

ASPERGER'S SYNDROME: A DESCRIPTION OF SENSORY WORK WITH
CHILDREN

By

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Declaration

“I declare that Asperger’s Syndrome: A description of sensory work with children is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.”

Date: _____

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Summary

This study describes three case studies with three children diagnosed with Asperger's Syndrome, the focus of the dissertation being the sensory processing issues that these children experience, the limited intervention regarding this subject, and the possible emotional connotations that may accompany these difficulties. In the study, three children partook in six Gestalt Play Therapy sessions, where sensory stimulants were utilised as a medium of expression. The data was analysed, with the emphasis on the children's responses to the sensory work and the emotions that could be linked to this experience. A detailed description of the sessions is provided. It was found that these children were able to make use of the Gestalt Play Therapy setting, along with the sensory work, as a means of emotional expression.

Opsomming

Hierdie studie beskryf drie gevallestudies met drie kinders wat met Asperger-Sindroom gediagnoseer is, met die fokus van die verhandeling op die sensoriese verwerkingsprobleme wat hierdie kinders ondervind, die beperkte intervensie aangaande die onderwerp en die moontlike emosionele konnotasies wat met hierdie probleme gepaard mag gaan. In die studie het drie kinders deelgeneem aan ses Gestalt speltherapie-sessies waarvan sensoriese stimulant as 'n medium van uitdrukking gebruik gemaak is. Die gegewens is geanaliseer, met die klem op die kinders se reaksies op die sensoriese werk en die emosies wat met hierdie ervaring verbind kon word. 'n Gedetailleerde beskrywing van hierdie sessies is verskaf. Daar is bevind dat hierdie kinders van die Gestalt speltherapie-omgewing, tesame met die sensoriese werk, gebruik kon maak as 'n wyse van emosionele uitdrukking.

Keywords

Asperger's Syndrome, Gestalt Play Therapy, sensory integration, emotions, emotional expression, children.

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Chapter one: Overview and methodology

1.1 Introduction and motivation

Asperger's Syndrome is classified as a variant of autism and a Pervasive Developmental Disorder. Although Asperger's Syndrome falls within the autistic spectrum, it is a much milder form of autism. According to Tony Attwood, in his book entitled *Asperger's Syndrome: A Guide for Parents and Professionals (1998:16)*, Asperger's Syndrome is now considered as a subgroup within the spectrum of autism and this Pervasive Developmental Disorder even has its own diagnostic criteria. Additionally, Asperger's Syndrome is more common than classic autism and may be diagnosed in children who have never been classified as being autistic.

The researcher has had a great deal to do with Asperger's Syndrome, through the intense one-on-one facilitation of a child diagnosed with Asperger's Syndrome, in the past two years, and has also come to develop a keen interest in this disorder. Through intense one-on-one interactions with an Asperger's child, the researcher has become somewhat familiar with the various characteristic symptoms of Asperger's Syndrome. The most intriguing however, is the child's atypical fear or distress due to ordinary day to day sounds, a light touch on the child's skin or scalp, the wearing of particular items of clothing, unexpected noises, seeing certain objects, as well as noisy, crowded places (Attwood, 1998:19).

Gestalt Play Therapy emphasizes the child's senses to a large degree. According to Schoeman and van der Merwe (1996:41), making contact is vital

during the play therapy process. A child makes this contact with ¹his environment through his senses. For the purpose of this dissertation of limited scope, the researcher carried out a qualitative study, which focused on the sensory responses of Asperger's children during play therapy. Children with Asperger's Syndrome are faced with numerous challenges in their day-to-day lives. Their inability to normalize the many emotional dysregulations as a result of their altered neurophysiology is further intensified by sensory sensitivities (Laurent & Rubin, 2004:290). According to Laurent and Rubin (2004:290-291), children who portray sensitivity to environmental stimuli as well as hyperactive response patterns early in their development, are at greater risk of social withdrawal and anxiety later in life. Keeping this in mind, the researcher performed real life observations of Asperger's children within the play therapy setting, while incorporating sensory play therapy techniques, in order to observe the children's responses thereto.

The researcher's life has been greatly enriched through facilitating one little child with Asperger's Syndrome, and the researcher is therefore under the impression that much can be gained through a study of this kind as to what role play therapy can fulfill in the lives of these children, as well as what future research should focus on in order to obtain the necessary information required to be able to provide these children with the quality of life they deserve.

1.2 Problem formulation

As previously stated by the researcher, children with Asperger's Syndrome tend to display unusual reactions to sensory stimuli. The most common of these sensitivities comprise touch and sound, although Asperger's children have also been known to be hypersensitive toward tastes, light intensities, colours and smells (Attwood, 1998:129). This inability to respond normally in everyday

¹ The masculine form is used for expediency only. It does not suggest any form of predilection or discrimination. The term *he/his* is thus mainly used for the sake of expedience.

situations contributes to a far more complex and problematic life for these little children. Due to the lack of research within this area, there is also a lack of satisfactory intervention for these children. Even more so, there is a great deficit in the research of the role of play therapy in such circumstances, and it is for this reason that the researcher would like to explore and describe emotional responses of these children during play therapy.

1.3 Aim and objectives

The proposed study represents an attempt to describe in detail the process occurring during a number of play therapy sessions with children who have been diagnosed with Asperger's Syndrome. The researcher focused on the sensory responses of these children during the sessions in order to explore how these children respond emotionally in such circumstances. It was the researcher's intention to provide a comprehensive description of the reactions, responses and any other observed ways of behaviour of the child during the play therapy session. It was hoped that the outcome of this research would provide the foundation for further research within the field.

The objectives of the study were to perform a detailed literature study regarding the topic of Asperger's Syndrome and sensory issues. This literature study was followed by semi- and unstructured interviews with parents and professionals. Subsequently, six play therapy sessions with three children were conducted, after which a detailed description and analysis took place. The intention, therefore, was to gain a more personal and detailed account of how these children experience senses, react emotionally, and how this can be utilized during play therapy. A literature control was then carried out, to weigh up the findings of this study against already existing research.

1.4 Research question for study

How will a child with Asperger's Syndrome react with regard to senses and perception during Gestalt Play Therapy?

1.5 Research approach

The specific research approach that was employed in this study was that of a purely qualitative methodology. This study was inductive in its nature since the researcher aimed to discover the reactions of Asperger's children to play therapy. Although existing literature provided clues as to how these children might react to various senses, it was the intentions of the researcher to discover an original response specifically to the Gestalt Play Therapy methodology. The nature of this study supports the statement made by Fouché (2002:122), "... *while remaining true to the unstructured, flexible, inductive qualitative approach.*" The researcher entered into this study with no preconceived ideas with regard to what might be expected to emerge from the study, only with a solid grounding in literature and theory, to act as a guideline throughout the study.

1.6 Type of research

Applied research, according to Hart (in Zaaiman, 2003:15), provides recommendations to a specific group of people in a certain situation. Parallel with the primary intentions of this study, the primary aim of applied research is to apply theoretical understanding in the real world. The researcher aimed to gain a greater insight into the sensory responses of children with Asperger's Syndrome during play therapy sessions, since it was the belief of the researcher that there was a lack of research specifically focused on these factors. The type of research that the researcher undertook was therefore a combination of exploratory and descriptive research. Exploratory research is conducted to gain greater insight into a situation or phenomenon, with the need possibly arising

from the lack of information about the topic (Fouché, 2002:109). Descriptive and exploratory research blend in practice, although description refers to a more intense examination of the phenomena and their deeper meanings, which leads to a more comprehensive description (Fouché, 2002:109). The researcher aspired to obtain a greater understanding of Asperger's Syndrome within a Gestalt Play Therapy approach, by providing a detailed description thereof, which might also serve as the basis for further research.

1.7 Research strategy

For the purpose of this research, case studies were utilized in order to obtain comprehensive and detailed information regarding the proposed topic. In depth observations were used and the instrumental case studies employed to gain a greater understanding of the issue of Asperger's Syndrome. According to Fouché (2002:276), the instrumental case study merely serves as a means to facilitate the researcher in gaining knowledge of a social issue. In this specific investigation, the case studies involved observations of three children during six therapy sessions. Interviews were conducted with the parents, followed by in depth analyses and descriptions of both the interviews and the therapy sessions.

1.8 Research and work procedure

As already mentioned, the nature of the proposed study is purely qualitative. Prior to the actual therapy, semi-structured interviews were conducted with the school psychologist and an independent clinical psychologist, as well as unstructured interviews with a parent of each child. It was through these interviews that the researcher gained information regarding the value of such a study, as well as vital personal information regarding the children. Gestalt Play Therapy sessions were then conducted with three children who have been diagnosed with Asperger's Syndrome. A detailed observation of these children took place, while paying special attention to their responses to the sensory

stimuli employed. In order to validate this intense observation, a video camera was utilized during each session to ensure that no important facts or details were overlooked. Individual therapy sessions lasted for approximately one hour each and were scheduled for twice a week. A detailed description of the content of these sessions, paying close attention to sensory information, has been written up by the researcher in an attempt to provide unique and vital information that might promote further research within this field.

1.9 Viability of study

Utilization of play therapy is increasing at a rapid rate all around the world, with more and more therapists using it as a means of treatment. According to the Center for Play Therapy at the University of North Texas (2005:1), play therapy is the most appropriate means of treatment for those children who experience difficulty coping with life situations. As already mentioned, children who have been diagnosed with Asperger's Syndrome experience severe difficulties in adjusting to what normal children perceive as ordinary everyday challenges. One of these challenges is sensory sensitivity. Approximately 40% of children suffering from autism have some abnormality of sensory sensitivity (Attwood, 1998:129).

More and more children are being diagnosed with Asperger's Syndrome as the specific research and diagnostic criteria become increasingly refined. Gillberg (2002:22) made a statement regarding the prevalence of this disorder in the year 2002. According to him, three to four children in every 1000 are diagnosed with Asperger's Syndrome by the age of 10. He also mentions that only half of these children were receiving the adequate psychiatric help as children. It is the researcher's opinion that early intervention is vital for these children in order to help them develop the necessary coping skills to ensure that they experience the highest quality of life possible. The researcher also believes that play therapy is one of the most effective means of intervention for this specific disorder, since it follows a nondirective and nonthreatening strategy that places much emphasis

on relationships and the child's needs. With sensory sensitivities being one of the defining factors of Asperger's Syndrome, and in view of the deficient research on the role of play therapy regarding these children, the researcher considers this study as highly appropriate, in order to substantiate further research on this topic.

The universe in this specific study was: all children in South Africa who have been diagnosed with Asperger's Syndrome by a professional who is qualified to do so. The specific population was narrowed down to those children who have been diagnosed with this disorder within the Western Cape, and more specifically, those attending Vera School Western Cape. Non-probability sampling was utilized, more specifically, purposive sampling. The children who participated in this research were all from a higher socio-economic status. Two girls and one boy participated, with one of the girls being coloured (age 8) and the other two participants white (both aged 12).

1.10 Data collection and analysis

The proposed study is of a purely qualitative nature. Gestalt Play Therapy sessions were conducted with three children, and detailed observation of these children took place, paying special attention to sensory factors. In order to validate this intensive observation, a video camera was utilized during each session to ensure that no important facts or details were overlooked. A detailed description of the content of these sessions was compiled, using coding procedures. This process of coding involved categories, labeling and naming of various aspects of interest to the researcher. These categories allowed the researcher to work in a systematic manner to decode the data that was obtained during the therapy sessions, so as to provide a detailed description thereof.

1.11 Ethical aspects

Voluntary participation is vital for any research study, especially in a study based on the response of children. The child should never be forced into doing something. According to Zaaiman (2003:65), creative methods should be used in order to ensure the participation of people without being forced to do so. The researcher is of the opinion that this is especially important when working with children, and that it is readily attainable when doing play therapy. Since the study involved children who were too young to give consent, it was vital that informed consent was obtained from their parents or guardians. Once this informed consent was acquired, it was still important not to pressurise the children into doing anything they did not feel comfortable with. This is especially important when working with Asperger's children since they will often feel uncomfortable doing certain things. It was the researcher's responsibility to ensure that the child was at ease and openly comfortable when thus occupied. This could only be achieved by establishing a warm and trusting relationship. Due to the qualitative nature of the study, there was little or no risk of deception in any way. The child's privacy was imperative to the researcher. Although video recordings were made of each session, every effort was made to maintain the child's confidentiality and ensure his anonymity. According to Zaaiman (2003:66), anonymity can help to protect the child. It was of no interest who provided the information, but rather what information was provided. For this reason, the researcher could go one step further than merely ensuring the child's confidentiality, and could indeed ensure the child's anonymity as well.

1.12 Definitions of terms and key concepts

The *Association for Play Therapy Inc* (2005:1) defines play therapy as “*the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and*

development.” Landreth (2002:16) defines play therapy as “a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore feelings, thoughts, experiences and behaviour through play, the child’s natural medium of communication, for optimal growth and development.”

In the researcher’s opinion, play therapy can be seen as a means of therapeutic treatment, which enables the child to work through any emotions, difficulties in adjustment or psychological problems, in a safe environment, using his natural form of communication, namely play.

Asperger’s Syndrome: Asperger’s Syndrome is a condition that affects the development of a number of abilities. It is considered as a subgroup within the autistic spectrum and has its own diagnostic criteria (Attwood, 1998:16).

Wing (in Attwood, 1998:15), provides the following basic clinical features of Asperger’s Syndrome:

- Lack of empathy
- Naïve, inappropriate, one-sided interaction
- Little or no ability to form friendships
- Pedantic, repetitive speech
- Poor nonverbal communication
- Intense absorption in certain subjects
- Clumsy and ill coordinated movements and odd postures.

The diagnostic criteria for Asperger’s Syndrome according, to Gillberg (2002: 6), include social impairments, narrow interests, compulsive need for introducing routines and interests, speech and language peculiarities, nonverbal communication problems and motor clumsiness - all of which the researcher experienced during her time spent with an Asperger’s child.

Sensory integration problems: Sensory integration problems refer to the hypersensitivity and/or hyposensitivity experienced by children with autism. One or several sensory systems are affected in such a way that ordinary sensations are perceived as unbearably intense, with the most common sensitivities involving sound and touch (Attwood, 1998:129). Children with Asperger's Syndrome are often hypersensitive to certain sounds or visual stimuli, such as fluorescent lights, and may respond negatively when overloaded with these sorts of sensory stimuli (Myles & Southwick, 1999:16). The researcher had direct experience of these sensitivities, as well as the responses to them when working with the Asperger's child and can say that they are abnormal, and often quite extreme, with negative affects on the child.

1.13 Report layout and description of chapters to follow

Chapter one: Chapter one comprises the overview of the study as well as the methodology that was followed throughout the study. A detailed description of the procedures followed during the study is provided together with the ethical aspects and the explanations of key terms used in the course of the chapter and the dissertation.

Chapter two: The literature review that makes up chapter two, provides details regarding Asperger's Syndrome and all the aspects related to the topic. Special attention is given to all the sensory issues experienced by children with Asperger's Syndrome. The procedure of Gestalt Play Therapy with regard to basic concepts and techniques used during the sessions are explained in detail. This, along with the validity of the study, provides the reader with some background regarding the stance from which the study was carried out.

Chapter three: The interviews and therapy sessions are described in detail in this chapter. Each interview is depicted, along with exactly what occurred during the therapy sessions with regard to each child and their sensory responses.

Chapter four: A thorough description and evaluation of the interviews and play therapy sessions follow in chapter four. Evaluations of each child and the psychologists are followed by literature control regarding the findings.

1.14 Summary

Chapter one has provided the reader with a basic overview of the study. Research methodology with regard to problem formulation, aims and objectives, as well as the research question and approach, the strategy and work procedure have been covered, along with a discussion of the ethical aspects and an explanation of key terms involved in the study. This lays the foundation for the following chapter; the literature overview, in which Asperger's Syndrome is discussed in detail, as well as the sensory issues that are experienced by children with this disorder.

Chapter two: Literature overview

2.1 Asperger's Syndrome: A definition

Asperger's Syndrome (AS) is a disorder that was described by an Austrian psychiatrist by the name of Hans Asperger. The word "syndrome" as defined by the *Collins Cobuild Essential English Dictionary* is a medical condition that is characterized by a particular group of signs and symptoms (Sintclair, Hanks & Fox, 1988:815). Asperger's Syndrome has therefore been used to define individuals who experience a cluster of difficulties as well as more able people with autism (Aarons & Gittens, 1999:7). More specifically, however, Asperger's Syndrome refers to a group of behaviours that are characterized by difficulties in both verbal and nonverbal communication, bizarre social interactions, together with an extreme interest in very confined topics (Szatmari, 1998:61). Szatmari (1998:61) also describes AS as a type of Pervasive Developmental Disorder distinguished by impairments in reciprocal social interaction, impairments in communication, as well as repetitive stereotypic activities. The word "pervasive" is used to describe the fact that the difficulties associated with AS pervade or encompass all aspects of the child's life and the disorder is also a developmental disability with early onset and a pattern that changes with growth and maturation.

A second definition of Asperger's Syndrome, as posed by Myles and Southwick (1999:3) is as follows: "It is a disorder of uncertain nosological validity, which can be exemplified by similar qualitative abnormalities of reciprocal social interaction that epitomize autism. Children with AS differ from children with autism, due to the latter having more severe delay or retardation in language and cognitive development. Most children with AS are of normal general intelligence but do however display noticeable clumsiness."

2.2 The diagnosis of Asperger's Syndrome

According to Attwood (1998:16), the diagnosis of Asperger's Syndrome can occur through two stages. One of these involves the completion of a questionnaire or rating scale by parents or teachers, used to indicate a child who might have the syndrome. The second stage of diagnosis is an assessment by a clinician who is experienced in examining the behaviours and abilities together with the established criteria of the syndrome.

Attwood (1998:16) points out that the standard rating scale for autism is not at all adequate for children with AS. Instead he mentions two newly developed rating scales designed specifically to identify children at risk of AS. The Australian scale for Asperger's Syndrome is one of these scales, covering areas such as social and emotional abilities, communication skills, cognitive skills, specific interests, movement skills, as well as other defining characteristics. A high score on this scale implies the need for referral for a diagnostic assessment.

