obligation to ensure at all times that the investigation proceeds correctly and that no deception will take place in publication. In this study the researcher provided a written report of the research projects to be critiqued. The report was compiled under the guidance of the study leader in accordance with acceptable scientific norms, procedures, standards and ethical considerations for publication.

3.5 THE ROLE OF THE RESEARCHER

The researcher in the qualitative study is the research instrument and acts as a participant-observer (Farber 2006:368). In this study the researcher interacted with the participants, developed a relationship with them, and became involved with the personal accounts of their experiences.

The researcher's values, beliefs, fears, biases and knowledge had an impact on the research process and have to be acknowledged and accounted for. Firstly, she is a mother and a community woman. She has observed children in her own family and community playing Mmaskitlane on numerous occasions. As a result it has had an impact on her. Secondly, she has taught for many years and has trained as an educational psychologist. As a result an awareness of the impact of play on the development of children had been raised. Thirdly, she supports the tenet of positive psychology proposed by Seligman (2005:3) who states that the most potent weapon in the arsenal of therapy is, the building of strength. As a result she believes in building inner strength and is of the opinion that inner strength may be enhanced by games such as Mmaskitlane.

The researcher has reflected on her intuitions, hopes, assumptions and hunches about the nature of human beings (Parker 2004:97). She has tried at all times to be as empathic and objective as possible while implementing and complying with the information in 2.9.

3.6 TRUSTWORTHINESS

The research report should be trustful. Trustfulness according to Gall *et al.* (2005:320) is the certainty that the readers of a case study report need and some assurance that the researchers' descriptions are faithful representations of the phenomena that were studied.

The researcher used self-reflection to avoid subjectivity, and tried to be objective during the study. Multiple data collection methods and data sources (triangulation) were used to enhance the trustworthiness of this research. To ensure validity and reliability verbal comments were recorded verbatim.

Internal validity was also enhanced by a long and intense period of study to obtain a valid judgment of what was being observed (McMillan 2004:279). The empirical study in this research was done over a period of three years. The first case was studied 2007 and the most recent in 2009. The researcher believes this was a sufficiently long and in-depth study.

McMillan (2004:279) goes on to say that internal validity is enhanced as patterns of observations are repeated. The researcher has observed some patterns being repeated in the six cases that were studied. The researcher is of the opinion that the external validity in this study is enhanced by the comparability of the six cases (McMillan 2004:280).

3.7 RESEARCH PROCESS AND CONTEXT

Background and collateral information will be collected prior to commencement of the empirical investigation. Even if each case is unique, every client will participate either in a DAP or CAT which will shed more light on the clients. The language of communication in all six cases was mainly seTswana, with the exception of one case where the client is fluent in English and enjoys communicating in both English and seTswana.

The case studies reported were each unique cases that were observed at different times. The researcher enquired from each client if they were familiar with Mmaskitlane and the answer was positive in all six cases. Each client was asked to play a scenario of their own selection while the researcher observed and commented. This assisted in setting the clients free as they saw that the researcher was interested in what they were doing.

Where necessary the researcher played while the client observed and commented. This amused the clients very much. By the third session a directive play approach appropriate to each case was used. Scenarios that addressed each case were played in the context relevant to each case. The result determined necessity for further use or not. The outcome also determined the direction in which the next play needed to take. The comments made at the end of each session gave an indication of whether there was progress or not.

3.8 CONCLUSION

The research design of the study is discussed so as to validate the scientific basis of the research. This chapter also explains the ethical aspects that were adhered to throughout the process of this study and during the interaction with the respondents in the study. This chapter also serves as foundation for the next chapter. In Chapter Four, the findings from empirical investigation are discussed.

CHAPTER FOUR DISCUSSION OF THE FINDINGS

4.1 INTRODUCTION

The research design is presented in Chapter Three. In this chapter the researcher will present the empirical findings that resulted from the play therapy using Mmaskitlane with children who have emotional problems. Through play therapy, the technique of Mmaskitlane is explored and this chapter describes the process and procedures followed. Various references to literature are incorporated into the empirical findings as a way of literature control.

4.2 DISCUSSION OF EMPIRICAL DATA

In order to provide a comprehensive view of each case study, background information of each participant will first be presented. The background information was gathered from interviews held with both parents and educators of the participants. Documents and artifacts also assisted in the collection of background information of the respondents.

4.2.1 THE FIRST PARTICIPANT

The first child will be referred to as Teps (not his real name) to ensure the anonymity of the child and his family.

4.2.1.1 BACKGROUND INFORMATION

Teps stays with his grandmother, grandfather, and his aunt's five year old son, Oft, who is in Grade R at the same school where Teps is in Grade Four. The school is located in Gauteng province, South Africa. Teps is nine years and was sodomised when he was six years old. The grandmother also told the researcher that she has been getting a lot of complaints from the community that Teps is

sodomising both boys and girls. The grandparents have been trying to talk to him about this but no improvement has resulted.

What finally made the grandmother take action to seek professional help was when a group of neighbours came toying to her home threatening to take action against the child. They actually threatened to castrate him. The grandmother went to talk to the principal, who referred her to social workers (see Appendix A). The social workers referred him to the local clinic (see Appendix B), who referred him to this researcher (see Appendix C).

The grandmother came along with Teps to see the researcher after which an interview followed. Teps was given a colouring book and pencils to keep him busy while the grandmother was interviewed. However, Teps was seated with his grandmother when the grandmother told the researcher why they had come to see the researcher. The grandmother openly talked about the sodomy and it was very clear that Teps was familiar with the topic. The grandmother told the researcher that no charges were laid against the boys who sodomised Teps. However, Teps' mother had confronted and shouted at the perpetrators at their homes.

