

CHAPTER 3

METHOD OF INQUIRY

1. INTRODUCTION

The procedure to be followed in conducting this study is introduced in this chapter. In Chapter 1 it was outlined that a case study design was a strategy suited to obtain in-depth information about the phenomenon agency and that gestalt playtherapy was the process of facilitating agency in a pre-school child (Chapter 1: 7 pg. 12-13). The methodology for this study was structured around the aims and objectives which were introduced in Chapter 1 (5.2 pages 10-11).

Sampling criteria are presented, followed by a brief discussion of the participant selection.

The reader is familiarized with the procedures of data-capture, pertaining to three stages:

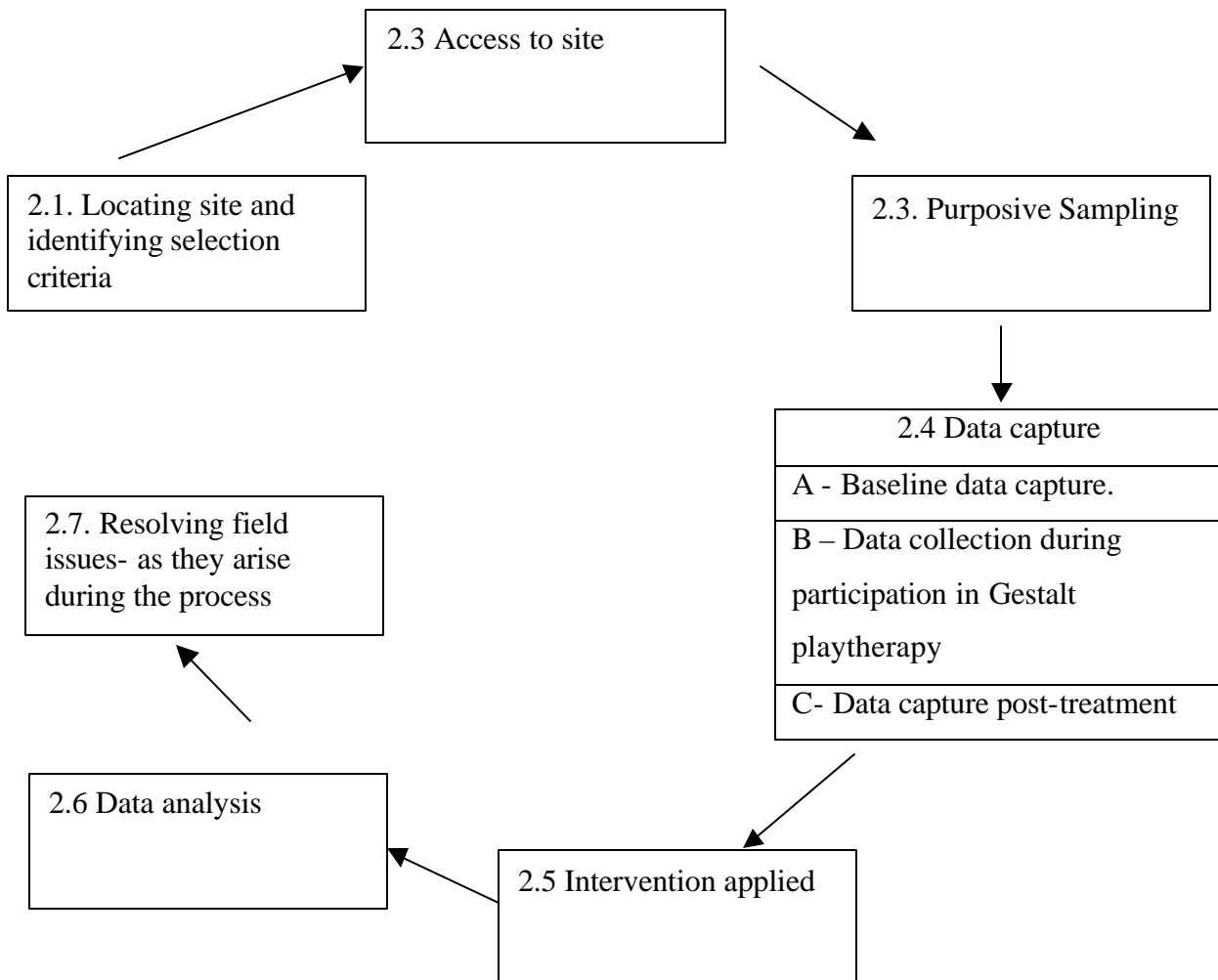
- Identifying baseline agentic responses before introducing the intervention strategies.
- Data capture around the participant's agency during the intervention. The facilitative steps leading to self-discovery and therapeutic enablers of agency were identified and categories were aggregated.
- A post-intervention agentic status of the participant was depicted.