Diagnostic assessment consists of an examination of various specific aspects of social, language, cognitive and movement abilities together with qualitative facets of the child's interests. Hans Asperger himself did not explicitly state a set of diagnostic criteria for AS, and at present a universal agreement as to the diagnostic criteria has not yet been achieved. For this reason, four sets of criteria exist, two developed by organizations and two by clinicians (Attwood, 1998:22). It is a matter of opinion as to which criteria one chooses to use. Schopler, Mesibov and Kunce (1998:62) go on to mention that there is very little empirical data available to specify the most reliable and valid diagnostic criteria. Attwood (1998: 23) shows preference for the diagnostic criteria outlined by Gillberg and Gillberg (in his book), since he believes the criteria to be clear, concise and comprehensive. Schopler et al. (1998:62) are of the opinion that the diagnostic criteria of the DSM-IV and ICD-10 are overly restrictive. This statement is further backed up by Gillberg and Coleman (2000: 43), stating their

believes that the ICD-10/DSM-IV criteria for Asperger's Syndrome are inappropriate and cannot be used in clinical practice. In view of this controversy regarding the diagnostic criteria of AS, the researcher has attached all four versions of diagnostic criteria in the appendix. It has been noted, however, that there is a general consensus regarding the primary features of Asperger's Syndrome, these being:

- A certain degree of social impairment
- Intense repetitive or stereotyped patterns of behaviour or activities
- Speech and language difficulties
- Problems with nonverbal communication.

2.3 Prevalence of Asperger's Syndrome

According to Flemming (1999:31) 1 in 500 children suffer from autism. More specific to AS, a number of studies have been carried out in order to discover the prevalence AS in children. The general reported rates range from 26 to 48 in 10 000, which is about 0.3 to 0.5% (Gillberg & Coleman, 2000:45). It is also interesting to note that boys are by far more affected by AS than girls (Schopler et al., 1998:87; Gillberg & Coleman, 2000:45), the most common finding with regard to sex ratios being about four boys to every girl (Gillberg & Coleman, 2000:45).

2.4 Sensory issues

Amongst the specific characteristics related to Asperger's Syndrome is one of particular interest to the researcher. This characteristic is that of sensory issues. Sensory function refers to the use of the five senses, namely vision, hearing, touch, taste and smell. According to Myles and Southwick (1999:16), Hans Asperger reported that the children observed by him were prone to unusual sensory stimuli responses. Children with AS are often hypersensitive to some auditory or visual stimuli and tend to respond negatively when overloaded with

these stimuli. These sensory stimuli are not restricted to only auditory and visual sensitivities, since tactile sensitivities with regard to certain foods and clothing textures have also been reported (Myles & Southwick, 1999:16-17).

In discussing sensory processing, Keane (2004:9) explains that difficulties in filtering out irrelevant stimuli can be overwhelming, causing confusion, overload and fear for the child. Characteristics associated with impaired sensory processing include reduced eye contact, unusual motor movements, abnormal response to sound and idiosyncratic perceptual responses. Keane (2004:10) goes on to explain that there is a possible connection between socio-emotional responses in young children with autism. A child's withdrawal from contact may stem from the need to block out what seems like meaningless noises.

Although sensory responsiveness is not included in the diagnostic criteria for AS, Schopler et al. (1998:253) state that a significant percentage of children with AS demonstrate severe hypo/hypersensitivity to sensory stimuli. According to Schopler et al. (1998:253), certain sounds (such as a specific tone of voice), tastes (specific foods), and tactile sensations (being hugged or certain clothing textures), might be reluctantly experienced by the child, resulting in underlying behavioural outbursts. Fascinations with certain stimuli were also reported. Gillberg and Coleman (2000:19) also describe abnormal responses to sensory stimuli as one of the most characteristic symptoms of autism in young children.

In his book, Attwood (1998:129) dedicated an entire chapter to the issue of sensory sensitivity. He describes sensitivities to sound and touch as being the most common, with occasional sensitivities to taste, light intensity colours and aromas. In contrast to these sensitivities, children have also been known to show minimal reactions to pain and temperature, which would under normal circumstances be unbearable to the child. Attwood (1998:129-140) goes into great detail about each specific sensory sensitivity which a typical child with AS

would undergo. Aspects of his descriptions will now be highlighted in order to increase the understanding of these sensory sensitivities.

2.4.1 Sound sensitivities

There are three types of noises that have been described by people with AS as being exceptionally intense. The first of these are sudden and unexpected noises such as the ringing of a telephone. The second category is high-pitched, continuous noise such as that coming from a small electrical kitchen appliance. The third and final category is that of confusing, complex or multiple sounds such as those that arise in shopping centers. It might seem difficult to grasp exactly how these sounds could be discomforting to children with AS since these would seem like fairly normal everyday sounds. Attwood (1998:130), however, describes the experience as being something similar to a normal person experiencing the noise of fingernails scraping down a blackboard.

2.4.2 Tactile sensitivities

According to Attwood (1998:133), a child with AS can experience extreme sensitivity to a particular intensity of touch, or touch on a particular part of the body. There are certain areas of the body that seem to be more sensitive than others. These are the scalp, upper arms and palms. This is why AS children hate to have their hair washed or combed. It also explains why some children may avoid handling certain textures such as finger paints or clay.

2.4.3 Sensitivity to the taste and texture of food

Children with AS have been reported as being extremely fussy when it comes to food. Attwood (1998:135) does, however, explain that children usually outgrow this type of sensitivity and that they should be encouraged to eat a wide range of foods.

2.4.4 Visual sensitivity

The sensitivity to levels of illumination, colours or distorted visual perception is associated with AS. Bright days might be blinding to a child with AS, blurring their vision. Perceptual distortion may result in a child seeing things differently to how they actually are (Attwood, 1998:136-137). This in turn can often result in anxiety or fear causing further dismay in the child's already complicated life.

2.4.5 Sensitivity to smell

Some people with AS have testified that specific smells can be overpowering, such as perfumes and cleaning materials.

2.4.6 Pain and temperature sensitivities

Very often, children with AS show little sensitivity toward pain or temperature. On a hot day, the child may insist on wearing a jersey or on a cold day not. The lack of reaction to pain often results in numerous minor injuries, as well as more serious ones such as appendicitis. Attwood (1998:140) explains that minor discomfort may in fact indicate a significant illness.

Through this description of the sensory sensitivities experienced by children with AS, it becomes clearer as to why these children react so strangely to situations that we perceive as being normal everyday occurrences. Ordinary daily sensory experiences which often go unnoticed by regular people, can in fact cause serious anxiety, distress and panic in children with AS.

In order to gain a greater understanding of what a child with AS goes through in the course of an ordinary day, the researcher studied some personal accounts written by people who have been diagnosed with Asperger's Syndrome. The first of these accounts is an autobiography written by a seven year old boy, Max, who was diagnosed with AS (Andron, 2001:133). In his autobiography he describes various aspects such as his special brain, how he makes himself feel comfortable, and his five senses. In this chapter (2001:133-175), Max describes each of the five senses and how he perceives them on a daily basis, as well as how he copes with the difficulties that sometimes accompany these experiences. Max describes his difficulty at maintaining eye contact with people. It is more

difficult for him to look at and simultaneously listen to a person. He also describes certain things that are difficult for him to see, such as a ball thrown to him. According to Max, "*loud hurts*". He says that some ordinary sounds are unbearable, such as the noisy cafeteria. Singing in groups is also difficult for him, as well as being in the bathroom when the toilet is being flushed. Very often, Max's response to these noises would be to curl up and fall asleep. Max is not, however, always put off by loud noises. He does admit to enjoying it sometimes. When it comes to taste, Max prefers fairly plain or mild-tasting foods. What is more important to him, however, is eating according to a regular schedule. If this does not take place, he becomes moody and aggressive. Speech is another area that Max describes. He is aware of the fact that he often speaks louder and more slowly than other children do. Children with AS are also known to have very impressive vocabularies due to reading more than other children. Max (in Lissner & Westbay, 2001:155-160) ends off his chapter about his five senses as follows: "*As we become friends, you may notice me curling up, hiding in my shirt, balancing on my chair, losing my temper, spinning, making ticking noises, or talking on and on about my own interests. Now you know why I do those things!*"

Next a description is given of what Gestalt Play Therapy entails, along with an explanation of those basic concepts that the researcher feels are applicable with regard to children with Asperger's Syndrome.

2.5 Gestalt Play Therapy

Gestalt therapy is one of many diverse theoretical approaches applied when working with children, adolescents and adults. Oaklander (2003:143) describes Gestalt therapy as a humanistic, process-oriented mode of therapy, which focuses on the healthy, integrated functioning of the total organism. The total organism in turn refers to the senses, the body, emotions and intellect. According to Blom (2004:10), these components can never be separated from

one another. She describes the body, emotional and spiritual aspects, language, thought and behaviour as inseparable entities, emphasizing the holistic point of view that the individual is more than the sum of his or her various parts. The experience in one area of the person will definitely have an influence on another area in that person's life. Blom (2004:11) makes the important statement that during Gestalt Play Therapy with children the focus should be on the child's physical, emotional and spiritual aspects, together with their language, thought and behaviour, so as to approach them in a holistic manner. A child with AS is no different from any other child in that everyone should be treated in a holistic manner. The researcher is of the opinion that a child with AS is even more likely to carry over experiences from certain aspects of life to other areas, due to the various additional difficulties they experience from day to day.

2.5.1 Basic concepts, objectives, and techniques in Gestalt Play Therapy

2.5.1.1 The I/Thou relationship

The relationship between therapist and child is fundamentally the most important aspect of Gestalt Play Therapy. All else is built on the foundations of the relationship, and virtually nothing is attainable without it. Both Oaklander (2003:143-144) and Blom (2004:54) emphasise the importance of the I/Thou relationship. The I/Thou relationship requires that the child and the therapist, in spite of varying ages, education levels or experience, are completely equal, and neither is more important than the other. Oaklander (2003:144) believes that the relationship in itself can be therapeutic. This might be a unique experience for the child in which he, for the first time, is able to be himself and not have any pretences. Without this relationship, therapy would be futile, especially in the case of AS. The researcher is of the opinion that a solid relationship between child and researcher is essential for any therapeutic intervention to take place. Gillberg (2002:125) states that people with AS are extremely vulnerable to the ordinary aspects and stressors of life. Only those people who know them very well will understand how to provide an environment that will make life a little

easier to cope with. This substantiates the need for a good relationship between child and researcher.

2.5.1.2 Contact and resistance

Contact refers to being fully aware of what is happening or emerging at the present moment while paying attention to all vital aspects of the situation. Healthy contact, according to Blom (2004:19) and Oaklander (2003:144), involves the child's ability to make use of his senses, awareness of and suitable use of his body, the ability to express emerging emotions, as well as the use of his intellect in various ways to express ideas, thoughts, needs, wants, curiosities, and dislikes. It also involves the ability to withdraw appropriately rather than stay in an uncomfortable situation. Contact need not stay constant throughout the therapy session. This is beneficial to children with AS. Children often break contact when they reach some area of discomfort (Oaklander, 2003:145), therefore this is important for children with AS who might feel discomfort more often than another child. This is what is called resistance, and according to Blom (2004:60), it is completely natural and essential during the Gestalt therapy process. It is considered essential, for if a child were to show no resistance at all, this would indicate an inadequate sense of self. Acceptance of the child's resistance and self-awareness are probably the most efficient means of dealing with resistance during therapy (Blom, 2004:62; Oaklander, 2003:146). By aiding self-awareness, the therapist is able to assist the child in recognizing where his dissatisfaction lies, and provide him with the opportunity to change. This forms a vital element in the therapeutic process with children with AS, as far as the researcher is concerned. Not only does it allow the child the opportunity to deal with his discomfort, but it also provides the researcher with the chance to work with this resistance. It is through the ever-powerful I/Thou relationship that the child learns to trust the therapist and in turn begins to help himself overcome the resistance he is experiencing and once again achieve healthy contact.

2.5.1.3 Strengthening the self and self-support

If a child is to express blocked emotions, support within the self is required to provide the child with the inner strength and ability to do so. It is vital that the therapist assists in the strengthening of the child's self, to prevent fragmentation resulting from negative experiences (Oaklander, 2003:146-147). Oaklander explains that experiences with the senses: seeing, hearing, touching, tasting and smelling, help towards empowering the self, since many children with troubles desensitize themselves as a means of protection against hurt. Troubled children, especially those who have been abused, are also known to restrict and disconnect themselves from their bodies. It is for this reason that the therapist should provide a safe environment in which the child is able to experience a number of activities that will enhance the self and heighten the child's awareness of his body (Oaklander, 2003:147). Providing the child with opportunities to define the self ("This is who I am", "This is who I am not"), make choices, master certain activities, own their projections (metaphorical representations of their lives) and be in control, all contribute towards enhancing the self even further (Oaklander, 2003:148-149). Without a strong sense of self, no child will find within himself the ability and strength to overcome that which is on his foreground.

Self-support is also a vital aspect of Gestalt Play Therapy. Under no circumstances is it the therapist's duty to solve the child's problem for him. The therapist is there to merely increase the child's awareness of the problem and to guide him, using the I/Thou contact. It is the child's responsibility to come up with his own alternatives and solutions to whatever problem is presenting itself. Blom (2004:51) states that one of the objectives of Gestalt Play Therapy is to guide children to take more responsibility for themselves and to satisfy their own needs. This is vital when working with AS children as well. The researcher believes that by helping the child to take responsibility during therapy sessions, this might aid the child in carrying through this skill to all aspects of life. Thus,

the child will develop the ability to work through and process other problems that might arise as a result of the challenges of AS.

2.5.1.4 Self-nurturing

Self-nurturing helps the child to accept and overcome those parts of himself that he hates or cannot live with. Once the child can accept these parts, he is able to achieve integration of the self and self-acceptance (Oaklander, 2003:150-151; Blom, 2004:173-174). The researcher feels that self-nurturing is essential for children with AS because they are faced with so many extra stressors throughout the day. If need be, they should be allowed to self-nurture in order to deal with life's challenges.

Play therapy is, in the researcher's opinion, the most appropriate means of helping a child to deal with and overcome problems that are experienced. Play therapy makes use of techniques natural to a child's medium of self-expression, and this, combined with the faultless premises of Gestalt Therapy, forms the ideal setting for growth and healing.

2.5.2 Validity of this study

Research that deals with play therapy is fairly minimal, with research having to do with play therapy and autism/Asperger's Syndrome being in even shorter supply. Josefi and Ryan (2004:533) describe nondirective play therapy as a means of helping children with a wide variety of emotional and behavioural problems. They also state that research regarding the use of non-directive play therapy with autistic children is basically nonexistent. According to Josefi and Ryan (2004:534), more and more clinicians are beginning to promote the use of nondirective play therapy as a means of treatment for children with autism. They also place great emphasis on the fact that, in the literature, play has been found to be an ideal opportunity for treating social and emotional difficulties, therefore making it ideal for the treatment of autism.

Unconditional, positive regard forms part of the foundation of nondirective play therapy. It concentrates on accepting the child's current functioning, as well as assuming that the child possesses the innate drive towards better functioning. With regard to autistic children, this allows them to change in a way that they feel comfortable with, and at a pace that suits them (Josefi & Ryan, 2004:534).

The researcher obtained both a personal and professional opinion from a doctor whose daughter has been diagnosed with Asperger's Syndrome. According to her, play therapy as a new method of helping children with AS to handle the profound anxiety resulting from their perceptual and understanding difficulties in ordinary everyday life, makes great sense. Since role-play forms part of play therapy, and has been shown to be a wonderfully powerful tool in helping children with AS understand their environment, she believes that play therapy could create extra dimensions in the treatment of children with AS (Wessels:2004).

Although the researcher has had a great deal of exposure to AS, and has considerable knowledge and understanding of these children, this can in no way compare to the expertise of those who work with these children in a therapeutic way, such as occupational therapists. It is for this reason that the researcher enquired from these experts as to the value and validity of the proposed study. Three occupational therapists were consulted, all of whom agreed that a study of this kind would be extremely valuable, since there is a limited amount of play therapy research regarding the autistic spectrum. Each one, however, voiced certain concerns with regard to working with these children. Firstly, children on the autistic spectrum struggle with imaginative play, since this is not in their nature. It is therefore important for the researcher to work with specific techniques which do not require any sort of imagination. These techniques should rather be more concrete in nature. Another important factor that was mentioned, was the fact that younger children who have been diagnosed with AS

are more likely to be flexible in nature and more open-minded than older children who have usually already developed a more rigid lifestyle. This has been taken into account in selecting the children to participate in this study. Another precautionary measure, which should be noted, is that some children may experience what is known as “shutdown”. This may occur when the child becomes overstimulated in any way and can result in nausea or headaches. It is for these reasons that the researcher conducted intensive interviews with the parents of the children who partook in the study, so as to know how each individual would possibly respond in a given situation, as well as to know what each child’s strengths and weaknesses were. Each child was treated as a completely unique subject, and it was considered crucial to know each child specifically.

With the groundwork of literature presented, the following chapter provides an in depth description of the actual process that took place during the empirical research. Description of the interviews that took place, as well as description of all the sensory sessions now follows.

Chapter three: Empirical research

3.1 Brief overview

In order to understand the structure of the empirical research chapter, a brief overview of what is to follow is provided. Semi-structured interviews with two professional psychologists were conducted as outlined below. A parent of each child was also interviewed in order to gain vital background information regarding the children's sensory responses and how they are dealt with by the family. The reports of these interviews will be followed by a detailed description of the six sensory Gestalt Play Therapy sessions that were conducted with each of the children, with special attention given to the children's sensory and emotional responses thereto. In order to protect the families and children who took part in this study, the children's names have been changed. It must also be noted that an agreement was made with the principal that the sensory sessions would not be taken to a deep therapeutic level, since the school already had a system in place by means of which each child's emotional problems were being dealt with. These sessions were therefore used to explore the possibility that sensory experiences could aid the children in their emotional expression.