The researcher was able to talk to Teps about general boy stuff, such as whether he likes soccer or not, in the presence of his grandmother. Teps also saw the researcher talking to his grandmother for sometime while he was colouring. This encounter was the first step towards establishing a rapport.

4.2.1.2 FIRST SESSION

This first session took place at the participant's school. Although this was the first time that Teps saw the researcher at his school, it was the second meeting that the participant had with the researcher. He seemed a little tense initially but after the discussion was started, he started to relax. The session was more of an unstructured interview and the discussion was about his school and family life.

The main aim of the session was to establish a secure relationship. By the time that the researcher was confident that a secure relationship was achieved, the DAP and the THREE WISHES were administered (see Appendix D). The themes that emerged from the DAP were surprise and loss (see 4.2.1.7.1) for example the person is surprised that the tools he left at that spot are not there. Value, safety and celebration were the themes of the THREE WISHES, for example, he would be able to slaughter the cattle and throw a big party.

The non-verbal observations made were that the participant kept looking at his trousers' zip and at one stage he zipped it up as it appeared to have unzipped a little.

4.2.1.3 SECOND SESSION

The general well-being of the participant was looked into and he seemed and admitted to being fine. All ten cards of the CAT were administered. The main theme that emerged was running away with a little bit of power struggle emerging from the CAT (see Appendix E).

A non-verbal observation made was that Teps seemed shy even when he was relaxed. The fact that he occasionally avoided eye-contact could be attributed to the cultural manner of showing respect.

4.2.1.4 THIRD SESSION

The researcher enquired if the participant was familiar with Mmaskitlane and the answer was positive. A non-directive (scene to be played, but not prescribed) play therapy session utilizing Mmaskitlane was held. The researcher asked Teps to play any scene of his liking, using Mmaskitlane. Teps role played his ordinary family life. He role played his grandfather doing the gardening, his grandmother doing the cooking and cleaning and himself assisting both grandparents with their work. After indicating that he had finished, the researcher asked a few

general questions on the play, for example, 'what is grandma cooking?' and 'how does Teps feel about gardening?' After questioning and commenting on the play, the researcher thought it would be wise that she also play a scene. She decided on the school situation in which two learners were arguing about a pen. She then role played the class teacher intervening. The participant found it fun that the therapist was playing the game and he seemed very thrilled.

He was actually laughing as he went on questioning the researcher on the play. Some of the questions asked by the participant were: 'Why does the teacher not allow the boys to solve the problem on their own?', 'How do teachers feel when children fight?' and 'Why do some children like to take other children's pens?'

The researcher asked Teps if he would like to play another scene, but he declined. This led to the end of the session with an apparently very happy Teps. The session strengthened the relationship between Teps and the therapist and laid a solid foundation for a directive session of Mmaskitlane.

4.2.1.5 FOURTH SESSION

The session started with the enquiry into the well-being of the participant. An enquiry was made as to how he felt about the previous session. He answered 'Ne ke thoma go bona motho o mogolo a tshameka Mmaskitlane, go a tshegisa mara go monate' which can be translated 'It was the first time that I saw an adult playing Mmaskitlane. It is funny, but it is also nice'.

At this point the researcher reminded Teps of their (Teps and his grandmother's) first visit to her office. She asked that Teps tell her about the sodomy. He explained that he was sent to the shop when four elder boys grabbed him and dragged him into the bushes. He reported to have tried to shout but was stopped from doing so. He reported to have been sodomised by three boys while the fourth just kept them company and watched. The researcher asked Teps for the

names of the boys after he acknowledged that he knew them. The researcher empathised and acknowledged the cruelty of the act.

The researcher then asked if it was okay for Teps to play Mmaskitlane and he nodded his head. The researcher decided to take a directive approach (scene to be played was prescribed) because she agrees with Reddy *et al.* (2005:82) who state that the use of directive trauma-focused therapy techniques is more effective than non-directive support oriented techniques in reducing most child trauma symptoms. The researcher drew blocks and wrote the names of the four perpetrators as well as Teps's family members (see Appendix F). She then asked Teps to play out any scene that he wanted to play.

He role-played the perpetrators stealing valuable goods from his home like the TV and DVD player. He went on to play his grandfather and other community members tying the perpetrators to a tree and beating them up. The frequency of the strikes and the volume increased gradually as he played the beating-up part. He suddenly stopped and looked up at the researcher and said 'Go shota police-station' that is, the police station is missing.

The researcher pointed at the pencil and gave Teps permission to draw or write in anything he wanted to add. He took the pencil and drew a police station. After dividing it into two rooms he looked at the researcher and explained that one room is used by police for writing and the other room is where the criminals are locked up. He put the pencil down, took the old pen that he used for playing Mmaskitlane and continued role playing.

He played the arrival of police as the community was busy beating up the perpetrators. The police arrested the perpetrators and locked them up. He paused a little, sighed, and continued to play the perpetrators breaking the single brick wall and escaping. As they were running away they were captured by police and beaten up. The strikes were very hard and frequent during the beating up period and he frowned. The tone of his voice became thicker. The time taken to

play the beating was longer. He played the police re-building and re-enforcing the wall by making a double brick wall. The perpetrators were then locked up again.