The Gestalt playtherapeutic strategy was introduced as method of intervention followed by a framework for data analysis. Strategies used to ensure trustworthiness and rigour are described.

In this chapter reference is made to field issues as they arose during the study and particular attention is leveled at ethical issues pertaining to the research.

2. THE RESEARCH PROCESS

Research activities that were carried out are summarized by means of the data collection cycle below (Creswell 1998), followed by a brief description of each step.



2.1 LOCATING SITE AND IDENTIFYING SELECTION CRITERIA

The researcher regularly treated preschool children referred by four nursery schools a paediatrician and a psychologist in the Rondebosch area. The participant was to be identified through this customary referral network. These schools and child-specialists were advised about the prospective study.

The study sample was to be comprised of a single child who:

- was in his/her pre-school year
- was referred to the occupational therapist/researcher between April and May 2002 via her regular referral network
- was not receiving any other form of treatment for the duration of the study, to ensure that the behaviours that were studied were not impacted upon by other interventions
- appeared non-engaged and lacking in agency
- was of average intellectual ability to ensure that the child would have the capacity to reach her developmental potential
- was English or Afrikaans speaking to eliminate the cost and the disadvantages of translating transcripts and for ease of reporting on quotes.
- would cope with the video camera in the treatment room and not experience it as overtly intrusive or traumatic
- whose parents agreed to cooperate in the research

2.2 ACCESS TO SITE

Access to the research site was gained by liaising with the teachers who had identified the possible participants, in the period between 1st April and 31st May 2002. School visits were undertaken to observe the potential participants during unstructured freeplay activities. This opportunity was used to identify the participant with the closest match to the selection criteria.

Once the single participant had been identified, a letter was sent to all the parents whose children were in the same group as the participant, to ascertain possible objections to site entry (and to making a video recording in the school of their children). One set of parents, who were Jehovah's witnesses, needed clarification that their child was not to be singled out in any way. The video recordings to be made would not be exposed to the public or utilized for any form of marketing. Their concerns were informed by their religion. After a clarifying discussion this couple agreed that the researcher could enter the site and use a video recorder.

2.3 SELECTING A PARTICIPANT-PURPOSIVE SAMPLING

A total of six possible participants were identified. To protect the children's identities pseudonyms were used. See Table 3 on page 60.

The first observation of Janet at school took place at the stage of participant selection. Janet could not be found. She was drifting around in the bathroom. On her teacher's instruction to join the group outside, she took a scooter and chased after a group of boys on scooters and bikes. They threw their scooters down and ran into the Wendy House. She followed. They all stormed out and when Janet came out, somebody else had taken her scooter. She looked perplexed, evidently unsure what to do. Janet's teacher confirmed this happened a lot. "She does not really grasp what the children's game is all about, she would love to join in, but she does not have a clue how to. Her attempts to join are not always very appropriate because she does not know what they are doing but she is no threat to them. She is a sweet-natured little girl."

On selection via purposive sampling, Janet promised to be a data-rich participant. She proved to be a rich and complex case, whose personal and therapeutic story enabled optimal research process.