3.2 Semi-structured interviews

3.2.1 Semi-structured interview no.1: School psychologist

The researcher was of the opinion that the school psychologist at Vera School for Autistic Children would be of great value in ascertaining the value of play therapy with autistic children, due to her invaluable knowledge and experience gained through working with these children. The question posed by the researcher was: "*What is the value of play therapy with autistic children?*" Her response to this enquiry was quite specific. She is of the opinion that the value is related to the kind of play that is intended. According to the psychologist, play therapy is usually contra-indicated for autistic children when working at a very deep level.

She did, however, comment that Gestalt Play Therapy, when used to pick up problems in daily life, being more on a “life management level” than deep psychological work, can be effective with autistic children. The psychologist expressed a strong opinion against the researcher working analytically or interpretively, feeling that digging for deeper issues within the child would not be appropriate at all. The fact that autistic children often suffer from co-morbid psychiatric disorders, strengthens the fact that the researcher should not work on such a deep level, as the researcher has not received adequate training in dealing with such circumstances. However, *“if it is non-directive and it’s free”*, and the child has the opportunity to play and *“use the space to act out”* their circumstances, then the psychologist felt that there would definitely be value in that sort of play therapy.

The interview veered more specifically in the direction of the role that sensory work could have when working with autistic children, as a means to aiding emotional expression. The next question was: *“Could sensory work form part of therapy as a means towards aiding expression?”* The psychologist responded that sensory mediums are *“concrete”* means of working with these children, and that these children require such tangible means to aid expression. According to the psychologist, autistic children struggle to communicate on a completely verbal level, and these sensory mediums create a wonderful *“bridge”* to working with them on an emotional level. From personal experience, she found that whether the activity be artistic or sensory, it was far easier to access the child on a verbal level while they were occupied with an activity of some sort. *“I can access the language because they don’t even realize they are talking to me”*. Under no circumstances should the child be forced to work with a sensory medium that they are not comfortable with. *“It’s not about sensory desensitisation, it is about therapy”*, and therefore the child should be treated holistically in a Gestalt manner to ensure that they do not feel threatened in any way during therapy.

3.2.2 Semi-structured interview no.2: Clinical psychologist

A second opinion was obtained from a clinical psychologist, independent from the school, who has had Gestalt Play Therapy training. When asked "*What is the value of play therapy with autistic children?*" she replied with a strong statement that from a Gestalt perspective, that would most definitely have a value. Although it depends on each child, the psychologist believes that Gestalt therapy can most definitely be used when dealing with autistic behavioural problems, as well as to assist the family towards a better understanding of the child. She stated that play therapy can help the child to make sense of his world, which is so different from that of other children. Due to the language and communication difficulties experienced by these children, play therapy provides a non-threatening environment in which the child can express their opinion and how they feel. The psychologist emphasized the importance of focusing less on directive therapy and more on nondirective therapy so as to provide a non-threatening environment for the child. One of the greatest challenges posed by the psychologist is the building of a stable relationship. Once this has been established, however, the foundation has been laid for successful play therapy.

When asked: "*Could sensory work form part of therapy as a means towards aiding expression?*", the psychologist once again responded positively especially with regard to autistic children, since they are not sensorally integrated. She explained that the aim of Gestalt therapy is to increase awareness of what is taking place inside and outside the child. Focus need not be placed on all the senses, but rather on the one that best suits the child. The means through which an autistic child makes contact with his environment (flapping and stimming), could be used in play therapy as a means to come to terms with perception and feelings. She quoted Perls when she said: "Lose your mind and come to your senses"! The psychologist emphasized the need for autistic children to perform self stimulatory behaviour. She believes that this represents the need for self-

nurturing, since an open Gestalt is present which needs to be closed in order to settle unfinished business. The play therapy setting provides the ideal environment for this to take place.

3.2.3 Unstructured interview no.1: Jessica's mother

When asked: *"Please describe in detail your personal experience of Asperger's Syndrome"*, Jessica's mother explained that she knew from an early age that something was wrong. Jessica's milestones were all late, and by age five Jessica was diagnosed as being autistic. Fortunately, Jessica was diagnosed fairly quickly, although her mother knew nothing about autism, other than *"children who rock and stim"*. Jessica's mother described their journey as quite a simple one, as they got into the right place at the right time (Vera School for Autistic Children). She described Jessica's being at Vera School as *"the best thing ever"*, and the thought of Jessica leaving one day as quite *"scary"*. The school has helped the family see autism as an enriching experience. *"Thanks to Vera, we feel privileged to have Jessica"*. Jessica's mother explained that the whole experience has taught her about what is important in life, as well as how fortunate she and her family are that Jessica is so high-functioning. Autism has *"taken us down a road we would never have travelled, and on the way we have met some wonderful people and had an overall good experience"*.

The next question for the interview was: *"Please describe how your child experiences sensory stimuli"*. The mother brought to the researcher's attention that things have got better with age. At a younger age, Jessica hated a mess and refused to wear shoes. *"Now she is fine with messy things and wears shoes happily"*. Jessica's mom described toothpaste as being a big problem, and their struggle to find toothpaste that she could tolerate. The mother could not stand to see her daughter "gagging" and would tell her to just brush her teeth with water. *"I never force her"*. Her sensory issues have, however, got better as she got older. Clothes are still quite a problem, according to Jessica's mother. Her pants

always have to be pulled really high up in her waist, and they have to be really tight. Her shoelaces also have to be “*super tight*”, along with most other things. Her mother explained: “*We can have a screaming tantrum for half an hour over something so simple like her clothes not being tight enough*”. Jessica becomes extremely frustrated by things such as a hair in her face. She will “*scream*” and “*cry*” from the intense aggravation, as she does with certain sounds too. Jessica’s mother explained that Jessica is also epileptic and that she is extremely light sensitive, particularly in the morning with the sunlight. Jessica is very loud, but if anyone or anything else around her is too loud, “*she can’t cope*”. Jessica wears an eye mask when she sleeps, and, according to her mother, if she could, she would wear earplugs too. “*If she can hear us talking, she goes ballistic. I wonder how she is hearing it, but it’s probably louder for her*”. Jessica moves from one obsession to another over time, and at the moment, her mother explained it is the clothing. She is very sensitive to the cold and will go to school wearing a shirt, a sweatshirt, a jersey and her school top. “*I will say it’s going to be 30 degrees today and there is no way you are wearing all of that*”. Jessica merely responds with, “*Well I am cold*”. Jessica’s mother has become fairly tolerant and stated that as long as she is not hurting or offending anyone, she can do it. Jessica’s mother ended off the interview with the following statement: “*I am relaxed, but it drives me nuts!*”

3.2.4 Unstructured interview no. 2: Kevin’s mother

“*Please describe in detail your personal experience of Asperger’s Syndrome*”.

Kevin’s mother described their journey with autism as filled with quite some turmoil. At the age of 13 months, Kevin was misdiagnosed as having Angel man’s Syndrome (Chromosome 15 partial deletion). According to Kevin’s mother, she and her family were advised to put Kevin into a nursing home and forget about him as he would never walk or talk. Although numerous attempts were made to get further opinions, all the responses were the same. Determined not to give up, Kevin’s mother decided to try different therapies. As a family, “*we*

set goals". One was to walk and one was to talk. *"Slowly it came together, and look how verbal he is today"*. However, Kevin's mother also explained that she became so caught up in trying to help her son, that she *"began to lose the plot"*. She described herself as not being a mommy anymore, but rather a teacher, and that this confused Kevin tremendously and actually regressed him. Sensory integration brought a lot of improvement, but Kevin's mother was not satisfied. She wanted to go *"that extra mile"*. However, she described herself as *"a huge ocean liner floating in the middle of the ocean without a captain"*, and admitted that she needed to hand it over. Kevin's mother had heard of a doctor who specialized in such cases and became quite involved with her. The doctor diagnosed Kevin as autistic, and he was placed at Vera. Kevin's mother described their lives as *"getting better ever since"*. He is now a *"warm"* child and *"people like him"*. Kevin's mother gave vent to her frustration, since she has no clarity about Kevin's future. *"I want to know, is he going to be able to read properly? Is he going to do basic maths? At the moment I don't know, nobody knows. That's the frustrating thing"*.

"Please describe how your child experiences sensory stimuli".

When the subject of sensory issues was raised, Kevin's mother explained once again that it was being dealt with, mainly through kineseology. Brushing (a technique used for sensory desensitization) five to seven times a day has helped to desensitize bad areas. But he still has a problem with his shoes and half-way through the day, his mother said, he wants them off. Kevin is very particular about food and the feeling it gives him inside his mouth. *"He has certain things that he loves, but if I overcook it, he won't eat it because of the feeling in his mouth"*. Clothes are also an issue, not only the texture, but the fit as well. Kevin went through a stage where he used to lick and smell everything. Kevin's mother explained that this behaviour has declined and Kevin will only lick something he has never seen before. *"I think we have adapted well, but it is a constant learning curve"*. Kevin's mother attributes this to Vera School for Autistic Children. *"They have all the knowledge and advice"*, and they have helped them

through the difficult times by observing Kevin and providing the family with the necessary information.

3.2.5 Unstructured interview no. 3: Cate's mother

"Please describe in detail your personal experience of Asperger's Syndrome".

Autism has been portrayed by Cate's mother as an enriching experience, which has taught her quite a lot about life. Cate's mother has a different outlook on life as a result of her daughter's diagnosis, and it has taught her the value of patience. In no way has the experience been negative and, according to her mother, Cate's diagnosis was "*seen as an opportunity to grow and learn*".

As the interview veered more specifically to the topic of sensory issues, Cate's mother explained that her daughter displays a significant tactile defensiveness. Cate shows hypersensitivity towards dogs with regard to their furry coat as well as their barking. Cate's mother also explained her tactile defensiveness towards certain foods. "*She can't handle bread that is too floury, she gags quite a bit*". In the morning, Cate's senses in her mouth are woken with some gum. Where other children would look forward to a bowl of cereal for breakfast, Cate's mother explained that Cate cannot handle the smell of yoghurt or any other dairy products and can under no circumstances tolerate the taste or smell of milk.

"Please describe how your child experiences sensory stimuli".

When asked how the family has adapted to these sensory difficulties that Cate experiences, "*challenging*", was her response. She explained that in many ways it is still an issue and she feels it has a lot to do with the fact that they cannot afford regular occupational therapy. Her commitment and dedication towards her daughter and her wellbeing becomes clear when she said, "*We do the best that we can to strengthen her on that part. We do the best sensory integration that we can here at home, and we read a lot of books in order to do whatever we can for her*".

Subsequently, a description is given of the therapy sessions that were carried out with each child. The first session was used to build the ever important relationship with the child. The second session was based on the tactile senses, where the child was given various objects to touch. The olfactory senses were utilized during the third session where each child was given a few items to smell. Tactile responses were observed yet again during the fourth session when finger paints were used. During the fifth session, each child was given various things to taste and the response thereto was noted. In the final session a widely used play therapy medium, namely clay was used, and the child's tactile response was noted.

3.3 Therapy sessions

3.3.1 Session 1

The first session was utilized merely as a relationship building session, where the researcher and child had a chance to get to know each other better. Each child was offered the opportunity to handle some play dough while child and researcher were talking.

3.3.1.1 Cate

Cate was very eager, and came into the session full of questions and comments. She also continuously played with two elastic bands between her fingers as we were talking. After explaining to her what the following sessions are going to entail, that we will be playing with our senses and that we might get a bit dirty, she responded with "*Can we wash our hands?*" The researcher explained that there would always be the tap where she may wash her hands if she wishes to. When asked, Cate said: "*it's fun to get dirty, but your mom will get cross*".

3.3.1.2 Jessica

Jessica was extremely excited to come to the session. The researcher and child got to know each other through a few fun exercises while Jessica played with some play dough. Jessica was completely comfortable in the therapy situation and verbally expressed her excitement about coming back for the following session.

3.3.1.3 Kevin

Kevin was quite relaxed throughout the therapy session. Although slightly quiet, he displayed great interest in the fun exercises that we completed together and seemed quite comfortable with the idea of coming back for the following sessions. Kevin kept his hands busy with the play dough throughout the session and even attempted tasting some of it.

3.3.2 Session 2

The second therapy session involved the children using their sense of touch. Each child was given the opportunity to touch and feel a number of different substances, each with a unique texture. In no way were the children forced to touch something they were uncomfortable with. The researcher noted carefully the child's reactions to each stimulus, both verbally and non-verbally, as well as any emotional expression that came from the experience.

3.3.2.1 Cate:

The researcher began the session with general questions about touch, what sort of touches the child enjoys and what she doesn't enjoy. Bowls of various things were then placed on the table in front of Cate for her to touch. Her eagerness to

get started was quite evident as she excitedly asked: *“What is this?”* I allowed Cate to choose which of the items she would like to touch first. Already having made up her mind she leaned over and poked her finger into a ball of slimy goo. Her body language illustrated instant sensory acceptance to the feeling in her hands as well as the smell, as she responded by smelling her fingers. *“Mmm, it smells like bubble gum”*, was her first response. The researcher took it out of the container for her, after which she squashed it between her fingers. She was very interested in how the slime would taste and made a comment that it looks as if it will taste nice. When the researcher asked her how it felt in her hands, she responded with *“It feels cool, it feels nice and fresh”*. When asked what the feeling reminded her of, she went on to explain that it made her think of gum and that she loves both the smell and taste of gum. Cate showed both verbal (telling the researcher that she was fond of the substance) and nonverbal (smiling and playing with it between her fingers) signs of tactile acceptance towards the first item.

The next item that Cate enquired about was a bowl of dry porridge. *“Is this sand?”* she asked, with the researcher responding *“No, but you can put your hand in to feel it”*. Without the slightest hesitation, Cate showed immediate tactile acceptance of the porridge and began playing with it between her fingers. Curiosity got to her and she asked what it was. The researcher responded by asking her to feel it and explain what it feels like. Cate’s response was *“It feels like porridge, is it porridge?”* Her first comment after finding this to be true was *“It won’t taste nice!”* When asked to feel it again and explain the feeling, Cate described the feeling to be like that of sand on the beach. She informed the researcher that it was a nice smooth feeling and that she liked how it felt in her hands.

Cate eagerly moved on to the next item, enquiring as to what it might be. Once she received permission to touch it, she immediately submerged both hands into a bowl of flour. Very curious, she asked what it was. Not wanting to divulge too

soon, the researcher asked her what it felt like. Again she asked what it was, and the researcher then revealed that it was flour, with Cate's response being: *"Flour? Won't it taste nice?"* After explaining that it will not taste good, the researcher gave Cate the opportunity to taste the porridge that was previously felt. Cate stuck both her hands into the porridge and eagerly tried to get as much into her mouth as possible. *"Mmm, it's nice, like porridge"*. When the researcher put the question how the flour felt in her hands, Cate described it as feeling *"okay"* and *"also nice"*. Almost without a breath in between, Cate moved on to the next item, a bowl of unpopped popcorn. The researcher asked her to feel it in her hands and to squash it quite hard. Cate's response was: *"Ooh! It feels like rain falling on a rock!"* She went on to explain exactly what she enjoyed about having a shower: *"When I get in the shower, I put my tummy like a rock and I pretend the shower is the rain that's falling on a rock"*. The researcher and child spoke about what it feels like for her to have the drops falling on her tummy, and she described it as a very pleasant feeling.

Cate instantly showed interest in the next object, a balloon filled with water. She picked up the balloon and squashed it in her hands. Showing immediate tactile acceptance of the balloon, she provided a verbal description of the feeling: *"It feels like a milkshake"*. She smelled at the balloon and picked up the next balloon, filled with toothpaste. The researcher enquired as to what that balloon felt like in her hands. Her nonverbal response was positive, as she brought it to her nose to smell it. When asked what it smelled like, she said, *"toothpaste"*, and moved on to the next object, an abnormally shaped rubber ball. *"This feels hard"*, she commented. The researcher then placed a sheet of sandpaper in front of her and asked her to feel that. She showed no resistance to the sandpaper and merely described it as feeling like sand.

The researcher then explained to Cate that she was allowed to play with all these objects in front of her during conversation about them and what they felt like. She excitedly agreed and immediately chose the slimy goo as her favourite.

When asked to elaborate as to why the slime was her favourite, she explained that it smelled nice and that in her hands *“it feels nice and cool and it’s fresh, like fresh bubble gum”*. She went on to tell the researcher about how much she enjoyed it when her *“mommy buys her chewing gum from the Seven Eleven shop”*. She displayed tactile and olfactory acceptance to the substance all the while that she was speaking. Cate then shifted on to foods and her likes and dislikes of certain foods, as well as the importance of brushing one’s teeth. While the talking continued, Cate was moving between the objects in front of her on the table, taking each one between her fingers, and even tasting the porridge a number of times. Suddenly the balloon with the toothpaste inside burst and the toothpaste oozed all over her hands. Looking extremely worried and disappointed she apologized. Once the researcher reassured her that everything was okay, Cate began to play with the toothpaste that had messed on her hands. Judging by the smile on her face, she appeared to enjoy it. *“It’s messy”*, she commented as she picked up some more toothpaste and rubbed it on her hands. Cate went on to say that she enjoyed being messy and that sometimes it was fun. After washing her hands, Cate begins to look slightly worried once again, as she explained her parents would get very cross if they knew that she had messed toothpaste on her hands. The researcher assured her that she was in no way angry with Cate and that it was actually more fun the way it happened. Cate responded with *“I’m sorry I squeezed it”*.

The session ended with Cate having the choice of what to do for some fun. She chose to play with some play dough, while the researcher empowered her by explaining how grateful she was that Cate had tried all these things. Cate commented that she liked to taste things, and that she was looking forward to the tasting session coming up in the near future. On the whole, Cate showed no real resistance to any of the substances that she touched. Although she was quite hasty to move on to the next item each time, she still managed to provide a few detailed descriptions of how things felt in her hands, with some instances resulting in a generalization to her own life.

3.3.2.2 Jessica

Jessica entered the playroom with great enthusiasm and excitement. Together, Jessica and the researcher discussed what senses are and why we need them. The researcher explained that the day's session was going to focus on hands and that different touches were going to be explored. Jessica displayed eager acceptance to the idea with the comment: *"That's wicked!"* Discussing what sort of feelings she liked and disliked, she mentioned that *"hard things"*, made her feel funny inside. A detailed explanation of her preference to certain clothing styles followed. Jessica explained that she liked things to be tight, especially her shoes. If they were not tight enough, she was worried that they might fall off. Jessica also explained that after a long day of wearing such tight shoes, her feet started to hurt and *"feel funny"*. Nevertheless she still preferred to wear them tightly fastened.