At that point Teps sighed and it was clear that he started to relax from the tight position he was in. The researcher was just about to comment as she thought that the play was over when Teps continued the play. He role played the perpetrators breaking down the double wall and escaping. The police chased and caught them. The strikes intensified as Teps role played police beating up the perpetrators. The beating went on for some time, longer than when other actions were played. He then played the police replacing the wall with thick steel and locking up the perpetrators.

It was at that point that Teps looked up at the researcher and said 'Se fella moo' that is, that is the end of the story. The researcher asked if the perpetrators wouldn't escape again and Teps said no they will never escape again because they will never be able to break the steel. The researcher commented that it is good that the perpetrators are finally locked up. Teps replied that they will never trouble people again. That led to the end of the session.

4.2.1.6 FIFTH SESSION

This was the termination session and it was shorter than the previous four sessions. The researcher enquired how Teps felt after the previous session. He said 'Ke sharp, ga kena bothata' which means that he is fine and did not have any problems. The researcher then enquired if he would like to play Mmaskitlane and he agreed. The researcher then decided on the non-directive (scene to be played, not prescribed) approach and gave Teps a blank sheet and a pencil. He was permitted to play any scene of his choice.

He chose to play a school scene where learners were entering the classroom and the educator was giving instructions. The researcher did not see the significance of the play as far as the presenting problem was concerned. She

was, however, left wondering if it could have had the implication that the participant had enough of play and wished to go back to class.

The researcher reminded him that this was the last session and enquired how the participant felt. He responded 'Ga go tswenye mara ne go le monate' which means that it is fine but he enjoyed coming to the sessions.

4.2.1.7 EVALUATION OF THE THERAPEUTIC PROCESS WITH THE FIRST PARTICIPANT

The following is an evaluation of the first participant's therapeutic process:

4.2.1.7.1 The DAP

The nose is drawn with nostrils specifically depicted, the sense is of a more primitive, aggressive way of interaction (Leibowitz 1999:76). The possible act of aggression with regard to Teps, could be that of sodomising other kids.

Drawing a hat conveys a feeling that the drawer attempts to defend against anxiety about sexual attractiveness by covering or concealing their feelings, thoughts or fantasies (Leibowitz 1999:79). Teps could have been concealing his feelings and thoughts about his sexual activeness.

A long neck conveys a sense of the drawer's need to have distance between thoughts and actions, because of anxiety with regard to the possibility of impulsive behaviour, that is, of insufficient self-control. This implies the inhibition of the acting out of physical action with corresponding attitudes, feelings and fantasies that stress control (Leibowitz 1999:82). This could mean that Teps had difficulties in controlling himself from not acting out his feelings and fantasies.

When there is a neck but there is no neckline or collar line of a garment on the body, the sense is of someone who experiences the presence of bodily impulses

flowing uninhibited into the mind (Leibowitz 1999:83). The possibility exists that Teps was experiencing similar uninhibited impulses. Unequal size shoulders convey feelings of ambivalence, that is, one part of the individual feels capable of assuming responsibility while the other part feels inadequate to the task (Leibowitz 1999:84). It is possible that Teps could have had such ambivalent feelings with regard to stopping the acts of sodomy.

The story based on the DAP, is that the person is standing in amazement, wondering why the fishing tools that he had placed at that spot are not there. The feeling portrayed by this story is that of loss of valuable possessions.

4.2.1.7.2 The Three Wishes

The participants' three wishes were as follows:

1. First Wish: Dikgomo tse 3 (3 cattle)
2. Second Wish: Ntlu (House)
3. Third Wish: Tente (Tent)

- **First wish**

The explanation given by the participant about the first wish was that he wanted the cattle so that he can slaughter them and throw a big party. Gil and Drewes (2005:34) state that children enact culturally specific themes reflecting activities and values important within specific communities. As a person who was born and who grew-up in a black rural community in South Africa. The researcher has lived all her adult life in black townships in South Africa, and is familiar with the fact that in some black cultures, cattle signify power or value.

Therefore, if the first wish is interpreted according to black culture, it could signify a desire for power or value. It is interesting to note that the participant wished for three cattle. In the interview held in the fourth session, the respondent reported to have been sodomised by three of the four boys. It is for this reason that the

researcher believes that it is possible that the participant wished to regain the three measures of power that he felt to have lost.

Martyn (2007:138) reiterates what Freud stated about the immortality of the unconscious wish. He states that unconscious wishes will not be denied, they keep pressing for satisfaction in one way or another. If the wishes are frustrated at the immediate level of fulfillment, they keep seeking other paths of satisfaction. With ever-shifting life situations and relationships, the wishes will appear in changed forms in symptoms.

The researcher is of the opinion that the reason why the participant was sodomising other younger kids, was a symptom of his wish of regaining the power that was taken from him. The magnitude of the wish, according to the researcher, matches the frequency of the symptoms. The interview with both the SBST (School Based Support Team) coordinator and the grandmother revealed that the participant was sodomising other children frequently.

For example, the coordinator revealed that not long before the participant was referred to the researcher; he was caught sodomising a female child at the crèche, where he was sent to fetch his younger cousin. The frequent acts of sodomy were what led to the threats by the community to take action against the participant. The researcher believes that it is, therefore, not surprising that the participant did not wish for one or two but for three cattle and that this was high on the list of wishes.

- **Second wish**

The participant wished for a house. His explanation for the wish was that he wanted to live in a big beautiful house. A possibility exists that the house could signify safety and security. The implication in this case, would be that Teps wished for freedom and security.

- **Third wish**

The researcher asked the participant what the tent is for and he said it was for hosting a party. When asked what party it was, he said his birthday party. This may be an indication that the participant wished to celebrate safety and security as well as regaining power and value.