2.4 DATA CAPTURE

Before data collection commenced, the research contract was discussed with Janet's parents and they confirmed their commitment to participate.

Throughout the process of research and transcending all the phases, a personal research journal was kept to record experiences, ideas, and uncertainties, breakthroughs and problems that arose from fieldwork. This served to facilitate ongoing reflection. Subjective feelings of the researcher were acknowledged and resolved.

Data capture was conducted in three stages:

2.4.1 STAGE I: ESTABLISHING PARTICIPANT'S BASELINE BEHAVIOUR

In this stage the researcher dealt with the first objective of identifying Janet's baseline agentic status, against which her responses to the facilitative process of the intervention could be related. The assessment-methods applied were standard assessment practices for paediatric occupational therapists and are widely used.

This assessment constituted qualitative and quantitative procedures (multi-method data collection) and was carried out at the researcher's practice, as well as at Janet's school (multi-site data collection).

2.4.1.1 QUALITATIVE MEASURES

- Janet's personal background history was accessed during a semi-structured interview with Janet's parents at the researcher's practice. The format for this interview had been developed and refined by the researcher over the past 18 years of practice (example of interview guide attached in appendix 1).
- An interview was conducted with Janet's teacher to obtain a perspective on Janet's educational performance. This interview followed a semi-structured teacher interview guide and took place at the researcher's practice. The dialogue was captured on

audiotape (for data-evidence) and transcribed verbatim for data analysis (example of interview guide can be viewed in appendix 2). Data collection focused on Janet's educational performance and on her personal and psychosocial functioning at school.

- General observations were recorded in field notes throughout the assessment to promote reflexivity.

2.4.1.2 QUANTITATIVE MEASURES

The occupational therapy assessment included two standardized tests:

- The Developmental Test of Visual Perception second edition 1993 (DTVP-2) Performance components of Visio-spatial perception including fine-motor components, and visio spatial performance excluding a motor component were assessed and measured against standardized age norms.
- The Draw a Person Test 1988 (DAP), which assesses bodyschema and representation of the human figure, measured against standardized norms was conducted.

2.4.1.3 QUALITATIVE AND QUANTITATIVE MEASURES COMBINED

- Clinical Observations¹ relating to Neurological Maturity (revised 2001) were carried out to ascertain developmental aptness in performance tasks depending on sensory motor development.
- Play observation utilizing the Pre-school Play Scale (PPS, 1974), conducting an observational assessment to pronounce participant's behaviour against rubrics of developmentally typical play behaviour through the ages 0-6 years (a copy of the rubrics for five to six year old children under Appendix 3).

Four dimensions of function, expressed through play (space management, material management, imitation and participation) were evaluated. The play-observation was

¹ Clinical observations Compiled by the South African Institute of Sensory Integration 1986 and revised in 2001 are clinical procedures to provide qualitative & quantitative information about posture, quality of movement and sensory-motor behaviour.

conducted and videotaped (data-evidence) and an analysis was carried out afterwards rating Janet's responses viz. a viz. the age rubrics. The Pre-school Play Scale needs to be carried out in a naturalistic setting where play with other children is possible. This assessment was conducted at Janet's school during the customary free-play time.

Observations and findings from all the baseline data sources were synthesized and integrated and captured in a report expressing baseline agentic function.

2.4.2 STAGE II: DATA CAPTURE DURING GESTALT PLAYTHERAPEUTIC INTERVENTION

During this stage of data capture the researcher dealt with the second objective of identifying Janet's agentic responses (inherently given response patterns as well as response patterns triggered through intervention). Simultaneously the researcher dealt with the third objective of denoting therapeutic enabler's of agency, which facilitated self-discoveries and enhanced externalization of agency (↪ Chapter 1:5.2.2 and 5.2.3). Data was collected for the duration of the treatment period to be used for content analysis. The NUD*IST² computer software was utilized to assist in data management and categorical aggregations. It assisted with sorting and organizing information and searching for themes (Creswell, 1998). This form of data management enabled comparisons across the treatment sessions. Repetitive data collection aided the reflective process.