Jessica could hardly wait to begin the tactile exercises. She immediately started rubbing the sandpaper that was placed in front of her. With a serious look on her face, Jessica rubbed the sandpaper quite vigorously, saying, *"It feels rough"*. Still feeling it under her fingers, she commented that it was not a very nice feeling. When asked to explain why it was not a good feeling, Jessica said: *"If you scrape it, it can cut your fingers"*. Continuing on the subject, the researcher enquired as to the feeling inside her when touching the sandpaper. *"It makes me feel frightened"*. Jessica held her stomach and pointed to her heart, showing where in her body she felt frightened. The researcher asked what the feeling of being frightened was doing to her. She responded by using very animated facial expressions and strange noises. When asked to explain her body language, Jessica merely stated: *"It is bad"*. Jessica continued to feel the sandpaper quite firmly under her fingers. The researcher made an attempt to generalize these feelings to other aspects of Jessica's life, with little success. When asked why she continued to rub it if it gives her a bad feeling inside, Jessica provided a

detailed description as to the different ways of rubbing it and how it elicited different feelings inside. The researcher made a point of explaining that Jessica was not obliged to do anything that would make her feel in the slightest bit uncomfortable. Jessica nodded with understanding and continued to feel the sandpaper.

Jessica moved on to the following item (flour) with a lot of excitement. She put her hands in the flour and generalized the experience to when she is doing some baking with her mom, when she would be doing the same thing. She displayed verbal and nonverbal acceptance to the substance and described it as: *“soft, very soft. Even softer than my hands. It feels so strange.”* Jessica elaborated on the strange feeling by rolling her eyes and making her head move in circles. *“It makes me go crazy”*. She described the flour as a bit funny, but great.

When given the water balloon, Jessica showed immediate tactile acceptance by squashing it between her hands. Looking very intrigued, she described the feeling as *“nice and fresh”*. When asked to explain the feeling in more detail, she simply replied with *“groovy”*. Jessica explained that it was a good feeling, as it was one of those soft feelings she spoke about earlier. Finding it difficult to explain how it made her feel inside, she pointed to her stomach and said: *“It’s right somewhere else”*. When asked if she would like to play with it some more, she replied that she would if the balloon wasn’t as wet and cold as it was.

Moving on to the rubber ball, Jessica squashed it really hard, while pulling a strange face. Showing no signs of resistance, Jessica described the feeling in her hands as strong and soft, but hard. She gripped her chest and commented: *“It feels cross”*. When asked to elaborate, she said *“very angry”*, and made a growling noise. She explained that it gave her that feeling because it was such a hard feeling in her hands. The researcher evaluated the situation by commenting on the fact that the sandpaper gave Jessica a frightened feeling inside, while the ball made her feel cross. Jessica agreed.

Jessica was then given the popcorn to play with. She showed both verbal and non-verbal acceptance towards it as she squashed it between her fingers, describing it as *“very nice”*, and *“soft and hard”*. When asked what feeling she got inside from playing with the popcorn, Jessica replied with: *“Incredible!”* Excitedly Jessica went into detail: *“It’s very nice and it makes your heart go boom, boom, boom! It makes joy!”*

Instead of the balloon filled with toothpaste, Jessica was given a few ice blocks to play with. She displayed immediate tactile acceptance towards the ice blocks and even put them in her mouth. She describes the feeling as a *“cold and lovely heartbeat”*.

Next, Jessica was given the slimy goo to play with. Taking it straight away, she squashed it in her hands. When asked what it felt like, she squashed it some more, looking at it intensely while making growling noises, *“It’s cool – wicked!”* She went on to describe it as a positive feeling that reminds her of jelly.

The discussion went on, with the focus being placed on certain feelings that she liked and those that she didn’t like. She explained that she enjoyed playing with play dough, and that she didn’t mind her hair being brushed if she didn’t have knots. She also did not mind brushing her teeth, if she uses her special sweet toothpaste, not the *“burny”* one. She explained her clothing regime, which consisted of many layers. This was as a result of her being extremely sensitive to the cold, and not liking the *“itchy feeling”* on her body that a jersey gave her. *“It feels itchy and I don’t like that. If I wear one of those itchy ones I will have to scratch all the time”*. She further explained that this feeling caused her a lot of frustration.

When asked which of the items she preferred to play with, giving her a good feeling inside, she at first selected the slime and the water balloon, and then

modified her choice to include all of them except the ice, ball and sandpaper. She described the ones she liked as soft and the others as too hard. She didn't mind the sandpaper if she only put her hand on it, and she could tolerate the ice being in her mouth. The ball she described as being too hard, but good for getting bad feelings out. When asked to elaborate on that, she said: "*When your heart is broken you can take the pain out*". The researcher enquired as to whether or not she felt as if she wanted to do that there and then. She replied with: "*Nope, I'm happy right now*".

Jessica provided some detailed verbal descriptions as to how the different textures made her feel inside. When there was resistance to a texture, she was able to put into words what made her feel uncomfortable. There were also some opportunities where the researcher could have taken an emotion further and used it as a Gestalt projection.

3.3.2.3 Kevin

Kevin was more reserved than the other two participants when entering the playroom. He made use of single word sentences and was not as expressive as the previous two children. When the sandpaper was placed in front of him, and he was asked to explain how it felt for him, he merely stated: "*Hard*", and turned the sandpaper over. Then he picked up the sandpaper, shook it around and then felt the popcorn. When asked how that felt in his hands, he described the feeling as nice, and good. Showing clear signs of tactile acceptance towards the popcorn, the researcher asked how it made him feel inside. He described it as "*calming*". Quickly moving on to the next item, Kevin showed some curiosity about the bowl of flour. Slightly hesitant, he touched the flour with the tip of his finger. When asked if he would like to touch it with his whole hand, he shook his head and quickly dusts his fingers off. When asked to comment on whether or not he liked the feeling of the flour, Kevin was quick to answer: "*No!*"

When asked if he would like to move on to the next item, Kevin was given the balloon filled with water. He showed definite resistance to the item, both verbally and through body language. “*Aagh!*” he exclaimed as he dropped the balloon and pulled away. When questioned about his reaction, Kevin said that he didn’t want to touch it because it would pop. Even after the researcher showed him that it would not pop, he still strongly resisted touching it, saying that “*it’s too soft*”. Kevin continuously tried to touch it but kept on pulling away, saying that it made him feel a bit uncomfortable.

The researcher explained that he needn’t play with things that made him feel uncomfortable. Kevin then asked for the next item. The researcher gave him the rubber ball, which he immediately accepted and squashed in his hands. He explained that it was fine to touch the ball, and he even touched the water balloon with the ball.

The porridge was the next item that Kevin touched. He put the tip of his fingers in to it, asking if it was beach sand. He felt it some more in his hand and then quickly pulled away. When asked about his resistant body language, he said it was too soft, and took a handful of popcorn instead. He showed visibly more comfort with the popcorn than with the porridge.

When the slimy goo was brought out, Kevin eagerly leaned over to take it from the researcher. He was, however, slightly apprehensive and only touched it between two fingers. When asked how it felt, his reply was: “*Yuck! It doesn’t feel so good!*”, after which he put it down on the table. When asked if he would like to touch it again, he promptly said “*No thank you*”, taking deep breaths and moving away. When asked if he was still feeling all right, Kevin said he was fine and didn’t feel uncomfortable.

When the last item (blocks of ice) was placed in front of Kevin, he was completely resistant and would not even touch it. *"It's too cold"*, he said and also showed nonverbal resistance.

The researcher moved on from the ice blocks, to find out how the whole exercise was experienced by Kevin. When asked to point out the worst items to touch, he pointed to all of them except the popcorn and the ball. He described the latter two as being his favourites, and played with both of them at the same time. He said they were nice to touch, and that his play station gave him a similar feeling inside. The session was ended with a game of snakes and ladders.

The researcher found Kevin to be far more resistant to certain textures than the other children. There were also considerable limits to his expression as to why he was resistant to touching these objects.

3.3.3 Session 3

Session three entailed each child smelling a variety of items with different odours. Some of the items had a pleasant odour while others had somewhat pungent odours. With each item, the child was given the opportunity to smell it more than once, and the researcher followed up with an enquiry as to how the smell made the child feel.

3.3.3.1 *Cate*

Cate was her usual bubbly self when she entered the playroom for session three. She was given some time to talk at free will while the researcher enquired as to how she was feeling and if she was looking forward to the day's session. After recapping what was done in the previous session, the researcher explained that today's session was going to focus on what is done with the nose. Cate excitedly explained that people need their noses to smell and that their nostrils are also

used to breathe. When the researcher explained that the session involved smelling different items, Cate agreed to take part, but made it quite clear that she didn't enjoy the smell of other people's shoes or T-shirts. She described these smells as *"actually quite irritating"*. The researcher reassured Cate that there would be no smelly feet or T-shirts to smell and moved on to the first item to be smelled.

Cate showed no resistance to the first smell, being sunscreen. She showed immediate acceptance of the smell and exclaimed: *"Oh! I like this smell. It is sun block"*. Showing positive body language, Cate explained that it smelled very nice, but that it would not taste nice. The researcher enquired as to what sort of feelings it gave Cate inside and whether or not it reminded her of anything. Cate replies with: *"Yes, because imagine if there was lots of sun block in here, then we could go to the beach, and if we both had our bathing costumes, then we could go to the beach"*. Cate beamed with excitement as she acted out her imaginative fantasy. The researcher took her fantasy a bit further, asking her to describe what would be done on the beach. With great big smiles, Cate explained how both she and the researcher would swim in the ocean and eat ice creams. The researcher asked about Cate's experiences of going to the beach. She described how she and her sister love to go to the beach and that her parents were the ones who usually took them. The researcher became aware of a projection as Cate began to explain: *"When I'm playing by myself on the beach it's very sad. It's very boring to play alone if your brother says he won't play with you and your sister won't play with you either, and your sister is playing with your brother and your brother is playing with your sister"*. Showing compassion, the researcher prompted Cate to continue. *"Yes, and when your family doesn't mind, it makes you sad, but when they do mind it makes you happy, because they tell your brother and sister to play with you, or else your sister is alone"*. Clarifying that her parents are looking out for her, Cate showed that it was time to move on to the next smell.

The following item to be smelled was household bleach, called Jik. Exclaiming that it looked like water, Cate smelled the Jik. Her immediate reaction was a negative one. Pulling a horrible face and blocking her nose, she admitted that she did not like the smell. When the researcher commented on her blocking her nose, Cate explained that she wanted to stop the smell. When asked whether she would smell it again, Cate raised her hand and clearly said: “No!” When asked to justify why she would not like to smell it again, Cate turned her head away and exclaimed: “*It’s like poison!*” Cate explained to the researcher with the use of her hands that the smell gave her a strange feeling in her stomach area. After explaining exactly what Jik is, and that Cate was very close in her description of poison, the researcher moved on to the next item.

This item had a far more pleasant odour. It was a small bottle of vanilla and honey oil that is used to fragrance a room. Cate took an immediate liking to the odour and described it as smelling like play dough. Accepting it as a positive smell, Cate smelled it for a second time, saying: “*It smells nice, like strawberries and cream*”. When asked about strawberries and cream, Cate explained that she was not too fond of strawberries, but that she loves ice cream and chocolate sauce. She explained that her brother and sister enjoyed strawberries and cream, and golden syrup too, and that her brother always got sticky hands from the syrup.

The next item was a container with a combination of Oriental spices. Cate showed no reaction to the smell, and enquired what it was. After smelling it for a second time, she said: “*Biltong*”, and asked if it would taste nice. The researcher explained that they were spices and would probably not taste good unless they were cooked in a curry dish. Cate stood up excitedly and asked whether she could taste it raw. She took a bay leaf and tasted a bit of it. “*Yuck!*” she exclaimed, followed by a giggle. Cate described the smell as a good one that reminded her of mint leaves and mince and spaghetti.

Cate was excited to try the following item. This was another household product called Mr. Muscle (citrus scented). Initially, Cate's nonverbal response to the smell was slightly sceptical. But her immediate verbal response was: "*Ooh! It smells nice, it smells like fresh oranges*". Praising her as to how close she was to the correct smell, the researcher explained what the item was and how it is used. Cate asked to smell it again, with a similar reaction to her previous one. When asked what she enjoyed about the smell, Cate explained that it reminded her of fresh oranges. She told of how she enjoyed eating oranges, but that her mommy doesn't really approve, due to the fact that it gets stuck between her teeth. This meant that Cate had to brush her teeth to remove it, and this could be quite a problematical operation for her. Cate explained: "*Toothpaste doesn't taste nice*".

Cate showed an immediate acceptance towards the next item, being men's cologne. She responded very positively to the smell, describing it as "*daddy spray*". A description followed of how nice her daddy smells when he wears it, and that it would burn you if you spray it under your arms. When asked how it makes her feel when smelling it, Cate clarified that it was a "*very fresh smell*", and that "*it's like his (her daddy's) body is clean*".

The next item was vinegar. Cate showed no resistance to the smell of vinegar and explained that it "*smells like hot chips*". When asked if she would like to smell it again, she nodded and asked if she could taste it. Cate enjoyed the taste saying, "*It's nice*". She told the researcher that she often ate chips at home and at the Spur.

The final item to smell was a bottle of cinnamon. Without hesitation, Cate smelled it, recognized it, and accepted it: "*Ooh, it smells like cinnamon*". Cate explained that she liked the smell of cinnamon, but that she was not too fond of it on a sandwich. Together, Cate and the researcher spoke about cinnamon, pancakes, rottis, and her food preferences.

Reflecting on the smelling exercise, Cate described the sun block as being her favourite smell. When asked if there were any smells that made her feel funny, she said that the Jik and Mr. Muscle made her feel funny, and she rubbed her tummy. The researcher found Cate to be very animated and expressive in her descriptions of the odours. She provided some verbal descriptions that could definitely have been taken further by the researcher.

3.3.3.2 Jessica

Once again, Jessica entered the playroom with much eagerness and anticipation. After explaining to her what the day's session was going to entail, she started with the first item.

Looking a little confused after the first smell (sunscreen), Jessica asked what it was. Instead of giving it away, the researcher asked her to smell it again and describe what she smells. Showing no signs of resistance, she rubbed her fingers together and said: *"It's creamy stuff"*. Having revealed what it was, the researcher asked Jessica how she had experienced the smell. Using her hands to aid her description, she said that it was *"in between"*. She described the smell as both nice and not nice. The nice thing about it was the fact that you can put it on your skin and it is good for you. But she described the strong smell (using her hands a lot) as the negative aspect of it. While talking a bit more about the smell, Jessica asked if she could have something to keep her hands busy while we talked. The researcher provided her with some play dough.

Eagerly, Jessica awaited the next item, with the comment *"Bring it on!"* Her response to the smell of the Jik was quite obviously a negative one. Coughing and waving her hands about she, screamed out: *"Toxic!"* Still coughing, she shook her head and said: *"It feels like I am going to die!"* When asked why the smell is so bad, Jessica described the feeling using hand gestures, showing the

smell going up her nostrils, into her head and then down into her body. After the explanation of what the item was and how it was used, Jessica was very eager to move on to the next item.

When given the vanilla and honey oil to smell, Jessica's first response was: *"Play dough!"* Showing very positive body language and definite verbal acceptance, Jessica described the smell: *"Aah! It smells like a baby's bum"*. When asked if she would like to smell it again, Jessica responded with: *"Aah, I just love it in my heart"*. Jessica explained that the smell made her feel happy in her heart and that she would love to smell it more. Later on when Jessica was asked what the smell reminded her of, she explained that it brought back some special memories of her grandmother who passed away. *"It smells so good. It reminds me of my gran spending Christmas with us when we lived in our old house. I was very small"*. Jessica elaborated on her memories and admitted that she missed those times terribly and that a lot of things have changed since then. The researcher enquired into what might have changed. Jessica's only response was that of a somewhat sad face. It was decided by both the researcher and Jessica that the subject wouldn't be discussed any further.

Jessica immediately guessed the next item as vinegar. Describing it as a bad smell, she pulled a strange face saying, *"It's weird!"* She explained that her resistance to the taste of vinegar because it burned her mouth, may be the reason why she disliked the smell.

With a somewhat dramatic response to the smell of Mr. Muscle, waving her hands around and coughing, Jessica described it only as *"a bit bad"*. When asked what was wrong with it, Jessica explained that the smell was too strong and that it had lemons inside it. The researcher explained that it also had oranges inside, to which Jessica responded with: *"You see, that's why I don't like the smell. They shouldn't have fruits in there"*. She clarified the bad feeling inside by showing her heart being cut open and the smell going up her nose.

Jessica made it quite clear that the smell was too strong and showed definite resistance towards it.

Moving on to a less intense smell, the researcher gave Jessica the cologne to smell. *“Not bad. Much better than the really bad ones”*, was her response. She described it as a nice smell but also too strong. Having understood what the item was, Jessica told a story about her father that she found quite amusing.

Jessica then began to sort the different items into *“good”* smells and *“bad”* smells. With the vanilla and honey oil, and the sunscreen on the good side, all the rest were placed on the bad side. It was not long before the next item (garlic) was also placed on the bad side. Showing some negative body language, Jessica described the garlic also as being *“toxic”*.

With Jessica looking a little distracted, the researcher moved on to the next smell, the spices. Jessica pulled a face and shaking her head, said: *“No ways”*. She described it as a hot smell that is yet again too strong. After an explanation as to what the spices are used for, she told the researcher that she did not eat curry, since it was *“stinky, and ugly, and it burns your mouth”*. In both a verbal and nonverbal manner, Jessica showed distinctive resistance to the odour.

The final odour (cinnamon) was accepted quite differently to the rest, with her first response being a very excited *“Ah-ha!”*, followed by a great big smile. The researcher questioned her response. She used the word *“love”* to describe it and explained: *“It’s like I’ve got steam coming out of my ears”*. Jessica provided a detailed explanation as to where and when she and her friends were eating pancakes. Her detailed memories were accompanied by positively joyful body language.