4.2.1.7.3 The CAT

The theme from the story based on card one is that of an uninvolved mother. This theme tallies firstly, with the background information of the participant. His mother has left him with her parents and is seldom involved in his life. The theme of the uninvolved mother, secondly, tallies with collateral information. Teps' mother failed to turn-up at school on request (see Appendix A). Thirdly, this theme tallies with the theme of the stories from both Card Four and Card Eight, which is nurturing.

The recurring theme in the CAT is running away (see Appendix E). The feeling that is portrayed is that of running from something. There is a possibility that the participant could have projected the desire that he could have been able to run away from the perpetrators.

4. 2.1.7.4 Mmaskitlane

The researcher made the following evaluation based on Mmaskitlane played by the participant:

- **Loss of value or power**

The feeling of loss of value and power comes across from the scene where perpetrators were role-played stealing goods (see 4.2.1.5). The researcher believes that the role-played scene of stealing goods can be likened with what Harris (2000:19) states, that children describe what is happening in their imaginary world, when they are absorbed in pretend play. The

researcher is of the opinion that the participant could have imagined his sodomy as an act of which value or power was stolen from him.

- **Catharsis**

McCarthy (2007:109) states that the play process can supply the pressure needed, to unblock negative feelings and energy contained in symptoms or expressed through symptoms. This could account for the reason why the intensity and frequency of the strikes increased every time the participant played the beating up actions. The researcher believes that the negative energy and feelings that could have expressed themselves through acts of sodomy were unblocked and released through the hard and frequent strikes during the playing of Mmaskitlane.

- **Repetition**

Martyn (2007:145) states that the necessity 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 participant role played the beating up actions three times. First, the perpetrators were beaten up by the grandfather and the community. Secondly, they were beaten up by police after the first attempted escape. Thirdly, police beat them up after the second attempted escape.

The researcher agrees with Martyn as the beatings were repeated three times, that this was the wish as the three beatings correlate with the respondent's first wish of three cattle.

- **Mastery**

Levin and Carlsson-Piaget (2006:30) state that, play is the central part of the meaning making process. Play is where children experience mastery and control over their experiences. Reddy *et al.* (2005:35) concur and state that mastery is a primary healing component of the play therapy process. The traumatic event of sodomy possibly left the participant feeling helpless, hopeless and out of control.

The perpetrators were not caught and no charges were laid. Through playing Mmaskitlane, the participant took charge of the situation. The fact that he demanded that the police station be included in the play, implied that he was in control and that he wanted to control the results of the play. Göncü and Gaskins (2006:286) state that children can examine issues from

multiple stances and imagine outcomes that best suit them through story telling.

Duncan and Lockwood (2008:167) state that formulating a story is a powerful way that children use to make sense of their experiences. Göncü and Gaskins (2006:282-284) concur as they state that play invites remaking of experience, it is an opportunity to reflex the human capacity to remake meaning. Whereas the traumatic event meant loss of control and power to the respondent, the role playing through Mmaskitlane gave new meaning to him. That he could have the perpetrators beaten and imprisoned meant that he had gained mastery over the bad experience. This mastery can be accounted for by the positive reports that the researcher got from the class educator, when she made a follow up enquiry some time later.

4.2.2 THE SECOND PARTICIPANT

The second child will be referred to as Chomie (not her real name) to ensure the anonymity of the child and her family.

4.2.2.1 Background

Chomie is a ten year old girl who stays with her grandparents. Her parents were never married and separated while she was still a baby. She initially stayed with her mother and her 18 year old male cousin.

When she was still staying with her mother, she is reported to have been left alone or with the cousin for many hours. This lack of parental care was due to the fact that her mother worked very long hours. Her cousin is reported to have left her alone while he went to friends often until late in the evenings. While he was not there some of his friends would go to the house where Chomie was alone.

When some neighbours and relatives complained about the lack of care for Chomie, her mother asked one of her (the mother) friends to stay with Chomie. The grandparents took her from her mother's friend in December 2008. The grandparents believe that Chomie was raped once before they started taking care of her.

After realizing that Chomie had barriers to learning, the grandparents wrote her school a letter requesting help, see Appendix G. The school requested the researcher to assist the learner. An intake session was arranged where the researcher was able to interview both grandparents at Chomie's school.

The grandparents stated that Chomie's behaviour made them believe that she was raped. An example of one such behaviour was that she was performing sexual acts with her dolls and teddy bears. The researcher requested to meet Chomie in the presence of her grandparents so that Chomie should get acquainted with her. All five sessions were held at Chomie's school, which is situated in the Gauteng province, South Africa.

4.2.2.2 FIRST SESSION

The session started with a general talk around the participants' school and family life. The aim of the talk was to build a secure relationship, as the participant had already met the researcher in the presence of her grandparents during the intake session. When the researcher was confident that the aim was achieved, all ten cards of the CAT were administered, see Appendix H.

4.2.2.3 SECOND SESSION

The researcher looked into the general well-being of the participant by enquiring how she was, and she was found to be fine. After ensuring that she was ready, the DAP and the THREE WISHES were administered.

The following discussion was held based on the DAP. The letter R stands for Researcher and C stands for Chomie.

R: This is a very nice drawing. What shall we call this person?

C: Keamogetswe

R: I see that Keamogetswe is wearing a dress but can you tell me if it is a boy or a girl?

C: (Laughing) she is a girl.

R: She is very beautiful, how old is she?

C: She is ten years old.

R: What does Keamogetswe like?

C: She likes playing, reading and doing her school work.