The Gestalt playtherapeutic steps followed the same format in each of the five sessions (↪ Chapter 2 5.3) and Janet's reaction to the facilitative process was analyzed. This process could therefore easily be replicated and thereby enhanced trustworthiness.

Krefting (1991) proposes to ensure credibility in qualitative research by adhering to different sources of data capture and different methods of recording thereof. The following strategies were employed to capture and record information:

² NUD*IST stand for non numerical unstructured data indexing searching and theorizing; Richards & Richards 1994)

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- Fieldnotes were kept of what had occurred and what had been observed during intervention. This information was used to guide planning for the next session and was consulted when compiling the more in depth reflective journal.
 - Each treatment session was captured on videotape for data evidence and to promote repeated observation and indirect participant observation by the key informant.
 - The researcher conducted verbatim transcriptions of each video after completion of the intervention. Repetitive viewing and encoding of what happened uncovered deeper layers of the participant's externalized behaviour and on how techniques were used to facilitate agency. A separate analysis of these data was undertaken by the key-informant viewing the videos. Her expertise enabled objective specialist observation and evaluation.
 - The transcription reports were entered as rich text documents on the NUD*IST software. A content analysis was conducted to identify patterns, categories and themes in the participant's agency responses and the researcher's strategies to enable agency and to gain insight into Janet's agency trends, to identify central issues and to gain an in-depth understanding on how the techniques were used.
 - The researcher reflected on what had happened, evaluated her own responses and planned for the next intervention. A reflection guide (see appendix 4) aided reflection on the process of therapy. As themes arose, the coding process added structure to the reflections on the participant's agency trends.
 - A personal research manual was kept to record experiences, ideas, mistakes, confusions and breakthroughs and sudden insights as well as problems, which arose during fieldwork. This manual helped the researcher to acknowledge her personal responses while she was doing the research and prompted appropriate dealings with preoccupations and problems as they arose.
 - The data was analyzed to identify trends and themes and in order to make comparisons of the participant's behaviour between sessions.

2.4.3 STAGE III: DATA CAPTURE POST INTERVENTION

Data-capture at this stage dealt with the fourth objective of evaluating post-intervention agentic function. Different procedures of data collection were followed to ascertain whether shifts in agency had occurred. The following procedures were included:

- A post-intervention interview with Janet's teacher.
- A post-intervention play assessment was conducted at the participant's school using the Pre-school Play Scale to guide focused evaluation.
- Recording of spontaneously offered feedback from the participant's parents and teacher.
- Member-checking with the participant's parents to establish if they observed shifts in Janet's agency. This took place at the researcher's practice and was tape-recorded for data evidence.
- Member-checking with the participant. This took place in a session after the five intervention sessions to conduct closure of the process. Janet was given a chance to express how she had experienced partaking in the study and express how agency was viewed from her perspective. This session was captured on videotape.
- Participant observation by the key informant of the videos of the baseline play assessment and at the post intervention play assessment, as well as the videos which were conducted during the five treatment sessions and reviewing the transcriptions and reflective treatment journal. She fulfilled the function of being an objective separate analyst.

Findings were synthesized into a formulation of post-intervention agentic status.

2.5 INTERVENTION APPLIED

The process of Gestalt playtherapy (Chapter 2: 4.3) on theoretical perspectives formed the basis for the intervention strategies to be used in dealing with the objectives of the study. The baseline findings informed clinical reasoning around selection of suitable strategies for sensory contact making and projection.

2.5.1 TREATMENT ENTRY

The "I-though" relationship needed to be established by conveying deep-seated respect to Janet and by actively building up her self-support. Novelty is propagated by Schoeman (1996) as a fundamental tool for contact-making and capturing engagement in treatment.