The researcher found Jessica’s descriptions and explanations of the various odours intriguing. She seemed very creative in her descriptions and was not

afraid to express emotions and personal experience. There were a number of opportunities which the researcher could have taken further and deeper.

3.3.3.3 Kevin

Once again, Kevin came to the session quite reserved and withdrawn. After explaining what the session was going to be all about, Kevin smelled the first item (sunscreen). Kevin showed immediate nonverbal resistance to the smell via his negative body language as he pulled away, but he asked to touch the cream. With permission, he put his fingers into the cream and asked if it was sunscreen. After acknowledgement thereof, Kevin rubbed the cream on his hands and said that it was a nice smell. He also explained how it protects your face from getting burned and that it gave him a feeling of being good when putting it on. Leaning forward, Kevin took the cream and with a great big smile on his face, he smelled it a few more times.

Kevin guessed the second item (Jik) as being water before he smelled it. With surprisingly little response to the smell, he admitted that he was not sure what it was. He did, however, mention that it was not a good smell and that he was not interested in smelling it again. After making it quite clear that he did not like the smell, he asked for the next one.

With immediate nonverbal and verbal resistance to the smell of the spices, Kevin quite simply described it as "*not nice*". When asked to elaborate he, said, "*It smells like old apricots*", while flapping his arms in an attempt to make the smell go away. Taking a single piece out of the container and smelling it, he commented that it actually smelled nice on its own, but most definitely not with the rest of the spices. Kevin explained that he disliked the odour due to its pungent smell.

Kevin displayed somewhat contradicting reactions to the smell of vinegar. His verbal response was “*Aagh!*”, while his nonverbal response consisted of flapping arms and him pulling away, yet with a smile on his face. He openly admitted to not liking the smell of the vinegar, but was more than willing to taste it. He explained that vinegar is used to cure hiccups. Pretending to have hiccups, he tasted the vinegar, pretending to be cured. He described the taste as “*nice*” but the smell as “*too strong*”.

Kevin asked to smell the next item, which was the Mr. Muscle. Looking at the pictures on the bottle, he said that the contents smelled like oranges and that it was a pleasant smell. However, he quickly wanted to move on to the next item.

The researcher felt that Kevin was slightly distracted, but allowed him to smell the cologne. Not really seeming too interested, he described that too as having a citrus smell. He showed approval of the smell but showed no recognition of his father using anything similar.

Kevin immediately recognized the smell of the oils. He described its use for a person’s bath. Verbally, Kevin accepted the odour as “*nice*”, and explained that it reminded him of when his mom lights candles to make her happy.

Surprisingly for the researcher, the garlic was also accepted as a positive odour. Very calmly he explained how it is used in food and that he liked the taste of it when mixed with food. The feeling that it gave him inside was that of happiness.

Kevin seemed quite worried when he could not guess what the last item was. When it was revealed to be cinnamon, he immediately commented “*I like it*” and “*It makes me happy inside*”.

Kevin showed some interest in the smelling exercise, and at times was descriptive in his explanations. There were a few opportunities that opened up where the researcher could have taken the description further.

3.3.4 Session 4

During the fourth sensory session, the tactile responses were used yet again, this time in combination with a common play therapy medium, namely finger-paints. With but a single rule for the day, namely that only hands may be used to paint, each child was given a large piece of paper and three colours. They were then instructed to do as they pleased, with the researcher's intent of understanding the children's tactile responses to the substance, as well as to establish whether there could possibly be room for a projection.

3.3.4.1 *Cate*

No different from any other day, Cate entered the playroom displaying signs of great excitement and enthusiasm. Without the slightest hesitation, Cate responded to the one and only rule with *"It sounds like fun"*. With the paints placed in front of her, Cate put her fingers straight into the blue paint and said, *"I'm going to make a dolphin"*. Joining in, the researcher explained to Cate that she need not worry about getting really messy and dirty. As Cate continued painting, she explained to the researcher in great detail all about the dolphin she was painting, as well as about the rest of the fish and other creatures in her picture. Drawing near to the end of her picture, the researcher attempted to experiment with how far Cate would actually go with getting paint on herself. The researcher asked the question, *"What about making our hand prints Cate?"*, with an almost immediate response of *"Okay!"* Cate promptly placed her entire hand into the blue paint. While mixing some colours together, the researcher asked Cate what it felt like. With a simple *"Nice"*, she looked at what the researcher was doing and exclaimed: *"Ooh! You made colours!"* After inviting Cate to join in, the researcher was amazed to see how she uninhibitedly poured the paint all

over her hands, mixed it in and made a mess on the table, all the while making sounds of contentment. Showing the researcher the parts where the paint had started getting dry on her hands, Cate said: *“Oh! Look here, it’s very dirty”*. Enquiring as to whether or not she liked to be dirty, Cate demonstrated her answer by promptly rubbing more paint on her hands.

Excitedly, Cate explained to the researcher how much fun she was having. Enquiring as to whether or not the paint will come off, she simply giggled and placed some more on her arms. *“I feel like this is fun!”*, she said laughingly. Showing no signs of any resistance to the situation, Cate began to tell the researcher about her ambitions and plans to become a dress designer one day. When Cate commented for the second time that the paint was starting to get dry, the researcher asked her if she would like to stop painting. *“No, this is fun”*, was her response, as she applied more paint and banged her hands on the table. Becoming a bit braver, Cate poured the paint onto the table and rubbed it around. The researcher then began to notice that Cate seemed to become more and more worried. When asked if something was the matter, Cate replied with: *“The black is trying to hurt my arms”*. Cate asked to remove the paint from her arms. The researcher assisted in removing the paint, while questioning Cate as to how it felt. Giggling, she explained that it was fine, but that she didn’t like it when it got hard. When asked to elaborate, Cate explained: *“It felt like I was wearing a metal suit”*. She did, however, find the whole experience *“fun and nice”*, explaining that she enjoyed it very much.

The researcher was somewhat surprised at Cate’s positive response towards the finger paint exercise. She showed a lot of enjoyment and provided some interesting descriptions of how it felt, as well as some great opportunities for a projection to be taken further.

3.3.4.2 Jessica

The researcher began the session by explaining to Jessica the plans for the session, and that there was only one rule for the day. Jessica instinctively said “*No messing!*” When told that that was not the only rule, but rather that only hands could be used to paint with, Jessica eagerly replied with: “*Cool!*”, and asked if we could begin.

Jessica asked if she may use her fingers to paint, to which the researcher replied, “*Of course*”. Jokingly she followed with: “*Can I use my elbows too?*” The researcher explained to Jessica that she might do as she pleased, as long as she didn’t mind getting a bit dirty. Jessica promptly put her fingers into the yellow paint and rubbed it on the paper. Showing to be a bit unsure, Jessica cleaned her fingers on the newspaper, but almost immediately put both of her hands back into the red paint and continued painting. Noticing that Jessica wiped her hands every time she changed colour, the researcher reassured her that it was not a problem if she mixed the colours. After finding out how to make green, Jessica submerged her hands completely to mix the colours. Talking continuously while she was painting, Jessica instructed the researcher to do as she was doing, and then putting her whole hand into the paint, she exclaimed, “*Look how cool this looks!*” Explaining that it felt nice all over her hands, Jessica told the researcher that she didn’t mind getting dirty at all. Rubbing her hands together, she said: “*I’m going to get my other one also really dirty*”. “*This is cool*”, she said as she took more and more paint and rubbed it on both hands, covering them as if she was wearing gloves. Following her lead, the researcher did the same. Out of the blue, Jessica asked to wash her hands. She did so in the small basin in the room, but immediately went back to the paint and began mixing some more colours.

The researcher asked Jessica how it felt for her to paint with her hands. Nodding, she replied, “*Very nice*”. Rubbing some more paint on the table, Jessica asked if she could please do this again sometime.

Although there was no distinct sign of a projection, Jessica showed some great potential when it came to accepting the medium and expressing her emotions and how it made her body feel. The researcher is of the opinion that if given the opportunity, Jessica could make use of the finger paints to make a wonderful projection.

3.3.4.3 Kevin

Kevin’s response to the explanation of the session activities was not as accepting as the other two children. When asked if he enjoyed painting, his response was, “*Only in winter*”. Trying to persuade him, the researcher showed him the great big pieces of paper on which he could paint. Not budging, Kevin said that he didn’t want to, and explained that he didn’t like his hands to get dirty. When asked what would happen if his hands get dirty, Kevin shook his head and just repeated that he didn’t like it.

Not wanting to force him into anything, the researcher explained that it was not a problem if he did not want to paint, but that she herself would like to paint a little bit. The researcher began painting, while Kevin was providing excuses as to why he would not like to paint, one being that it was too time-consuming, and another that his hands would get too dirty. Just as the researcher was about to abort the whole exercise, Kevin leaned over, pulled the red paint closer to him and stuck his finger in it. “*Ow!*” was his first response, followed by “*Oh...Oh!*” Smiling, Kevin shouted “*Get off!*”, as he rubbed the paint onto the paper. Kevin wiped his hands clean using the cloth and then began painting with the yellow paint. He then poured the yellow paint on the page and rubbed it with his fingers. Encouraging him, the researcher exclaimed how nice it looked. Kevin proceeded

by pouring the red and then the blue onto the page. Using big movements to paint a picture, he shouted, "*Look! An aeroplane!*" Showing great interest in what he was doing, the researcher urged Kevin on to continue painting. "*It's a model...Windows and tail... The tail has different colours. And voila!*" Showing extreme pride in his masterpiece, Kevin explained to me all about his amazing aeroplane, from its various destinations to who his passengers were and the fact that he, of course, was the pilot.

When asked what made him change his mind about painting, Kevin could not provide a reason, but did say that he enjoyed painting with his hands very much. He explained that it felt "*nice*" on his hands and that the reason he enjoyed it so much was because "it made me calm".

Of all the children, Kevin's response to the finger painting was the most enthralling. From being totally adamant against painting to being completely engrossed in it, Kevin demonstrated just how effective the relationship can be in aiding the therapeutic process. Kevin provided a wonderful projection that could most definitely have been taken further by the researcher.

3.3.5 Session 5

The fifth session with each child was made up of various tasting exercises. A variety of textures and tastes were chosen, using the information provided by each child's parent as a guide towards the selection of items to taste. Each child was allowed the opportunity to taste each item, and also given the choice to have a second taste. The child's response was noted, as well as any emotions that accompanied it.

3.3.5.1 Cate

The session began with a very informal discussion about tongues, taste and Cate's taste preferences. With sugared popcorn, spare ribs and pizza being among Cate's favorite foods, Cate pulled a distinctly distasteful face saying that she could not stand eating mashed potatoes, macaroni or cabbage. When asked why she could not eat these foods, Cate explained that they felt "funny" and that macaroni made her want to vomit just by looking at it. She also said: *"I can't eat mashed potato properly. When I eat it I want to choke"*.

Bearing all of this in mind, the researcher asked Cate how she felt about tasting some items during the session. Without hesitation she asked if we could get started. The researcher gave Cate a small fizzy sweet to taste first. *"Tastes nice!"*, was Cate's first reaction, followed by *"It's like bubble gum, and it's sour as well"*, while giggling. After having asked how it felt on her tongue, Cate provided the researcher with an interesting description. She explained that it felt *"like a rock, but it's very tasty and nice. But it's like rocks on the moon... like dust... like dust falling on the moon"*. Cate explained it as feeling like dust, due to the small pieces that formed once she chewed the sweet.

The researcher was aware that Cate would probably not enjoy the next taste, and explained to her that she only had to taste a small amount. The researcher then gave Cate some porridge mixed with a small amount of milk to taste. Before it really even went into her mouth, Cate pulled a disgusted face and shook her head saying: *"I don't like it"*. Immediately she asked if it was porridge, and when asked why she did not like it, Cate responded with: *"It's like soggy dirt"*. Still showing very negative body language, Cate went on to say that it felt like she was licking sand.

The next item to taste was some toothpaste. Cate's immediate reaction was a negative one as she stuck out her tongue and rubbed it with her finger. Pulling a

face, she said that it looked like it would be yoghurt. When asked how it tasted, Cate said: *"It's a bit sweet, but it's burning my mouth"*. The researcher offered Cate some water to drink, after which she gargled and rinsed her mouth. Cate spoke about the toothpaste, saying that it was not a good taste because it had a very strong taste. She explained that mint sweets are also strong, but that she liked mint sweets. The discussion about sweets led to Cate explaining to the researcher that if a person eats too many sweets they become hyperactive. Not being able to explain exactly what hyperactivity is, Cate simply said that it is very unhealthy.

Moving on to the following item, the researcher asked if Cate would mind closing her eyes before tasting it. Closing her eyes without the slightest hesitation, Cate tasted the next item (jelly). With a great big smile on her face, Cate said that it tasted nice and cool. She said: *"In my cheeks, it's chilly"*, and described it as feeling fresh. While Cate ate the rest of the jelly, the researcher asked her to explain how it felt in her mouth. Giggling, she explained that it felt like a cool *"earthworm"* in her mouth and that it reminded her of a dolphin.

Without hesitation, Cate closed her eyes and eagerly awaited the next item. The researcher gave her a piece of cooked pasta. *"It's a noodle!"*, she exclaimed, and went on to say that it can be used to make macaroni, pulling a face. When asked how it tastes, Cate said that it doesn't taste nice; still she promptly took some more noodles and put them into her mouth. Cate described the feeling of the noodles in her mouth as being fresh and soft. She said that she didn't like the macaroni when it gets *"big"*, like it does at her brother's school. Cate explained that she goes to her brother's crèche after school while her mother is still at work. When asked to describe what it is like to eat lunch there she explained: *"They dish it onto a plate and we're sitting at tables and I look at it. Some children like it but I don't. It's like I'm eating a caterpillar."* When asked if she is forced to eat the food, Cate explained: *"Teacher Margaret, she doesn't work there anymore, she helps in the other class, she will force you to eat it. But*

the other teacher, she doesn't force you. She says, 'you don't have to eat it just put it away in the kitchen'". Cate explained that it felt so *"nice"* when the teacher does not force her to eat the food, but that the other teacher says *"My mommy should not have paid for me to eat here"*, and that makes her feel guilty.

The next item was another kind of sweet that was sour. Giggling once again, Cate explained that the taste was similar to the sour worms that they buy from the Seven/Eleven around the corner from their house. She described the taste as *"nice"* and went on to explain how she and her brother fight sometimes. The researcher then gave Cate another chewy sweet that had sherbet in the centre. Laughing and trying to talk at the same time, Cate said *"it's too hard, I don't actually like it"*. When asked to elaborate, Cate said *"It felt nice, but it tastes a bit like porridge inside"* (referring to the sherbet).

Coming to the end of the session, Cate described the little round sweet and the jelly as her favorite tastes. The researcher found that Cate was quite expressive in her descriptions of the various tastes and that she could easily generalize her experiences to her own life. There were some opportunities where the researcher could have taken the emotions that Cate displayed somewhat further.

3.3.5.2 Jessica

Jessica questioned the researcher as to what *"feelings"* the session would involve. After explaining that it would involve tasting things, Jessica went on to explain that she is not at all fond of fruit and vegetables, due to the *"funny"* feeling it gives her in her mouth.

After giving Jessica the first fizzy sweet, she used her fingers to explain how it felt on her tongue saying *"fizzy"*. When asked how it tasted after she has chewed it, she said, *"Like dust"*. Jessica added that the taste was *"brilliant"*, but that she would have preferred to suck it rather than chew it. When asked how it felt to

chew the sweet, Jessica replied with *“disgusting”*. She described the feeling while she sucked it as *“nice and fizzy and soft”*, but when she chewed it as *“Clunk! Hard and disgusting!”*

Moving on to the porridge, Jessica immediately went for the water and rinsed her mouth, shouting *“Disgusting!”* Pulling funny faces and making strange noises with her tongue, Jessica verbalized her resistance by saying yet again, *“Disgusting, disgusting, disgusting!”* After finding out what the item was that she tasted, Jessica explained that she enjoyed porridge, but only when it was heated. The researcher asked her how it felt to eat the porridge. Jessica’s response was *“Weird, like in terrible, very horrible, aaarg! Angry”*, as she scraped her nails on the table. The researcher made use of the wonderful opportunity and asked Jessica to tell about something else that makes her feel as angry. Without a thought, Jessica explained: *“When my little sister walks around and pulls her tongue at me and smacks me and blames everything on me. That is terrible!”* Jessica described the taste as being *“evil and bad and disgusting”*, saying that her sister is sometimes that bad too. The researcher decided not to take the subject any further.

The next taste experience was more pleasant. With a great big smile on her face, Jessica responded to the taste of the jelly with *“Strawberry, delicious!”* Showing positive body language, Jessica said that the jelly went *“boing, boing, boing and makes my heart jump for joy”*. When asked to express something in her own life that made her feel the same way, she explained: *“When I had a new baby sister. She is adorable”*. Jessica went on to depict some of the cute things her baby sister does and how *“fantastic and brilliant”* that makes her feel.

While Jessica shut her eyes, the researcher gave her some toothpaste to taste. Immediately pulling a terrible face, Jessica grabbed the water and rinsed her mouth, shouting, *“Get it out, get it out!”* Jessica explained that she didn’t like the burn that the toothpaste gave her on her tongue. Jessica explained the feeling

as “dead”, and that it is like “*breaking her heart and blood pouring out of her soul*”. Although quite dramatic, the researcher questioned her about the possibility of these feelings being present at other times in her life. Her vivid response displayed her obvious distaste towards her father’s means of punishment. She described the experience as a terrible feeling.

The next item to taste was the noodles. Eating more and more, Jessica explained that the pasta was cold and chewy and that it gave her a cold feeling inside her body. This feeling was related to an experience she had when she was younger. She fell down the stairs. “*I was scared and kept on crying. I had to get X-rays of my arm*”. Finishing off the noodles, she explained that she gets used to most new foods quite easily.

Giving Jessica the sour sweet, brought about a much happier response. With huge gestures she explained how “*happy*” the taste made her feel, and that she really enjoyed eating sour sweets.