R: What does she not like?

C: She does not like playing with boys, playing with fire and playing where there are moving cars.

R: Oh and why does Keamogetswe not like playing with boys?

C: Boys are dangerous, they will take her to a strange place.

R: Was she ever taken by a boy to a strange place?

C: Yes, she was taken by an older street kid who had big eyes and he raped her.

R: Shame that is not a nice thing to happen to any one. How did Keamogetswe feel?

C: She felt like she could die, she tried to run but could not, she felt like she could drop dead.

R: It is normal to feel like that under those circumstances. I hope Keamogetswe realised that it was not her fault. What happened to her after that?

C: She was knocked down by a car and she was killed.

R: I feel very sorry for her. Is there anything else that you can say about her?

C: No, that is the end of the story.

R: Good, you have really done well today and I am looking forward to seeing you next week.

4.2.2.4 THIRD SESSION

The researcher was confident that by the time of the third session, the participant would be free and able to play Mmaskitlane. She enquired if the participant was familiar with Mmaskitlane and the answer was yes. The participant was then asked to play a scenario of her own choice but it had to involve Keamogetswe

(the person in the DAP) and the street kid (the person from discussion of the DAP).

She included a grandmother, a shop, and a field in her Mmaskitlane sketch. She named the 'older street kid' Ndlebele in the sketch, (see Appendix K). She played a sick, bed-ridden grandmother sending Kemogetswe to go and buy bread. She went on to play Kemogetswe walking towards the shop. The tone of her voice was soft, she seemed relaxed, and the intensity of the strikes was low from the beginning of the play up to this point. Her voice thickened, and there was a shift in her body position, as she played Ndlebele grabbing Kemogetswe.

The intensity of the strikes increased as she played Ndlebele dragging Kemogetswe to a field. The strikes were very intense, her face was pulled, and she screamed as she played Kemogetswe being raped by Ndlebele. The strikes and the tone of voice subsided as she played Ndlebele running away. At this point she announced that it was the end of the play.

The researcher asked questions based on Mmaskitlane and Chomie gave answers. The following are some of the questions and answers:

R: That is a terrible thing that happened to Kemogetswe. How did she feel?

C: She tried to shout but her mouth was closed. She tried to break loose but he was very strong.

R: Shame, what else could Kemogetswe do?

C: She just kicked and did not know what to do.

R: Did Kemogetswe do anything wrong for her to be grabbed and raped?

C: What? (as if shocked or surprised)

R: Did Kemogetswe cause the rape to happen?

C: She did not, no, she did not.

R: I know that Kemogetswe did not do anything wrong. I know that Ndlebele is the one who is wrong. I am glad that you also know that Kemogetswe did

nothing wrong. I suspect that maybe Keamogetswe thought that she did something wrong. Will you kindly talk to her about this?

At this point the researcher drew two circles on the sheet one representing the participant and the other Keamogetswe. She was given the liberty of adding anything or anyone she wished to add. She added one circle and wrote in 'Mam'. I asked who that was and she said it was the researcher. She started Mmaskitlane and the following is how the play proceeded. The letter C stands for Chomie, M for Mam, and K for Keamogetswe.

K: I should have run fast, I should have out-ran him. This could not have happened.

C: No Keamogetswe it is not your fault, you did not know that he was going to grab you.

K: I should have looked out. I should have been careful.

C: But Keamogetswe you did not know that he was going to grab ad drag you, you did not know it.

K: Maybe if I had bitten him, maybe if I had.....

C: But he closed your mouth, you tried to shout but you could not, you tried to run but you could not, he was too strong for you.

K: Maybe if, maybe if.....

C: Even Mam knows that it is not your fault.

M: Yes Keamogetswe it is not your fault, it is Ndlebele's fault you did nothing wrong.

C: You see, I told you don't worry it is not your fault. (She put the pen down and looked at the researcher).

The strikes of the pen against the paper and the tone of voice increased every time the participant played Chomie except for the very last role in which the intensity of strikes and the tone of voice dropped.

4.2.2.5 FOURTH SESSION

After ensuring that the participant was in a good state and was ready to proceed with therapy, the researcher asked her if she was willing to play Mmaskitlane. The participant agreed. A directive approach whereby the participant was to involve Keamogetswe, Ndlebele, Keamogetswe's mother, police and a police station, was taken. She was however given permission to add any one or any thing that she wanted to add. She added the shopping centre and a fighting spot.

She was asked to continue playing where the previous play ended, that is, to play Mmaskitlane to the point where it will be the end of the whole story. She played Keamogetswe going to the shop, buying food and on the way back home.

She then played the street kid snatching food from her and running away. She then played Keamogetswe running to her mother, in the shopping centre and telling her (the mother) what happened to her. She went on to play Keamogetswe chasing after the street kid.

The play then changed to the mother telling her employers that she is going to help her child. Next she played Keamogetswe finding the street kid at a fighting spot. The strikes of the pen against the paper intensified and the pitch of her voice increased as she played Keamogetswe beating up the street kid. Keamogetswe kicked and beat the street kid at the fighting spot.

She went on to play the street kid taking out a knife and stabbing Keamogetswe to death. At that point the intensity of the strikes had decreased and her voice had lowered. From there she played Keamogetswe's mother crying and going to report the murder at the police station. This led to the end of the play.

Questions and answers on the story:

R: What a terrible thing that happened to Keamogetswe, what happened thereafter?

C: She was buried.

R: What happened to the street kid?

C: The police took him to the police station and locked him up.