Because most children are not accustomed to the techniques of guided affective imagery and may initially not be able to direct their attention to the imagery, initial skills of dealing within this kind of treatment context need to be established. Fazio (1991) propagates the structured setting of a nonthreatening, relaxing atmosphere, such as subdued lighting, comfortable positioning, closed eyes and music, within a designated area.

2.5.1 ESTABLISHING SENSORY CONTACT

The first step in facilitating self-discovery through Gestalt playtherapy was to enhance awareness (Schoeman, 1996). Once contact with the inner self was established demands from outside the self could be brought into the therapeutic situation. Experiences were facilitated through alerting the sensory systems to expand Janet's contact boundaries (Chapter 2: 2.3.2). Forms of sensory contact-making, employed over the period of five Gestalt play-therapy treatment sessions to increase awareness to trigger self-discoveries are tabulated in Table 4.

Table IV: Exercises used in Sensory Contact-Making

SENSORY MODALITY	TACTILE	OLIFACTORY	VISUAL	PROPRIO-CEPTIVE KINESTHETIC	GUSTATORY	ORAL
Session 1	Foreground / background identifying animals in a seed-tray form recognition	During projective activity using scented playdough	Discussion on what she feels and what a creature looks like- e.g. the Rhino's horn	Using playdough pounding and pressing and pulling		Sucking and blowing the balloons for self nurturance
Session 2	Matching feely balloons with the same tactile content. She cannot always match but she can identify preferences		Feely balloons are colourful and visually inviting/ hiding items under the blanket to eliminate visual cueing. She does not like to have closed eyes	feely balloons have a proprioceptive component as well Fly in hammock-swing elicited sudden gravitational anxiety.		Sucking and blowing the balloons for self nurturance

Session 3	Tactile book on creatures. Tactile book on shapes to stimulate touch recognition & discrimination	Smelly book identification and association. Rich associations were enabled	Books using visual stimuli in combination of tactile stimuli to facilitate shape recognition and stimulate imagination	When playing dolls a lot of rocking and covering with blankets and wrapping was included	Referring to the taste of imitation food used for projections expressing enjoyment of food.	Biting on toy-food to explore the properties
Session 4		Feely box to disguise containers and add novelty.	Tasting substances had different colours		Discriminating flavours identifying preferences, working on associations	
Session5	Playdough molding and dabbing	Scented playdough work on associations Powerful association of the hospital	People were matched according to colour of the playdough	Weight of ball bouncy ball, trampoline movement		

Once the contact boundaries were expanded a Gestalt playtherapeutic experiment was carried out by means of a projective task.

2.5.3 HANDLING PROJECTIONS

Baseline data informed the choice of projective task to be implemented. When selecting the projective tasks to be utilized during Gestalt play therapy the following factors needed consideration (see Baseline data, Chapter 4: 2.3). Janet's difficulties to draw representatively, her limited use of imagination and fantasy during play combined with her lack of focus and her disengagement at story-time and work-time needed to be accommodated. The projective media and forms of play, which embraced the requirements to facilitate Janet's transformation, are tabulated in Table V: page 68

Table V: Projective Media & Forms of Play

MEDIA	FORM OF PLAY
CREATIVE PLAY	<ul style="list-style-type: none"> ◦ The monster technique using scented playdough, ◦ Playing with miniature characters in the sand tray
DRAMATIC PLAY	<ul style="list-style-type: none"> ◦ Handpuppets ◦ Dramatizing situations as they occurred ◦ Dramatic play with dolls and play food
BIBLIO PLAY	<ul style="list-style-type: none"> ◦ Short metaphorical images and story-captions ◦ Use of pictures to stimulate imitation, dramatization and projection

Projections were handled employing Gestalt playtherapeutic strategies during intervention (Chapter 2, 5.3). The following strategies were employed in handling the projection:

- Polarities
- Deepening consciousness & sharpening awareness & owning feelings
- Confluence choices and responsibility
- Empowerment self-nurturance & working towards a safe place

2.6 DATA ANALYSIS

Data analysis dealt with the processing of data in accordance with the research objectives, stage by stage in a manner aspiring to establish thematic and chronological meaning.