The final item brought about an unexpected response. Jessica explained that the taste of the chewy sweet was “*weird*”, and like “*wood*”. She went on to say that: “*It’s hard to bite into but then you get used to it*”, showing the researcher with her hands. The unexpected then happened when Jessica began to explain her experience of autism. “*When I grow up, there will be one problem. Well, you see, there won’t only be one problem. I won’t be able to take care of myself and my family, and I won’t know how to cook*”. The researcher asked Jessica what she meant by not being able to take care of herself or her family. Jessica responded with “*I’ve got problems*”, as she pointed to her head. “*That’s why I am at this school*”. She went on to say that knowing this gave her a “*terrible*” feeling inside. Jessica put her head down on her arms. The researcher explained that there was no need to talk about this any further. Jessica was very grateful and asked if she could eat the rest of the jelly. While the researcher took the opportunity to empower Jessica and praise her for all the things she was willing

to discuss, Jessica began to talk about her experience of epilepsy. She explained: *“You don’t even know you are doing it! But you go boing, boing, and you shake. You know people can die from it. But luckily after so many seizures, I didn’t get killed. So I’m very lucky”*. Jessica explained to the researcher all about the medication that she is taking to help with the epilepsy. Together, Jessica and the researcher ended the session with a fun-filled game of snakes and ladders.

The researcher found the tasting session with Jessica significant. So many emotions emerged and Jessica felt comfortable enough to explore these emotions with the researcher. There were definite projections present and the researcher had countless opportunities to explore these further.

3.3.5.3 Kevin

Kevin seemed quite excited about the day’s activities when the researcher explained what it was going to entail. The researcher explained that there was water to rinse his mouth if he did not like something, with Kevin’s response being: *“Okay, let’s start!”*

Kevin took the little fizzy sweet and tapped it on the table before popping it into his mouth. *“It’s nice”*, was his initial response as he explained that it had a nice fruity taste. Kevin said that the sweet made him feel happy inside when he ate it but did not elaborate any further.

The next item, however, produced a somewhat different response. The taste and texture of the porridge brought Kevin to an immediate halt. Sitting very still, he even stopped all movements in his mouth. When asked what it was like, Kevin offered no response. Swallowing the porridge very quickly he mumbled a surprising *“Nice”*. Questioning this odd response, the researcher commented that it didn’t seem like Kevin enjoyed the porridge. He went on to explain that the

taste was not bad, but that the feeling on his tongue was unbearable. When asked if he would have another taste Kevin responded with an emphatic “No!”

Moving on to a more pleasant taste, the researcher offered Kevin some jelly to taste. Excitedly, Kevin exclaimed “*It’s jelly*”, and described it as nice. Very relaxed he told the researcher that he loved the taste. Although he said that it made him very happy, Kevin opted not to have a second taste.

The toothpaste evoked yet another response. Slightly hesitant to taste it, Kevin asked what it was. After taking some into his mouth, Kevin swirled it around and quickly swallowed it, revealing that he knew it was toothpaste. When asked how it tasted, Kevin said “*Nice*”, but pulled a face and shouted “*Ow!*” When asked to explain what it tasted like, Kevin’s response was “*Ah! It tastes nice*”. Questioning his strange expression, Kevin said that he liked the burny taste. Not being able to hold out any longer, Kevin grabbed the water and took a few big sips. When asked if it was a good or a bad taste, he said, “*bad*”, because it had “*the wrong taste*”. Despite all that went on, Kevin still said that he was feeling happy.

The researcher then gave Kevin a sour sweet to taste. Kevin licked it a few times and told the researcher that he liked the taste of it. Chewing it, he explained that it gave him a nice feeling in his heart. When asked what other sort of things give him a nice feeling in his heart he said: “*When I go to sleep*”. Kevin went on to explain that he was usually very tired when he went to bed as a result of school and all the hard work that he has to do. Kevin spoke some more about his friends at school and about the hostel and homework.

When the researcher put the bowl of noodles in front of Kevin, he pushed it away and said, “*I know how it tastes*”. He explained that he enjoyed the taste, but would not taste it then. It was then revealed to the researcher that Kevin did not want to touch the noodles with his hands, and this was the reason for not tasting

it. Giving him one, Kevin explained that the noodles give him a funny feeling on his fingers but that he really enjoyed the taste.

With only one more item to taste, the researcher became increasingly aware of the fact that Kevin seemed to become slightly distracted. Lying down and chewing the sweet, Kevin said that it tasted nice and it felt nice on his tongue.

When asked which of the tastes was his favorite, Kevin quickly responded with *"Not the toothpaste!"* Through a process of elimination, it was found that all the tastes were enjoyed except for the porridge and the toothpaste. The researcher felt that of all the previous sessions with him, Kevin provided the least expression during the taste session. Although there were some opportunities to take things further, Kevin did not show any projections or emotions.

3.3.6 Session 6

Although the final session with the children made use yet again of tactile senses, it more importantly explored the value of a magnificent medium used during Gestalt Play Therapy, namely clay work. Each child was given the opportunity to play with a piece of clay in any way they felt fit, with the researcher observing the play and experimenting with the given situation.

3.3.6.1 *Cate*

Cate was yet again extremely eager to begin the session, and once she found out what the plans for the day were, she grabbed the clay. The first thing that Cate did with the clay was to smell it. The researcher enquired about her action. Cate's reaction was, *"Banana splits! Do you like banana splits?"* Explaining exactly how to make a banana split, Cate began to play with the clay.

Cate made a biscuit and some candles with the clay and explained to the researcher how *"gross Shreck is when he takes wax out of his ears"*. Following

this, Cate made a tree with some fruit on. Wanting to know more, the researcher asked Cate where the tree could be found. *"Trees are found in the woods"*, she said, and *"I only have a guava tree and two tomatoes growing"*. Not seeming too enthralled, Cate quickly moved on, saying, *"I'm going to make a mermaid"*. Once she had completed her mermaid, the researcher asked if they could talk about it. Cate explained that the mermaid lived in a castle that was made of sea anemones and that she had her own piano. Asking some more, the researcher found that the mermaid could play very loud music and that her father cooked for her in their big kitchen. Cate named her mermaid Lucy, and explained that the anemones were there to protect her and her mother and father who also take care of her. When asked about the family, Cate told the researcher that they loved Lucy very much and that *"they never give her hidings"*. Cate explained that there were mostly good people in Lucy's life, but that there were also bad people who can jump into the water. *"But there are sea anemones everywhere around her and they can sting the bad people"*. Cate explained a little more about Lucy's family, and then quite suddenly said, *"Now I'm finished with the mermaid story, I'm going to make a bird"*.

The researcher asked Cate how the clay felt in her hands. She said that the clay felt nice and smooth in her hands and that she liked it. She went on to tell the researcher all about the bees who want to sting the birds because *"they are jealous of the birds' apples"*. She animatedly acted out the bees trying to sting the birds, but getting killed instead, due to the protective glass around the birds. Talking on behalf of the birds, she revealed that the birds lived safely and that the babies hatched and everyone lived happily ever after.

Cate demonstrated that she could indeed use clay as a medium of expression. She provided stories that the researcher could have followed up and there were a few signs of projection during the session.

3.3.6.2 Jessica

On that specific day, it was Jessica's birthday, so she was extremely energetic and excited. She described her whole morning to the researcher, from waking up to coming to school. Very eager to get started she told the researcher that the idea of playing with clay was "*funky*". Grabbing the clay, she banged it on the table and squashed it between her fingers. She began to make a little ball that slowly developed into a person, while questioning the researcher's television antics. Speaking about her favourite program on television, the researcher also began to build a person with the clay. Showing Jessica what the researcher had made, led to a conversation between the two clay figurines. Jessica's clay person was in fact representing Jessica herself, who explained to Sally (the researcher's person) all about her birthday, her family and friends and the fun things she liked to do. Jessica told the researcher about her friends, and then became a little silly and started copying all that the researcher said. When the researcher asked if it was nice to be silly, she said "Ya". The researcher said that she was allowed to have some fun, and she replied with "*Especially on your birthday!*"

Jessica continued to build with the clay, making a little car that she drove around. When asked about the car, she explained that it was very special and that it was a Beetle. Building a few more things, Jessica told the researcher that she liked the feeling of the clay in her hands. It was "*soft and smooth*" and it smelled very nice.

The researcher felt that Jessica enjoyed playing with the clay. She was willing to pretend a little and provided some opportunities for projection. The researcher therefore felt that the use of clay with Jessica was successful.

3.3.6.3 Kevin

The final session with Kevin seemed to begin with some resistance. After explaining what the session was going to entail, Kevin responded with “Aah!”, and lay on his arms. Not wanting to explain his reaction, the researcher put the clay in front of him and said that he could take it whenever he felt comfortable. Kevin showed disgust towards the clay, and jumped away. When asked about his reaction, he merely responded with “Smell”. Kevin did, however, begin to touch the clay, saying that it smelled like chocolate. The resistance then became evident to the researcher when Kevin requested to play snakes and ladders instead. Still holding the clay, he asked again if he could play snakes and ladders. Pausing slightly to see how Kevin would respond to no answer, the researcher noted that he began making strange fighting noises, while banging two parts of the clay together. Not really including the researcher, he repeated this behaviour while speaking to himself under his breath. Requesting to play snakes and ladders yet again, the researcher almost gave in, when he suddenly asked: “*How come Jessica’s birthday has to take so long?*”, referring to her class party. Going with what Kevin gave the researcher, the conversation continued around the subject of birthdays. Kevin explained what his parties were usually like, and that he got Jessica a very special present and wrote her a special card.

All the while that Kevin was talking, the researcher was building an aeroplane with the clay. Kevin became aware of what the researcher was doing and exclaimed: “*That’s the cockpit!*” He then took the plane and explained all about the various parts of a plane, from the flaps that are used to slow the plane down, to the tail of the plane. Together, Kevin and the researcher built a runway on which the plane could land. Kevin then built some people and busses to transport the people to the plane. Although Kevin showed clear signs of enjoying the talk about planes, he suddenly asked when teatime was. The researcher

asked if he was hungry. Kevin responded with *“No, I’m just dying for Jessica’s party!”*

Although quite hesitant in the beginning, Kevin seemed to really enjoy the session with the clay. Although it took some time to get into the session, once he began to talk about something that interested him, there was no longer any resistance.

This detailed description of the happenings during the therapy sessions provided the groundwork for the next chapter in which these sessions are evaluated and a literature control is carried out.

Chapter four: Descriptive evaluation of empirical data and literature control

4.1 Evaluation:

4.1.1 Cate:

Cate responded to the sessions in a delightful manner and always displayed extreme enthusiasm and animated expression. Right from day one, Cate showed eagerness to get involved with whatever had been planned for the session. Not showing any signs of hesitation, Cate was quick to ask questions if there was anything that puzzled her. Much to the relief of the researcher, Cate was always able to express herself in a graphic and detailed manner, using both her extensive vocabulary and her animated body language. The relationship between Cate and the researcher proved to be quite solid, judging by the openness and trusting nature that Cate continued to display.

Cate demonstrated vast curiosity with regard to her senses. Although openly admitting to liking certain sensations, and not liking others, she showed no inhibitions when it came to experimenting with some possibly unpleasant sensations. Showing quite distinctive sensory seeking behaviour, Cate was always overly eager to touch, smell and especially taste something, which was always followed by a uniquely interesting description. Ranging from her childlike giggles to her highly expressive facial responses and interesting use of descriptive words, Cate was always able to express her feelings. Often, a sensory experience opened up the opportunity for an emotion or memory to emerge. One such illustrative example was when Cate associated the smell of sunscreen with thoughts that led her to imagine a day at the beach. The smell sparked off such a detailed memory that Cate was able to imagine an experience that she once had at the beach where some negative emotions emerged with regard to her siblings. Cate felt comfortable enough to describe her feelings, as well as how she had dealt with the situation at the time.

Cate showed very little resistance towards the tactile exercises, despite the interesting occurrence involving the balloon filled with toothpaste. Appearing visibly distraught about what had happened, Cate showed absolutely no aversion to the fact that there was toothpaste oozing all over her hands. She was rather far more concerned about getting into trouble for what she had done. With the reassurance of the researcher however, together with the sincerity of their relationship, it was not long before Cate returned to her usual bubbly self and continued as if nothing had happened.

If there was something that Cate was not fond of or that made her feel uncomfortable in any way, she was in no way shy to show it. Ranging from her distinct “No” when asked if she liked something, to her somewhat obvious body language, Cate made sure that her opinion of the taste, smell or touch was made quite clear. This was usually followed by a comprehensive explanation as to the reason of her disapproval. Cate showed considerable reasoning ability through her understanding that although she enjoys eating oranges, it gets stuck in her teeth and that means that she will have to brush her teeth, something that she does not enjoy doing. This type of thinking brings the researcher to believe that Cate would have no problem exploring her emotions at a deeper level. Her determination and pronounced convictions regarding her food preferences were quite clearly described and, at the same time, Cate provided the researcher with a detailed description of how her specific dislikes of certain foods had an impact on her life. Describing her intolerance to macaroni and cheese as feeling as though she was eating caterpillars painted a wonderful picture of how the food made her feel. But what was even more intriguing was her willingness to discuss the feelings of guilt that she experienced as result of her fussiness towards food. Quoting her teacher when she said: “*My mommy should not have paid for me to eat here*”, made the researcher realize the battle that Cate must be dealing with when trying to cope with seemingly ordinary everyday occurrences. Not only is she faced with the horrific idea of eating something that makes her want to vomit just by looking at it, but added to this are feelings of guilt that she may disappoint

her mother. The researcher was somewhat taken aback but at the same time quite inspired by Cate's ability to describe her feelings.

Looking at the two methods that are often employed during play therapy sessions, namely finger painting and clay work, Cate displayed some interesting behaviour. She showed none of the expected hesitation or resistance towards the finger painting exercise. By going as far as submerging her entire hand in the paints it became quite clear that getting dirty was not an issue for Cate. When asked how she felt about getting dirty, she merely responded by getting even more dirty. The only discomfort exhibited, surfaced when the paint began to dry on Cate's arms (a sensation that the researcher herself experienced as slightly uncomfortable). Being true to her fun-loving self, Cate giggled and said that it was fine but that she did not enjoy the feeling when it got dry, and that it felt like she was wearing a metal suit. In between all the antics, Cate did manage to paint a picture of a dolphin, suggesting to the researcher that she might be able to make a projection through finger painting. Cate's comment of "I feel like this is fun!", convinced the researcher even more that the finger painting session was a success.

The researcher felt that the final session where clay work was used, was just as successful as the finger painting session. Displaying yet again her sensory seeking pattern of behaviour, Cate eagerly took hold of the clay and smelled it. Relating the smell to that of banana splits sparked a whole discussion about this delectable topic. Displaying her amazing imaginative abilities, Cate built two creative scenes out of the clay, the first being that of a mermaid and her castle, and the second some bees and birds who lived in the trees. Both scenes showed a slight tendency towards projection as well as generalization to Cate's own life, with comments such as Lucy the mermaid's parents loving her very much and "never giving her hidings", and the bees wanting to sting the birds as a result of their jealousy over the bird's juicy apples. Not only was Cate able to verbally explain her clay scenes, but she was highly capable of acting the scenes

out as well. Displaying an obvious fondness towards the bright yellow banana split reminder, Cate made it quite apparent that she was able to use the clay as a medium of expression.

To summarise: Cate made extensive use of every opportunity afforded her to either express herself or to provide a detailed description as to how she was feeling. Although she appeared to enjoy most of the exercises carried out throughout the six sessions, she was not afraid to admit when she felt slightly uncomfortable or uneasy. The sensory exercises seemed to the researcher to have aided the process of expression and to have brought to awareness whatever was on Cate's foreground at that specific moment. Through the empathic and contact-filled relationship between researcher and child, these areas were explored in a safe, non-threatening environment.

4.1.2 Jessica:

Jessica's mother provided a descriptive portrayal of her and her family's experience of autism, describing it rather as a privilege than something that burdened their life. Jessica's mother explained basically what a typical day entails when it comes to Jessica. Although not always a smooth road, with Jessica's mother admitting that sometimes it "drive's her nuts", she manages to see the positive side to their experience, saying that they would never have embarked on the journey and met all the wonderful people they had if it was not for Jessica.

With a rather detailed explanation of Jessica's sensory sensitivities as well as the ways she copes with them, the researcher felt ready and eager to commence with the sensory sessions with Jessica.

Upon meeting Jessica, the researcher found her to be extremely confident, vibrant and energetic. Not shy, Jessica could keep a conversation going for quite some time, and with her uniquely "cool" vocabulary, Jessica always provided the

researcher with a comical description of her experiences. The accompanying body language that Jessica used to help describe how she was feeling, although somewhat dramatic, was always welcomed by the researcher as it painted a clearer picture of what Jessica was going through.

The researcher had her first taste of Jessica's vivid and dramatic explanations during the initial tactile session. Feeling the sandpaper that was placed in front of her, with an extremely serious look on her face Jessica described that the feeling of the sandpaper gave her a frightened feeling inside her body. This was followed by an animated portrayal of exactly where it felt frightening and what it was doing to her inside, followed by a simple "*It is bad*". Jessica displayed her ability to link a tactile experience to an emotion early on in the experiment by providing a wonderful description of how the sandpaper made her feel.

Jessica was able to link touch to a feeling yet again during the tactile exercise when she described the rubber ball by gripping her chest and saying "*It feels cross*" and "*very angry*". She admitted to not enjoying the feeling of the ball in her hands since it was too hard, but that it would be good to get "*bad feelings out*" when "*your heart is broken and you want to take the pain out*".

Although Jessica showed no real aversion towards any of the items used during the tactile exercise, she was able to verbally explain those items that she was partial towards and those that made her feel slightly uncomfortable, using very descriptive language.

The importance of the therapeutic relationship became evident during the session involving smell, where there needed to be substantial trust on Jessica's part. Although she provided interesting descriptions for most of the items, the most intriguing for the researcher was Jessica's emotional link with the smell of the vanilla and honey oil. The researcher was not too surprised when Jessica initially said "*I just love it in my heart*", but then realized how privileged she was

when Jessica began to describe in detail, her memories of her late grandmother and the special times they had spent together. It was incredible for the researcher to witness Jessica's ability to put into words how she felt and how she missed those special times.