4.2.2.6 FIFTH SESSION

The participant came in with a different hair style. She seemed and admitted that she was well. The researcher reminded her that, that was a termination session. She informed the participant that she enjoyed playing with her. The researcher then asked if they could do a few things before parting. Consent was given.

The researcher asked 'Is there any similarity between Keamogetswe and you?'

Chomie answered 'Keamogetswe is dead, I am alive'.

Researcher 'Good girl, what else can you tell me about yourself?'

Chomie 'I like playing and I don't like bad things'.

Researcher 'Clever girl, now let's see what your classmates say about you'.

At this point the researcher produced more than 20 papers each with 3 positive statements about Chomie. The researcher had requested the class teacher to organise these the previous week before the session started. Chomie glowed with joy as the positive statements were read. She was encouraged to make a collage of her strong points using the positive statements from her classmates, at home. She was also encouraged to put the collage where she can see it daily at home. The researcher then asked Chomie to draw a person (see Appendix J).

4.2.2.7 EVALUATION OF THE THERAPEUTIC PROCESS WITH THE SECOND PARTICIPANT

An evaluation of the second participant's therapeutic process follows.

4.2.2.7.1 The DAP

The person in the first DAP does not have hands. According to Leibowitz (1999: 96) omission of both hands means that there is a sense of a severely felt inadequacy which results in the inability to manipulate the environment. The person in the second DAP has hands which could mean that the participant had achieved the feeling of adequacy through therapy because the second DAP was drawn during the last session of therapy.

The person in the first DAP does not have feet. According to Leibowitz (1999: 101) omission of both feet gives a sense of severely felt inadequacy with regard to standing relatively independent in the world. This could mean that the participant possibly lacked the ability to go around and position herself in the world.

The feeling portrayed by the story based on the DAP is that the story is a projection of the participant's experience. The gender and age of the person in the DAP corresponds with those of the participant. The story from the DAP confirmed the grandparents' suspicions that the participant could have been raped.

4.2.2.7.2 The THREE WISHES

The respondent's wishes were as follows:

1. First Wish: Talking dolls
2. Second Wish: To be smart
3. Third Wish: That grandmother can have money for a laptop

Concerning the first wish the participant said that she needed dolls to play with. This could be an indication of a wish to have toys. The second wish is similar to the theme at the end of Card Ten of the CAT (see Appendix H) which reflects the desire to achieve success.

4.2.2.7.3 The CAT

The recurring theme in the CAT was inability where the word 'can't' was expressed frequently (see Appendix H). There is a possibility that the participant could have projected the feelings of helplessness and the inability that she experienced during the rape.

4.2.2.7.4 MMASKITLANE

The participant was offered an opportunity to relive or re-experience her bad experience in a safe environment. There is a possibility that the role played rape act could be an exact or a similar situation that happened to the participant.

- **Carthasis**

The release of negative energy was evident in the play of Mmaskitlane in the third session. It was evident from the high intensity of the strikes when the participant played the dragging and raping scene, that negative energy was released. The high tone of her voice as well as her tense facial expression also suggests dealing with negative energy.

The release of negative energy was also observed in Mmaskitlane played during the fourth session. The scene played at the fighting spot, where Keamogetswe beat and kicked the perpetrator, suggests release of negative energy. The high intensity of strikes as she played the beating and kicking acts is a good example of this release.

- **Re-enforcement of positive affect**

Re-enforcement of positive affect is evident in the second round of Mmaskitlane played in the third session. When the participant role played herself telling Keamogetswe (person in DAP) that she was not guilty. The increase in the intensity and the tone of voice every time she role played herself suggest that she was enforcing the 'not guilty' feeling. This may be an indication that the concept of innocence was being re-enforced.

- **Mastery**

Mastery was detected in Mmaskitlane play of the fourth session. The following actions point to the suggestion that mastery over the rape experience was achieved:

- When Keamogetswe (person in DAP) was able to catch the perpetrator in the play.
- When Keamogetswe was able to beat and kick the perpetrator
- The perpetrator was caught and locked up by police (in the play).

- **Transformation**

The role played death of Keamogetswe in Mmaskitlane of the fourth session suggests the end of the existence of the victim of rape. The researcher believes that this termination of the existence of the victim corresponds with the participant's second DAP because:

- The person in the second DAP has a different name (Shinel) from the one in the first DAP.
- The person is eleven years (one year older than the one in the first DAP (Keamogetswe).
- Shinel has hands and Keamogetswe did not have them (see 4.2.2.7.1).
- Shinel has feet and Keamogetswe did not have them (see 4.2.2.7.1).

It seems as if the transformation of the first person (Keamogetswe) into the second one (Shinel) after playing Mmaskitlane, projects feelings and perception that correspond with the participant's second wish. The transformation also corresponds with the second theme in card ten of the CAT. The feelings and perceptions projected are that the respondent is:

- older (second DAP)
- smarter (second wish) and
- more clever (Card Ten CAT).

The researcher is of the opinion that these positive feelings and perception are due to the participant's positive self-talk that resulted possibly through the use of Mmaskitlane.

4.2.3 SUMMARY OF FOUR OTHER PARTICIPANTS WHO WERE ALSO PART OF THE STUDY

Following is a summarised information on four the other participants that the researcher worked with.