2.6.1 STAGE -I: ANALYSIS OF BASELINE DATA

A deductive analysis was conducted of findings from all the baseline data. Instances pertaining to agency were identified and recorded. The fit between qualitative and quantitative data was examined. The quantitative data from the tests were profiled against standardized age norms. Findings were presented to the key informant for verification.

2.6.2 STAGE II: DATA-ANALYSIS OF INTERVENTION DATA

Repetitive viewing (Krefting, 1990) was possible through the video recordings. Transcriptions were entered into rich text documents for utilization of the NUD*ST

software. Instances were collated from the data into codes and categories were identified. Patterns were then sought to identify correspondences of relationships between categories. Central behavioural trends were identified and compared between sessions and against baseline and post treatment data leading to formulations of themes. Data regarding the facilitative process was analyzed and integrated into an interactive spiraling model of agentic behaviour - intervention applied - elicited agency in response to the intervention.

2.6.3 STAGE III: POST INTERVENTION AGENTIC STATUS

An analysis of the video (depicting post-interventions play at school) and the feedback from Janet's teacher and parents as well as from the member-checking session was conducted to ascertain the agency status. Findings were presented to the key informant for verification. A comparison between baseline and post- intervention data was conducted. Since Janet's play behaviour had shown such a remarkable shift another play assessment was conducted a week later to check if her behaviour was consistent.

2.6.4 TRUSTWORTHINESS AND RIGOUR

In qualitative research the truth-value is ensured through different sources of data around the same issue. The accounts of different informants, observations in different settings, using different analysts for data verification and using different methods to evaluate the data (Krefting 1991) strengthen trustworthiness. Findings from all the different sources are synthesized to project a true representation of the process under investigation.

To ensure trustworthiness and rigour in this study the guidelines set out by Guba (1985) and Schurink *et al.* (1998) for a case study inquiry were followed. Rigour was enhanced through credibility, transferability, consistency and neutrality.

2.6.4.1 CREDIBILITY

Confidence in the truth of the findings was enhanced as follows: The truth-value of the baseline assessment was ensured by using accredited standardized and validated

occupational therapy procedures. The Developmental Test of Visual Perception (DTVP-2), the Draw a Person Test (DAP) and the Clinical Observations are updated procedures and are generically used by paediatric occupational therapists to establish developmental functioning. The Pre-school Play Scale (PPS) has been widely used by occupational therapist researchers to demonstrate differences in play behaviour in different populations (Clifford & Bundy, 1989). Schaaf & Mulrooney (1989) agree that this scale is a suitable assessment for pretreatment and posttreatment status and Bryze (1997) and Parham *et al.* (1997:30) have recommended the scale for assessment and as a guide to the developmental nature of play. In 1998, Smit developed rubrics for play behaviour for black South African children from rural contexts. This enhances the credibility of this scale in particular for use in local populations.

The key informant, who offered an informed, neutral, expert opinion, had 17 years experience in paediatric occupational therapy and was highly respected for her sound clinical principles. Her expertise in the evaluation of clinical procedures was valued and she was an external examiner in practical clinical exams for paediatric occupational therapy. She critically observed and evaluated the video-recorded treatment sessions and verified the reflective reports, mindful of the research objectives. She commented on the target behaviour of agency. Her observations were assisting in data-triangulation.

Qualitative and quantitative measures were employed to further rigour. The use of audiovisual methods, according to Poggenpoel (1998) and Krefting (1991), enhanced credibility through repetitive field entry, triangulation, member-checking reflexivity, and peer evaluation further enhanced credibility.

◦ REPETITIVE FIELD ENTRY

Five sessions were held (and captured on video) over a period of five weeks adhering to the same procedural guidelines (stepwise replication).

◦ TRIANGULATION

Cross-checking of data required the use of three or more different sources to verify the data.