The various tastes that were experimented with, together with Jessica's descriptive explanations, opened many doors to experiment with emotion during the fifth session. Jessica was by no means shy to show the researcher exactly how she felt regarding a certain taste and the researcher made use of the opportunity to investigate further.

The incident with the porridge shows exactly how easy it was for Jessica to generalize her experience to something that had occurred in her life. The horrific taste, which she openly described as "*disgusting*", and "*weird like in terrible, very horrible, angry*", was immediately linked to something that was obviously on her foreground - her sister. She described the taste as "*evil and bad and disgusting*", associating her teasing younger sister with these feelings. The following, more pleasant taste, was also associated with a family member, her baby sister. In a comical manner, Jessica depicted all the cute things that her baby sister got up to, and explained that the feeling the jelly gave her inside, reminded her of these things. Jessica provided yet another vivid description of the taste and feeling that the toothpaste gave her. Using words such as "*breaking my heart and blood pouring out of my soul*", Jessica associated these feelings with an experience she has had when her father had disciplined her. Clearly quite worked up by the situation, Jessica furiously described an incident that she felt was unfair treatment.

The final tasting item brought on a surprising response. The necessity of a good therapeutic relationship was once again illustrated when Jessica associated the taste and feeling of the chewy sweet with her experience of autism. Jessica explained that as a result of her "*problem*", she would never be able to take care

of herself or her family and that she won't know how to cook. She openly admitted to feeling terrible inside as the researcher and Jessica spoke some more about how she felt. Reading Jessica's body language, the researcher was very careful not to push Jessica to talk too much about her obviously distressing experience, and was willing to diverge from the topic. Jessica however, went on to further explain her experience of co-morbid epilepsy. She explained how lucky she is to still be alive and that *"luckily after so many seizures, I didn't get killed"*. Although the session seemed to be more of an emotional experience for the researcher than for Jessica, she was able to provide the researcher with an amazing depiction of what goes through her mind when she thinks of Autism. The researcher felt exceptionally honored to have been able to gain such an intimate insight to Jessica's feelings.

Jessica took very well to the idea of finger painting and immediately began getting dirty as she fully enjoyed the exercise. Showing no hesitation, it was not long before Jessica was covered in paint up to her elbows. Talking continuously while she was painting and mixing colours, Jessica demonstrated her approval of the exercise with comments such as *"This is cool"*. Jessica filled two large pages with pictures and handprints, and although she did not show any signs of a projection, she definitely accepted the medium as a wonderful form of expression.

Jessica also took a great liking to clay as a medium of expression. Although understandably somewhat distracted by the fact that it was her birthday, Jessica still managed to keep her attention on the session. Both Jessica and the researcher staged a conversation between two clay figurines, illustrating to the researcher that Jessica is indeed capable of imaginative play. Verbally accepting the clay, Jessica provided some opportunity for projection as she built a few more items with the clay. There is no doubt in the researcher's mind that Jessica would be fully able to make use of both the clay and the finger paints as a means of projection and expression.

The researcher was initially quite taken aback by Jessica's somewhat dramatic overture, but soon looked forward to her rather comical and animated descriptions of her emotions and experiences. Each and every session with Jessica was an enjoyable one, and every time the researcher learnt some more about Jessica's ability to fantasize, imagine and express her emotions. The researcher found that the sensory experiences provided to Jessica allowed her the opportunity to discover inside of herself exactly how she felt about certain life experiences and to communicate the emotions and feelings related to the incident.

4.1.3 Kevin:

From the beginning the researcher could tell, that working with Kevin would be somewhat different from that with Cate and Jessica. The description obtained from Kevin's mother regarding their experience of Autism seemed to be loaded with hardship and difficulty but the researcher nevertheless looked forward to working with Kevin at a sensory level.

Although Kevin was not as talkative as the two girls, he did display interest in what was to happen during the sessions and seemed comfortable, though not quite excited about coming back for further sessions.

The researcher found Kevin to be very reserved most of the time, making use of one-word responses to describe how he felt. Kevin also displayed far more distinct sensory sensitivities than the other two participants, and seemed for the most part to be sensory avoidant. When provided with items during the tactile exercise, he moved quickly from one item to the next showing little and sometimes no response to how it felt. Kevin did however provide an inkling of a description when he said that the popcorn was "*calming*" to feel. Kevin was by no means afraid of showing discomfort when he felt it. His body language as

well as his verbal resistance often made it quite clear that he was not partial to an object or sensation. This was the case with most of the tactile objects with little explanation as to why he was not fond of them, or how they made him feel.

The researcher had cherished the hope that Kevin might be more expressive during the next session. This indeed seemed to be the case when Kevin provided more cues as to his feelings via his nonverbal body language. Not using words to describe how the objects smelled, the researcher took it upon herself to make use of his body language in order to possibly understand what Kevin was experiencing. For example the big smiles that Kevin displayed as he applied sunscreen to his face and repeatedly smelt it, was a sure sign that he could tolerate the object. Sometimes Kevin would distinctly display his dislike towards an item distinctly by flapping his arms to make the smell go away. At other times he would show no outward sign of disliking the object, but would adamantly ask to move on to the next item. Although Kevin rarely verbalized how a smell made him feel, he did use the vinegar as an opportunity for some comical acting. Explaining that vinegar is used to cure hiccups, he promptly pretended to have them, being miraculously cured after a pretended sip of the substance. Kevin associated two of the smells with an emotion, both of which were *“happy”*. The first was the smell of the oils, and the second the cinnamon. There was however no visible sign or further explanation of these emotions.

Kevin seemed surprisingly excited about the tasting exercise, although his verbal responses did not always match up to his nonverbal body language. This became evident when Kevin tasted the porridge. Although he described the taste as *“nice”*, his immediate frozen stature and sudden swallowing of the substance suggested otherwise. Another contradictory response followed when Kevin tasted the toothpaste. With his responses of *“nice”*, *“ow!”* and *“ah, it tastes nice”*, all accompanying a distasteful grimace, Kevin grabbed the glass of water to extinguish what he described as *“the wrong taste”*. Much to the researcher’s disappointment, none of these seemingly useful reactions was accompanied by

any emotional connotation. The only sign of a possible projection came when Kevin described how the sour sweet made him feel nice in his heart, like when he sleeps at night. Kevin went on to mention to the researcher the difficulties of his day at school and how hard he works. Kevin provided the researcher with some conversation material, which proceeded into a discussion about friends, school and how he felt about being in the hostel. Although the session primarily focussed on taste, none of the other senses were ignored. Kevin provided yet another interesting tactile response when he appeared willing to taste the noodles, but was dead set against touching them. This incident clarified that children with Asperger's Syndrome are highly unpredictable in their sensory aversions.

Kevin's response towards the finger paints proved yet again to be rather challenging. Kevin's blatant resistance to the exercise, followed by feeble excuses as to why he would not participate, gave the researcher little hope for the success of the day's session. However, to the researcher's surprise, the power of the therapeutic relationship proved itself yet again. Remaining true to the Gestalt process by staying with the child, resulted in an almost instantaneous breakthrough. Not only did Kevin begin painting with his fingers, but he even provided the researcher with some notable responses thereto. The researcher is convinced that it was the power of the therapeutic relationship that eventually led to what ended up being an amazing session. The researcher made every effort to acknowledge Kevin's body language and verbal comments. What followed, was a projection from Kevin, in which he painted an aeroplane. This led to a detailed discussion thereof, and even the recognition on Kevin's part of enjoying the painting exercise. In the end Kevin mentioned that the paints felt nice and that the exercise made him feel calm.

There was no doubt in the researcher's mind that Kevin would offer some resistance towards the session involving clay work. Showing clearly by his body language that he was in no way interested in even touching the clay, the

researcher decided to try a different approach. Rather than pleading with Kevin to participate, the researcher decided to try and appeal to his obvious interest in aeroplanes. While Kevin lay on his arms displaying obvious lack of interest, the researcher began her attempt at building an aeroplane. The realization of what was taking place, sparked what ended up being a very special session. Kevin immediately became excited about the researcher's clay figure, and began building on and helping to make all the necessary parts. In the end the researcher's attempt at an aeroplane was a success and Kevin adopted it, making the necessary "professional" changes. Kevin used the plane in his projection, which led to a conversation between researcher and child.

4.1.4 Psychologist no.1:

The researcher found that the opinions of the school psychologist regarding the proposed research were of immense value. Her somewhat specific outlook seemed to tie in with exactly with what the researcher had intended for the research. She placed emphasis and value on the role of Gestalt therapy that is "free and nondirective". The psychologist went on to explain the value that sensory work has in working with these children, since it provides a concrete but non-threatening medium of expression. Placing emphasis on the value thereof during therapy, rather than sensory desensitization, the psychologist describes sensory techniques as a great bridge to working with these children on an emotional level.

4.1.5 Psychologist no.2

The opinion received from the independent clinical psychologist was highly appropriate as it came from a Gestalt perspective. The value of play therapy was clear to the researcher, again, with the emphasis on nondirective play therapy. The psychologist, who stated that this relationship would open all the doors for play therapy, accentuated the importance of a stable relationship. The value which sensory work might have for autistic children was also made clear, namely

that it provides the child with a comfortable opportunity to express emotions and nurture himself.

4.2 Literature control:

It should be noted that the researcher made every effort to obtain as much literature regarding the topic as possible. The existence of such literature, however, is sparse.

So many various issues of interest arose throughout the research study, the most prominent of these being the issue of sensory sensitivities. All three children, each in a unique way, showed some form of sensory sensitivity. With each of the senses that were explored, the children offered varying responses to the stimuli, with absolutely no predictability or consistency shown. With responses ranging from hypersensitivity and clear signs of discomfort, to hyposensitivity with no real response at all, the children's reactions toward the various activities always proved to be interesting and noteworthy.

Significant research has been conducted concerning the subject of children with autism and Asperger's Syndrome and their abnormal perceptual responses. Baranek (1999:213) describes a variety of early developmental features in autistic children, one of these defining factors being the child's hypo- and hyperresponsiveness to sensory stimuli, involving a variety of sensory seeking behaviours. Dunn, Smith Myles and Orr (2002:97) state that a study of children with AS displayed a range of hypo- and hypersensitivities to taste, tactile and auditory stimuli. Dawson and Watling (2000:415) show support of this statement with their comment that the prevalence of sensory processing abnormalities in autism is relatively high. The possibility of the existence of two groups of sensory responders is highlighted when Dawson and Watling (2000:415) also report the presence of hypo- and hyperresponsiveness to sensory input. The statements made by numerous researchers concur with the findings of the researcher. Cate,

for example, showed no sign of tactile resistance to any of the items during the second session. Jessica, on the other hand, verbalized her aversion towards certain tactile objects, such as the sandpaper and the wetness of the water balloon. Jessica also explained how she enjoyed the feeling of the popcorn and slimy goo, to which Kevin had a total aversion. Kevin also enjoyed the way the popcorn felt in his hand, but was not fond of the flour. The session involving smells also provided mixed responses from all the respondents. Although Cate and Kevin were fond of the smell of the sun screen, Jessica was not. She did not enjoy the smell of the spices either, nor did Kevin, whereas Cate enjoyed it very much. Fairly similar responses to the Jik were obtained from each child, all of which showed a definite dislike of the substance. Both Cate and Jessica were keen to use the clay and finger paints, whereas Kevin showed some resistance to both substances. When it came to tasting, mixed responses were noted yet again. Although all three children showed total aversion towards the porridge and the toothpaste, each of the other tastes were experienced differently by each child.

In a study based solely on the sensory processing issues of Asperger's children, Dunn and Saiter (2002:173) state that a unique range of hypo- and hypersensitivities to taste, tactile and auditory stimuli has been shown to interfere with children's daily life. Children who are sensory seeking are described by Dunn and Saiter (2002:177) as taking pleasure in sensory experiences and also generating additional sensory input for themselves. Sensation avoidant children on the other hand, are rule bound, ritual driven and uncooperative, and they engage in behaviours that limit the sensory input they have to deal with (Dunn & Saiter, 2002:178). Behaviours somewhat similar to this description were often characteristic of Kevin's sensory sessions. It is, however, also possible that a child can be both sensory seeking and sensory avoidant as was seen in the case of both Cate and Jessica.

In another study conducted by Baranek (2002:398), a literature review of sensory and motor development in autistic children was carried out. It was found that unusual sensory-perceptual features appear to manifest early in the development of children with autism. Interviews with parents of each participant revealed that this was in fact true, and that each child showed signs of abnormal sensory-perceptual development. Unusual sensory responses ranging from hypo- and hyperresponsiveness, preoccupation with sensory features of objects, as well as perceptual distortions and paradoxical responses to certain sensory stimuli were reported in up to 88% of older children with autism. As the researcher noted in her study, the literature supports the finding that both hypo- and hyperresponses can be evident in the same child, a phenomenon which is thought to reflect poor sensory integration and arousal modulation in the child's central nervous system (Baranek, 2002:398-399). Dunn and Saiter (2002:178) explain that "*it is important to remember that children do not have a single sensory processing pattern*", but rather several patterns in their repertoires. They go on to explain that a child might be sensation avoidant for one stimulus, but sensation seeking towards another. This was evident in the study where each child showed uniquely different sensory seeking and sensory avoidant behaviour. Each and every response to stimuli that the child provided, was unique and unpredictable.

In a personal account of her experiences with visual thinking, sensory problems and communication difficulties, Grandin (2000:1-9) describes in detail a number of her personal experiences of senses. Thought of Cate's mother's description of Cate's fear of dogs occurred when Grandin (2000:2) mentions her own fear of dogs. She explains that dogs are unpredictable and can make hurtful noises without warning. She goes on to describe how small itches and scratches were torture to her, which reminded the researcher of Jessica's strict clothing regime as a result of similar tactile sensitivities. In another personal account of autism, Shore (2001:294) explains that part of the reason for the difficulties people with Asperger's Syndrome experience in adjusting to their environment, stems from sensory distortions. He explains that since their senses fail to provide them with

accurate data, many people with AS tend to manipulate their environment in an effort to make it more comfortable and stable. The researcher believes that for that very reason the play therapy setting may provide these children with a safe environment in which to experiment with this sort of behaviour so as to be able to live a more fulfilling life.

In a feature article presented by Stagnitti, Raison and Ryan (1999:180) and focusing on Sensory Defensiveness Syndrome, Asperger's Syndrome is described as a higher functioning form of autism spectrum disorder that is associated with children who react to sensory input in an unusual way and who have weak integration of social, emotional and communicative behaviour. Stagnitti et al. (1999:177) also explain the shocking truth behind the impact these sensory issues can have on the child. Emphasis is placed on the emotional difficulties that may result from the sensory defensiveness and the fact that these children are believed to develop emotional difficulties later on in life. It is stressed that if ignored, it could have a negative impact on all aspects of everyday life and lead to the child avoiding certain situations and becoming emotionally maladjusted

This brings to mind the difficulties that children with Asperger's Syndrome have in expressing their emotions. Research shows that children with Asperger's Syndrome do indeed experience challenges with regard to emotional regulation, recognition and expression. A possible illustration of this is the statement by Jessica's mother, that Jessica becomes extremely frustrated by things such as a hair in her face. Not being able to regulate and express her emotions appropriately, Jessica screams and cries from the irritation. She responds in a similar manner to certain sounds. There is a common misconception that children with AS completely lack the ability to care for others. Attwood (1998:56) explains that it is more likely that these children are confused by the emotions of others, or have difficulty expressing themselves. Attwood further explains that over and above their problems experienced with understanding the emotional

expression of others, the child's own emotional expression is unusual and they lack subtleness and accuracy. Jessica was indeed able to illustrate this unusual manner of expression, by her extremely animated and sometimes exaggerated descriptions of emotions. According to Attwood (1998:57), "*older children with Asperger's Syndrome can express simple feelings (such as Kevin's one-word responses to most situations), but have a particular difficulty with defining and expressing more complex emotions such as embarrassment and pride*". The untruthfulness of the belief that children with AS are emotionally cold, is emphasized by Gillberg (2002:41) who states that most individuals with AS have strong feelings. Gillberg (2002:42) argues that the problem actually lies in the child's failure to express, or his unusual ways of showing emotions. In this case, however, the researcher had the opportunity to experience a number of expressive situations where the participants in this study had the opportunity to talk about and express certain emotions that they were feeling. Although Kevin did not make use of greatly expressive language, the researcher still feels that when the opportunity arose, he was able to express himself in what he felt was an appropriate manner. The situation where Kevin was very resistant towards playing with the clay offers a clear example. It was in fact not his resistance towards the clay that was hampering the session, but rather his anxiousness and excitement about Jessica's party. The safe setting provided to him, allowed him to open up and explain what was on his mind. Cate also displayed an ability to express her emotions when provided with the appropriate setting. She was able to explain in detail how it made her feel when she had to go for lunch at her brother's school, using words such as guilt to explain her emotions. She was also able to share with the researcher how sad it made her feel when she was not included in the games at the beach. As was seen on numerous occasions, Jessica had no difficulty when it came to expressing her emotions in the playroom. When the opportunity presented itself, Jessica openly and eagerly described her feelings and how they affected her. For example: her animated description of how her little sister annoyed her, or her very moving description of her experience of autism. It was quite clear to the researcher that when the

opening presented itself, Jessica was indeed able to put her feelings into words and express them. Hobson (1993:63) found evidence that these children are relatively unengaged in a one-to-one interpersonal-affective transaction as well as in another person's emotional attitudes towards objects and events in the world. It is believed that to perceive emotional expressions may entail at least the potential for appropriate forms of emotional responsiveness, and a profound impairment in responsiveness may amount to a profound impairment in the perception of emotion (Hobson, 1993:63). Although the researcher found Kevin to be somewhat unengaged during the sessions, there were instances where he displayed complete engagement. Both Cate and Jessica were also reasonably engaged during the sessions and always showed an eagerness to participate. The researcher believes that the comfortable setting that was created, along with the concrete (as the school psychologist put it), medium of expression (sensory substances) that was provided, afforded the children the opportunity to connect their emotions with something tangible and express these emotions in a nonthreatening environment.