Table 4.1 Summarised case studies of the other four participants

Topic	The third participant	The fourth participant	The fifth participant	The sixth participant
Background information	D is a ten year old girl. She stays with her mother and three other siblings. Her mother is not married and she stays with her boyfriend who is the father of D's last two siblings.	G is an eight year old boy in Grade Two. His mother deserted him when he was still an infant. He was raised by his father and his paternal aunt. Unfortunately his father died when he was 5 years old.	O is an eight year old boy in Grade Two. He stays with his mother who is not married and his maternal grand mother. He has a two year old brother.	V is an eleven year old girl in Grade Five. She stays with both her parents although her mother stays at work during the week. She (the mother) comes home on Fridays after work. Her father is unemployed. V is the second of three siblings. The other two siblings are boys. The elder is in Grade Ten.
Presenting Problem	D was referred by the class educator due to aggressive behaviour at home and at school that could have been caused by emotional problems.	G was referred by the ILST due to scholastic problems that included lack of concentration.	O presented with behaviour problems that included aggression. He was referred by the ILST to the researcher.	The ILST referred her due to absenteeism that was caused by her running away from home for several days.
Medium/ technique used	DAP, CAT, and Mmaskitlane used in combination with Rational Emotive Therapy(RET).	Mmaskitlane	CAT (see Appendix L) and Mmaskitlane	Mmaskitlane
Findings	During therapy D was referred to a neurologist who diagnosed her with a mild form of epilepsy, (see Appendix K). There is a possibility that the organic condition could have contributed to aggression but fortunately appropriate medication was	The participant and the researcher look turns in playing Mmaskitlane. Mmaskitlane revealed that: <ul style="list-style-type: none"> - he did not understand the concept of death - He needed closure concerning his father's death. 	<ul style="list-style-type: none"> - O had internalised aggressive behaviour from watching of TV. - His utterances while playing Mmaskitlane, revealed that O could have been troubled by the fact that he lacked a father figure. - The mother was advised to take O to the neurologist and a referral letter to this effect was written and given to 	Utterances made while playing Mmaskitlane revealed that: <ul style="list-style-type: none"> - V mistook her mother's stay at work for rejecting her. - She reacted with stubbornness, disrespect, and rebellion towards her elders. <p>The interview with both parents and the elder brother revealed that V was</p>

	prescribed. It became clear in the interview with D's mother that she was contributing and re-enforcing the violence. Relevant parental guidance was given to her.		the mother.	stubborn and disrespectful.
Goals (focus) of therapy	D was taught social skills through the utilization of Mmaskitlane in combination with RET. - Both the researcher and D took turns in playing alternative reactions to aggression.	Mmaskitlane was used to: - Teach the concept of death - Let him grieve (mourn) the death of his father. - Encourage and give hope for the future.	Mmaskitlane was used to: - Explore alternative activities to watching TV like physical play and art work. - Model appreciation and learning from responsible male relatives, teachers, pastors and community members. - Teach appropriate alternative social skills.	Mmaskitlane was used to: - Clarify the necessity for the mother's stay at work. - Show the mother's remorse and obligation for having to leave her family and particularly V for work. - Teach alternative appropriate ways of reacting towards perceived and actual provocation.
Outcomes	Reports from the class teacher were that D was showing signs of improvement even though it was minimal.	Satisfactory improvement was reported by the SBST.	The ILST reported a slight improvement and requested for an extended time to monitor his behaviour.	School attendance improved satisfactorily but the researcher was not sure of behaviour at home by the time this report was written.

CONCLUSION

This chapter explores the utilisation of Mmaskitlane as a therapeutic tool with children experiencing emotional problems. The children are presented with Mmaskitlane during play therapy in order to help them to cope better with the

emotional problems. As the children are taken through therapy, the researcher attempts to explore and describe their experiences.

The following chapter will summarise the research study. Recommendations and limitations of the study are also presented.

CHAPTER FIVE CONCLUSION OF THE RESEARCH

5.1 INTRODUCTION

The empirical findings from the exploration of Mmaskitlane as a play technique in play therapy are presented in the previous chapter. The purpose of this chapter is to discuss to what extent the aims of this research study have been achieved. The limitations of the study will be presented and recommendations based on the research findings will be made.

5.2 THE AIM OF THE STUDY REVISITED

The aim of this study is to:

- Do a thorough literature study in order to obtain a conceptual framework against which the empirical study would be done.
- Conduct a qualitative research so as to explore the therapeutic use of Mmaskitlane.

5.3 SUMMARY OF LITERATURE AND EMPIRICAL INVESTIGATION

What follows is a summary of both the literature and the empirical investigation:

5.3.1 Comparing Mmaskitlane with the literature findings

The findings in this study were integrated with the findings reviewed in the literature. The findings are described further in this section.

Schaefer and Kaduson (2006:8) state that for the child play is a language that is far more fluent than words. In play therapy play is used in a therapeutic way. According to Elkind (2007:103) therapeutic play is a projective or an expressive activity. Children can easily and comfortably project their problems or concerns on the tools or toys. One of the findings of this study is that the participants were able to project their problems on the tools. For example, the first participant

projected his experience of loss of power or value in the play. The second participant projected what the researcher believes to be a similar if not an exact rape experience she had.

Martin (2001:18) states that working with anything other than the self provides the therapist with an object in space on which to promote projection and identification. As projections are made during play therapy, therapists can develop interpretive comments linking the content and process themes of the play metaphor with the child's conflicts and concerns (Timberlake & Cutler 2001:23). In this way therapists can help to relieve children of anxiety and enhance adjustment (Gariépy & Howe 2003:525-530).

Play therapy according to Leigh (2007:102) enhances resilience because it does not only reframe the situation in the positive. Rather it acknowledges what has been experienced while searching for and building on opportunities for success. Treatment according to Seligman and Ciskzenminalyi (2000:2) is not just fixing what is broken but it is also nurturing what is best. Mmaskitlane may be used to build on the child's strengths and by so doing strengthens their inner being.