- For the baseline assessment, triangulation was achieved through the occupational therapy assessment, the interview with the teacher and the play assessment at the participant's school.
- For the process of intervention, triangulation was promoted through the video-recorded treatment session. An in-depth content analysis facilitated categorization and reflection and the key informant verified the researcher's observations. Literature about agency and self-discovery was consulted for purposes of theoretical triangulation. Different methods (field-notes, transcription reports and reflective treatment reports) were triangulated against each other.
- To assess whether the agency behaviour was evident outside of the treatment situations, triangulation was achieved through three sources namely the post-treatment play observation, the verification by the key informant and feedback from the parents and the teacher, as well as from accounts of the participant herself.

◦ MEMBER CHECKING

It was envisaged to conduct a member-checking interview with Janet's parents. Repeated rescheduling of this appointment expressed their reluctance to participate in this procedure (see Chapter 3, 2.7-resolving field issues). The researcher used the final session of closure (which was video recorded for data evidence), as a form of member-checking with Janet, within the perspective of a five-year old child. Krefting (1991) cautions researchers to be sensitive during member-checking interviews to not cause harm to the participant through confrontation with facts that are painful to internalize. The researcher was therefore sensitive to Janet's developmentally appropriate level of insight and adhered to her frame of meaning.

◦ REFLEXIVITY

The use of a personal research manual and the reflective treatment journal, as well as the repetitive viewing of the videos during the transcribing of the session, promoted reflexivity, as did the separate analysis of the key informant.

- PEER DEBRIEFING

The method of peer debriefing is advocated by Hasselkus (1991) and Krefting (1991) to check and clarify the basis for interpretation and to strengthen the credibility of the findings and the analysis.

Thoughts, reflections and conclusions were regularly discussed with supervisors and colleagues for critical evaluation. Different sections of the research were discussed in structured intervals with supervisors and experts in the field of occupational therapy and gestalt playtherapy. The separate analysis and observations of the key informant provided closely monitored feedback on the process of intervention and on Janet's agency responses.

2.4.4.2 APPLICABILITY / TRANSFERABILITY

Findings can be applied to many occupational therapy contexts (see Chapter 1, 5). It was pertinent to ensure that the selection criteria accommodated generic paediatric occupational therapy problems. The fact that Pre-school Play Scale has rubrics for play behaviours of rural African children applicability has been further broadened.

2.6.4.2 CONSISTANCY/ DEPENDABILITY

According to Krefting (1991), an explicit audit trail needs to be maintained. Providing a structure for the process and allowing stepwise replication attained this objective. In addition, a procedural guide for reflection was followed and was beheld by the neutral observer. The NUD*IST software assisting the coding process further enhanced consistency.

Videotape recordings were used to provide visual records. According to Schurink et al. (1994), this source of data evidence is a form of direct observation of the phenomenon to be analyzed by separate analysts (researcher and key informant), but in addition it can be repeatedly examined. The records are permanent and objective. A verbatim transcript of each session was conducted, which was saved as a rich text document to be used for data coding during data analysis.

2.6.4.4 NEUTRALITY

Establishing personal biases upfront by rigorously adhering to the methodology and using strategies, which easily can be replicated, enhanced the degree of objectiveness, which was adhered to during the research process. In addition extensive consultation with experts in the fields of Gestalt therapy and occupational therapy added to neutrality and all-round reflexivity, which were further promoted by the use of the reflective journal and separate analysis of the key informant.

2.7 RESOLVING FIELD ISSUES

Careful preparation for field entry pre-empted difficulties during fieldwork. Certain steps needed to be taken however, due to unexpected developments in fieldwork. Reflexivity and peer debriefing assisted in sound resolution of arising issues.