Laurent and Rubin (2004:286) state that there is all too often a mismatch for children and adolescents with AS. They are frequently misperceived as having wilful or defiant behaviour problems at home or in the classroom (such as Jessica's inappropriate screaming when she cannot handle a situation, or Cate's behaviour regarding food that could be seen as naughty or defiant). This is, however, not the case. Such behaviour is rather due as previous research has shown, to the presence of poor emotional regulation. Laurent and Rubin (2004:287) explain that this emotional dysregulation has a significant impact on the child's ability to engage in mutually satisfying relationships and extended interactions, and to cope with changing situations or to participate in group social activities. Jessica and Cate, therefore, resort to their own means of expressing how they feel, rather than being able to communicate these emotions to others verbally (words). Safran, Safran and Ellis (2003:155) explain that associated features of Asperger's Syndrome include motor clumsiness, overactivity,

inattention and emotional problems such as depression. It is therefore vital to recognize the impact of these emotional regulatory capacities in order to provide support and competence within social settings. The researcher believes that Gestalt Play Therapy could indeed provide some support in such situations. It has been demonstrated that the caring setting provided to the child during the sessions, afforded them the opportunity to work through some of the emotions that they were keeping inside themselves. Caregivers and educators should form the backbone in supporting the child's abilities by being responsive to early signs of emotional dysregulation. Play therapy, with the use of mediums such as sensory stimulants, could indeed contribute towards the support that these children require. Adults may also guide the child in expanding their range of self-regulatory abilities by doing the following (Laurent & Rubin, 2004:288):

- Tolerating a range of social and sensory experiences
- Using early developing strategies to regulate arousal
- Using language strategies to guide behaviour
- Using metacognitive strategies to plan and complete activities.

All of these guidelines could be incorporated into a play therapy session with these children so as to help them cope in a more appropriate manner with the challenges that life presents.

It is when children have not yet developed these self-regulatory skills that emotional dysregulation occurs and children appear stressed or withdrawn and may experience difficulties in adapting to new situations and the presence of immature regulatory behaviours (Laurent & Rubin, 2004:289). Therefore, Gestalt Play Therapy could play an important role in the regulation of these unnecessary and unpleasant affective states.

The difficulties with emotional recognition, regulation and expression that children with AS experience, together with the obvious sensory-perceptual impediments shed a whole new light on the value which Gestalt Play Therapy might have as

intervention for these children. Safran, Safran and Ellis (2003:154), Baranek (1999:213), Dawson and Watling (2000:415), Rogers, Hepburn and Wehner (2003:631), and Josefi and Ryan (2004:533) are all in agreement with regard to the lack of significant empirical and qualitative research regarding understanding of and intervention for Asperger's Syndrome children.

Although the children in the current study showed clear signs of abnormal sensory responses, they were not completely unable to talk about and express their emotions as Jessica clearly demonstrated. In fact, the researcher noted that the children's sensory likes and dislikes could actually be used as a bridge to the expression of emotions. Due to the fact that the children were experiencing their hypo- or hyper responses towards their senses first hand, the opportunity to explore the feelings surrounding these experiences was provided and explored by the researcher. The researcher was often able to prompt the child to associate these feelings with a personal experience, demonstrating the value that this concrete method of expression might have in working with AS children. Through this research study, the researcher became aware that the children did indeed possess the ability to express emotion despite much contradictory research. Cate was able to link the experience of tasting noodles with her experience at her brother's school. Kevin was able to link the taste and texture of a sweet to how school and homework made him feel. Jessica was able to link the taste of the toothpaste to, among other things, a bad experience with her father. Which brings to the front the subject of Gestalt Play Therapy. The researcher is of the opinion that the success behind the ability of these children to express their emotions probably lies in the value of the therapeutic relationship. The safe haven and acceptance provided by the researcher, together with the contact-filled relationship between the child and the researcher, surely have had a positive effect on the outcomes of the sessions. Landreth (2002:174-175) provides a detailed description as to the objectives of the relationship in nondirective play therapy:

- **To establish an atmosphere of safety for the child.** Through developing a relationship, the child feels safe. A feeling of safety is also promoted by the consistency of the therapist.
- **To understand and accept the child's world.** This can only be achieved by being genuinely interested in whatever the child chooses to do in the playroom. Acceptance also means being patient as to the pace of the child's exploration. One has to relinquish adult reality and see things from the child's perspective.
- **To encourage the expression of the child's emotional world.** Play materials are secondary to the expression of feelings by the child. In play therapy there is an absence of evaluation of feelings, and whatever the child feels is accepted without judgment.
- **To establish a feeling of permissiveness.** It is important that the child feels the sense of freedom in the playroom. By allowing the child to make choices, a feeling of permissiveness is created.
- **To facilitate decision-making by the child.** This is achieved when the therapist refrains from being an answer source. By providing the opportunity to choose what to play with, how to play with it and how a situation will turn out, creates decision-making opportunities. This in turn promotes self-responsibility.
- **To provide the child with an opportunity to assume responsibility and to develop a feeling of control.** Although actually being in control is not always possible, it is important that the child *feels* in control. Children are responsible for what they do for themselves in the playroom and the child should not be deprived of this sense of responsibility. The feeling of being in control helps children to develop positive self-esteem.

All of these vital aspects of a contactful relationship were present during the sessions with Cate, Kevin and Jessica. An atmosphere of safety had to be

established so that the children could feel comfortable enough to return to the playroom for the next session. Acceptance of the child's world was essential, since all aspects of an Asperger's child had to be considered, accepted and tolerated. Each of the children had their own unique manner, which the researcher had to become aware of and adapt to. Emotional expression was encouraged to a level that the researcher felt was acceptable with regard to the agreement made with the school principal. For the purpose of this study, the level of emotional expression was sufficient, although the researcher feels that there was a definite chance of deeper and more detailed expression. A feeling of permissiveness was established from day one with each of the children. They were allowed to decide if they wanted to participate in an activity or not. Through this permissive environment that was created, the researcher feels that a lot more was achieved than if the children were coerced into participation (such as Kevin, who did not want to participate, yet decided in his own time to partake in the activities at a certain stage). Both decision-making and taking responsibility was encouraged during the sessions, and the children were all given numerous opportunities to decide what they felt like doing. Be it whether they would like to smell or taste something once again, or whether they would like to talk about their feelings, there was always the opportunity for the development of their feeling in control.

The researcher is convinced that Gestalt Play Therapy has a vital role to play in the process of intervention with AS children and their expression of emotions. Attwood (1998:57) describes a number of strategies that he regards as effective in helping children with AS to understand and express emotions. Many of these strategies are closely related to techniques and methods employed during a play therapy session. Gestalt Play Therapy employs an abundance of sensory oriented techniques and methods within its repertoire. Schoeman and van der Merwe (1996:43, 45-47) propose mediums such as sand, clay, drawing, music, various aromas, and various tastes to stimulate the child's senses. It is for this

reason that the researcher had great interest in exploring the detailed reaction of an Asperger's child to Gestalt Play Therapy.

Attwood (1998:58) explains that the concept extends to drawing, choice of colours, music, etcetera, all of which are methods used to express emotions in Gestalt Play Therapy. The use of both clay and finger paints proved to be viable means of expression with the children who participated in the study, as it provided opportunities for conversation and projection. Attwood (1998:59-62) also explains the value of using games such as "feeling hats", and story books, as well as visual activities such as measuring the degree of a specific emotion by means of gauges or barometers. Attwood (1998:62) goes on to mention that this gauge technique is also useful in encouraging the child to express other feelings such as pain or discomfort. It is common knowledge that normal children find it difficult to self-disclose and talk about their inner feelings, making the medium of play a much more logical means of expression. This also applies to children with AS, as Attwood (1998:63) explains that these children may clearly be distraught over something, but do not have the ability or words to explain their feelings. This is where the value of yet another play therapy technique is demonstrated when Attwood states: "*Although there can be a problem with talking about one's feelings, there is often an eloquence that is quite remarkable in written or typed form, such as a diary, letter, poetry or autobiography*", all of which may be employed during Gestalt Play Therapy. Jones (2002:77), when discussing how to teach pupils with Asperger's Syndrome to recognise emotions in themselves and others, also depicts the value of allowing the children to create books in which they can illustrate their emotions, as well as the use of thermometer-like scales to indicate the intensity of their emotions. The researcher believes that a gauge-like thermometer could indeed have been employed in the course of the sessions conducted for this study, especially in the case of Kevin who did not provide a very clear idea of the intensity of his emotions. Unlike Jessica who could verbalise exactly how strongly she felt about something, Kevin made use of very little verbalisation and therefore the gauge could definitely have helped describe

how strongly he felt. Schopler, Mesibov and Kuncze (1998:254), agree with these and suchlike methods of expression when they state: *“It can be helpful to teach students coping strategies such as putting their distress in writing, using relaxation techniques, or taking a walk”*.

The use of Child-Centered and nondirective play therapy as a viable treatment for autism is on the rise. Josefi and Ryan (2004:534) state that the therapeutic conditions of unconditional positive regard, empathy and congruence, provided by nondirective play therapy, point to the possibility that this form of intervention may enable children to gain socially and emotionally. The researcher feels that this statement is indeed significant. By providing the children with an environment of unconditional positive regard and empathy in this research, they were given the opportunity to play and express their emotions in an appropriate manner at the appropriate time and place. The therapist’s use of empathy to enter the child’s unique inner world, targets the areas of development in which children with autism have serious deficits (Josefi & Ryan, 2004:534). Landreth (2002:176-178) describes the process of making contact with the child. Building of the relationship depends completely on the therapist’s sensitivity to the child’s experiencing at that moment. Making contact means that the therapist responds to the child with gentleness, kindness and softness. The therapist is able to enter the child’s world through a process of accepting the child’s attitudes, feelings, and thoughts. Only once contact with the child is achieved in this manner, can a trusting relationship begin to develop. Josefi and Ryan (2004:545) found in their study, suggestions that nondirective play therapy offers the right conditions for children with autism to form therapeutic relationships. They believe that nondirective play therapy provides children with autism with (1) emotional security and relaxation, (2) an enhanced and attentive adult environment in which playing together is emphasized, and (3) the acceptance by therapists of the child’s ability to instigate therapeutic change for themselves under favourable conditions. Their final statement reads: *“More research is needed urgently to*

explore the possible benefits that nondirective play therapy can offer to other children on the autistic spectrum” (Josefi & Ryan, 2004:549).

In another study regarding the intervention approaches for Asperger Syndrome, strategies involving academics, behaviour and communication are discussed (Safran et al., 2003:157-162). Under the academics section, the researcher found some literature that relates directly to some of Kevin’s sessions. It has been noted that if a therapist is able to accommodate a child’s special interest to some reasonable degree, strengthening of the child is possible (Safran et al., 2003:157). The researcher attempted this sort of behaviour when it seemed that Kevin was in no way interested in participating in the session. Rather than forcing the situation, the researcher began to make use of Kevin’s special interest in aeroplanes. Almost instantly he wanted to be involved, and from that moment on he was in control of the session and played out various scenes. Anecdotal evidence suggests that games that make use of special interests can be used effectively as reinforcement or as reward activities or to stimulate conversation (Safran et al., 2003:157). This provides the child with a safe and supportive environment, and the therapist should strive towards teaching the child to use these special interest skills.

Under the behaviour section, the “rage cycle” is described as the attempt by an individual with AS to navigate the social world, balance academic tasks, process sensory information and cope with a confusing environment, resulting in extreme levels of stress and frustration. The value and importance of a trusting relationship is emphasised as a possible crisis solution (Safran et al., 2003:159-160).

4.3 Conclusion

Bearing in mind this study’s aim (to provide a detailed description of the process that occurred during Gestalt Play Therapy sessions with AS children) and

objectives (to provide a detailed literature study, as well as a description and analysis of the therapy sessions and interviews), the researcher believes that much has been achieved. Each and every session provided the researcher with priceless data that was carefully reviewed, resulting in detailed notes comprising the findings thereof. Although not always positive, the children provided interesting and noteworthy responses to the Gestalt sensory sessions that were carried out. Much to the astonishment of the researcher, the children were indeed able to associate their bodily experiences with particular emotions, in this way prompting the children to tell of memories related to these emotions.

Although the researcher has found some literature to support the various aspects and technicalities that comprise the use of Gestalt Play Therapy as intervention for the emotional expression of children with Asperger's Syndrome, no research has been carried out with specific regard to the topic of this study. The researcher is of the opinion that the use of sensory modalities could indeed form the link that is needed to provide that concrete bridge to aid a child with AS towards emotional expression, and sincerely hopes that this piece of research will spark an interest in others who are as passionate about play therapy as about helping children suffering from behavioural and emotional dysregulation. More research is essential. The possibilities are endless, and the power of a relationship unimaginable. The researcher expresses the fervent hope that the opportunities afforded to therapists will be fully utilized in therapeutic practice to help and guide children around us to a more fulfilling and satisfactory life.

Appendix 1

Diagnostic Criteria

Table 1: Diagnostic Criteria for Asperger's Syndrome from Gillberg and Gilberg (1989)

1. ***Social Impairment*** (extreme egocentricity)
(at least in two of the following):
 - (a) Inability to interact with peers
 - (b) Lack of desire to interact with peers
 - (c) Lack of appreciation of social cues
 - (d) Socially and emotionally inappropriate behaviour

2. ***Narrow interest***
(at least one of the following):
 - (a) Exclusion of other activities
 - (b) Repetitive adherence
 - (c) More rote than meaning

3. ***Repetitive routines***
(at least one of the following):
 - (a) On self, in aspects of life
 - (b) On others

4. ***Speech and language peculiarities***
(at least three of the following):
 - (a) Delayed development
 - (b) Superficially perfect expressive language
 - (c) Formal pedantic language
 - (d) Odd prosody, peculiar voice characteristics
 - (e) Impairment in comprehension including misinterpretations of literal/implied meanings

5. ***Nonverbal communication problems***

(at least one of the following):

- (a) Limited use of gestures
- (b) Clumsy/gauche body language
- (c) Limited facial expression
- (d) Inappropriate expression
- (e) Peculiar stiff gaze

6. ***Motor clumsiness***

Poor performance on neuro-developmental examination

Appendix 2

Table 2: Diagnostic criteria for Asperger's Syndrome from Szatmari, Bremner and Nagy (1989)

1. ***Solitary***
(at least two of the following):
No close friends
Avoids others
No interest in making friends
A loner

2. ***Impaired social interaction***
(at least one of the following):
Approaches others only to have own needs met
A clumsy social approach
One-sided responses to peers
Difficulty sensing feelings of others
Detached from feelings of others

3. ***Impaired non verbal communication***
(at least one of the following):
Limited facial expression
Unable to read emotion from facial expression of child
Unable to give message with the eyes
Does not look at others
Does not use hands to express oneself
Gestures are large and clumsy
Comes too close to others

4. ***Odd speech***
(at least two of the following):
Abnormalities in inflection
Talks too much

Talks too little

Lack of cohesion to conversation

Idiosyncratic use of words

Repetitive patterns of speech

Appendix 3

Table 3: Diagnostic criteria for Asperger's Disorder from DSM IV (1994)

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - (1) Marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - (2) Failure to develop peer relationships appropriate to developmental level
 - (3) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. by a lack of showing, bringing or pointing out objects of interest to other people)
 - (4) Lack of social or emotional reciprocity

- B. Restricted repetitive and stereotyped patterns of behaviour, interests and activities, as manifested by at least one of the following:
 - (1) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - (2) Apparently inflexible adherence to specific, non-functional routines or rituals
 - (3) Stereotyped and repetitive motor mannerisms (e.g. hand or finger flapping or twisting, or complex whole-body movements)
 - (4) Persistent preoccupation with parts or objects

- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning

- D. There is no clinically significant general delay in language (e.g. single words used by age 2 years, communicative phrases used by age 3 years)

- E. There is not clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than in social interaction), and curiosity about the environment in childhood

- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia

Does start on pg 96

Change due to shift earlier on

Appendix 4

Table 4: Diagnostic Criteria of Asperger's Syndrome from ICD-10 (World Health Organisation, 1993)

- A. There is no clinically significant general delay in spoken or receptive language or cognitive development. Diagnosis requires that single words should have developed by 2 years of age or earlier and that communicative phrases be used by 3 years of age or earlier. Self-help skills, adaptive behaviour, and curiosity about the environment during the first 3 years should be at a level consistent with normal intellectual development. However, motor milestones may be somewhat delayed and motor clumsiness is usual (although not a necessary diagnostic feature). Isolated special skills, often related to abnormal preoccupations, are common, but are not required for diagnosis.
- B. Qualitative abnormalities in reciprocal social interaction are manifest in at least two of the following areas:
- a) Failure adequately to use eye-to-eye gaze, facial expression, body posture, and gesture to regulate social interaction;
 - b) Failure to develop (in a manner appropriate to mental age, and despite ample opportunities) peer relationships that involve a mutual sharing of interests, activities and emotions;
 - c) Lack of socio-emotional reciprocity as shown by an impairment or deviant response to other people's emotions: or lack of modulation of behaviour according to social context: or a weak integration of social, emotional and communicative behaviours:
 - d) Lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g. a lack of showing, bringing, or pointing out to other people objects of interest to the individual)

C. The individual exhibits an unusually intense, circumscribed interest or restricted, repetitive and stereotyped patterns of behaviour, interests, and activities manifest in at least one of the following areas:

- a) An encompassing preoccupation with stereotyped and restricted patterns of interest that are abnormal in content or focus: or one or more interests that are abnormal in their intensity and circumscribed nature though not in the content or focus:
- b) Apparently compulsive adherence to specific, non-functional routines or rituals:
- c) Stereotyped and repetitive motor mannerisms that involve either hand/finger flapping or twisting, or complex whole body movements:
- d) Preoccupation with part-objects or non-functional elements of play materials (such as their colour, the feel of their surface, or the noise/vibration that they generate);

However it would be less usual for these to include either motor mannerisms or preoccupations with part-objects or non functional elements of play materials.

D. The disorder is not attributable to the other varieties of Pervasive Developmental Disorder: Simple Schizophrenia, Schizo-typal Disorder, Obsessive-Compulsive Disorder, Anankastic Personality Disorder, Reactive and Disinhibited Attachment Disorders of Childhood.

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