Children can work or play their way through the emotional spectrum by imagining themselves in all sort of evocative roles and situations (Mercogliano 2007:59). Russ (2004:137) concurs and takes it a step further by stating that play intervention that focuses on helping the child to express negative emotion, should help the child to then use the play to resolve the problem. The findings of this study have shown that Mmaskitlane enhances expression of negative affect and that it can therefore be used to resolve the problem.

Cohen (2006:141) states that play therapy reveals more about therapy than about play. The researcher concurs as she believes that the effects or results of Mmaskitlane are more important than the play (Mmaskitlane) itself.

Amongst all the forms of play therapy discussed in 2.4, Mmaskitlane seems to fit in mostly well with the client-centered play therapy (see 2.4.2). Mmaskitlane has proved to be effective with 8-12 years old individual children. As is the case with client-centered play therapy, the impetus for change comes from the child and therapists merely reflect the child's feelings so that the child can gain insight that promotes problem solving and behaviour change (Knell 2004:13-14).

5.3.2 Summary of empirical investigation

The findings of this study suggest that there is sufficient evidence to conclude that the use of Mmaskitlane as a play therapy technique enhances emotional well-being and can lead to the satisfaction of the need to:

- recover lost value or power

The evaluation of Mmaskitlane played by the first participant portrayed feelings of loss of power or value (see 4.2.1.7.4). The first participant role played perpetrators stealing valuable goods. This portrayal of loss tallies with the story based on the DAP, i.e. the person is amazed as to what happened to the tools that he left at that spot. Mmaskitlane was also used to recover the stolen power, e.g. the perpetrators were captured and beaten three times.

- release acquired negative energy

The evaluation of Mmaskitlane by all participants displayed the release of negative energy through verbal and non-verbal means. The first participant used a thicker tone of voice, his strikes were harder and frequent and he appeared tense when he role played the beating of the perpetrators. After the beating up scenes, he sighed and relaxed (see 4.2.1.7.4). The second participant portrayed the release of negative energy when she role played the beating and kicking of the perpetrator at the fighting spot. The intensified strikes of the pen against the paper, the pitched tone of voice as well as her tense body posture were evident signs that negative energy was released (see 4.2.2.7.4).

- project wishes and experiences

The first participant projected his desire or wish for the perpetrators to be imprisoned in Mmaskitlane played in the fourth session (see 4.2.1.5). The first participant's request of the inclusion of a police station as well as the beating and capturing of perpetrators three times may be seen as a projection of his

wishes. This is a possibility especially because in reality, this part never happened. The second participant projected what might have been her similar experience in Mmaskitlane played in the third session (see 4.2.2.4). The scene played in this session could be similar to what she experienced as collateral information does point to the possibility of rape.

- exercise control or mastery over experiences

The first participant felt in control when he, role played perpetrators being beaten by his family, the community and the police (see 4.2.1.5). The final act of imprisonment is an excellent display of mastery over bad experiences as the participant stated that the perpetrators will never escape again as they will never break the still (see 4.2.1.5). The second participant demonstrated mastery over bad experience by playing the act of catching, beating and kicking as well as imprisoning the perpetrator (see 4.2.2.5).

Mastery gained through Mmaskitlane enabled the participant to perceive control. According to Thompson (2005:207) research suggests that there are positive psychological benefits from perceiving control. He further states that people who perceive many available options and opportunities have a perception of high control. This could be the reason why at the end of therapy, the second participant perceived herself as one year older and cleverer than at the onset of therapy. This perception can be seen in the differences between the first DAP and the second one (see transformation in 4.2.2.7.4).

5.4 LIMITATIONS

The following have been identified as shortcomings of this study:

- Time:

Firstly, the number of sessions per participant seems to be insufficient. Hopefully, better results maybe achieved if the duration of the therapy is extended. Secondly, the effect of play therapy may not be evident in the immediate moment. Effects may continue to develop and present themselves later in the child's life.

- Limited participants

The findings of this study could have been improved if a greater number of participants were involved.

- Researcher bias

It was the researcher, herself, who collected all the data and applied the play therapy sessions. This may have added bias to the children's responses and experiences. However, the researcher tried at all times to use her best reasonable professional judgement.

5.5 RECOMMENDATIONS

The researcher recommends that:

- A longitudinal research design should be carried out to determine whether the results are temporary or long-term.
- Further research should be done to determine if this type of psychotherapeutic intervention can be used to:
 - (i) Reduce aggressive behaviour in children.
 - (ii) Break the cycle of aggressive behaviour passed from parents to children.
 - (iii) Break the cycle of victim perpetrator of abuse, for example, sexual abuse (see Appendix K).
- An investigation should be carried out to see if Mmaskitlane can be evolved, developed and taught as a technique to deal with private concerns or problems in older children.

5.6 CONCLUSION

The researcher proposes that children should under all circumstances be provided with the maximum support and be assisted in all ways possible to have an optimal life experience.

The findings of this study point out to the fact that Mmaskitlane can be used as a play therapy technique with emotionally troubled children as a possible means of providing some emotional release. It can also be used as a way of working through and a means of dealing with their experiences.

It is the researcher's hope that this study will bring further awareness to practitioners to assist them in guiding the children to feel safe and experience the world as a nice place to live in.

The researcher acknowledges, however, that this research study was of a limited scope and further research is needed to reduce limitations and build on the recommendations of this study.

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