The following field issues arose and were dealt with as they occurred:

- Originally the researcher had planned to conduct a clarifying interview with Janet's parents on completion of the baseline assessment. Janet's parents would receive feedback on the occupational therapy assessment, as it is usual practice once an assessment has been compiled. Janet's parent's kept changing the appointments for this discussion. On judicious reflection and peer-review it was speculated that Janet's parents appeared reluctant to participate in a feedback meeting. This surprised the researcher, since they had been very accommodating when time-slots for the initial interview and when the subsequent treatment sessions were planned. The researcher resolved to conduct the research without this feedback discussion, since it was thought to have no significant bearing on the process of research. This step had been intended as a courtesy to Janet's parents. Their cooperation in bringing Janet to her intervention appointments was exemplary.
- The same pattern of resistance was observed in her parents when the member-checking interview was to be scheduled. It appeared as if they wanted Janet to be the participant, without themselves being drawn into the process. This was handled by accepting their choice. Janet's mother's spontaneously offered feedback and a telephone conversation with Janet's father were used as indicators of parental feedback.

- Once the baseline agentic status was formulated intervention started. Janet responded differently in the playtherapy situation than in any situation previously explored during the baseline data collection. She was extremely excitable and distractible and where she had formerly been observed to withdraw or show signs of sensory shut-down, she became overtly excited and responded with extreme difficulties of selective attention³. This behaviour was observed during the first two sessions. The key-informant emphasized these observations. The researcher resolved this matter by increasing the external boundaries in such a way that Janet was enabled to attend selectively (self-enabling structure *see* Chapter 4 and 5). To implement such handling strategies had initially not been part of the planned intervention.

3. ETHICAL CONSIDERATIONS

A research panel at the Centre for Playtherapy and Training at the Huguenot College in Wellington representing the University of South Africa granted approval for this study. Informed consent to pursue the study was obtained from Janet's parents during the initial interview. They were also informed of their right to withdraw Janet as a participant. The researcher was honest, transparent and clear regarding her involvement in the study at all times. The apparent feelings of resistance when Janet's parents preferred to not attend a feedback interview and member checking session were honoured. Janet's parents were assured of confidential handling of all the data, pseudonyms were to be used. From the onset it was clarified that treatment delivery would not take place beyond the sessions set out in the methodology to prevent interference with the data for analysis. Treatment could be resumed after completion of the research report or alternatively Janet could be referred to a colleague should the need for continued intervention be urgent.

3.1 RESPONSIBILITY TO THE CLIENT

The responsibility towards the participant was acknowledged throughout the study. Janet was informed that a video recording was made of the sessions, and during the member-

³ Before a child can attend, the child's nervous system needs to be aroused and alert. Too much arousal and under-arousal (shutdown) result in the child's inability to attend (De Gangi, 2000).

checking interview it was discussed that her story would be told. It is considered that Janet was enriched through the participation and her increased level of agency has improved her sense of well-being.

3.2 RESPONSIBILITY TO POSSIBLE PARTICIPANTS

The pre-school children that were identified as possible participants were all observed for purposive sampling. The researcher ensured that recommendations were made to guarantee that the identified problems were handled in a professional manner by herself or other suitable service providers.

3.3 RESPONSIBILITY TO THE PROFESSION-OCCUPATIONAL THERAPY

The research proposal was discussed with members of the occupational therapy department of UCT and the University of Stellenbosch. Colleagues at the Red Cross Memorial Children's Hospital and the paediatric occupational therapists in private practice were consulted for comments.

3.4 RESPONSIBILITY TO JANET'S SCHOOL

The researcher was transparent in briefing Janet's teacher and discussing the scope of access needed at the school. The teacher agreed enthusiastically and was supportive to facilitate access. All parents of pupils in Janet's class were informed that the researcher conducted a study on pre-school children, and that she would need access to observe and video-record their play. Parents were not informed about the title of the study or further details, but they were invited to voice possible concerns. One family sought clarification before they agreed to allow access (see Chapter 3: 2.2).

3.5 RESPONSIBILITY REGARDING FIELD WITHDRAWAL

Janet had formed a warm bond with the researcher and it was pertinent to conduct a proper closure of the relationship. An additional session was scheduled during which no Gestalt

playtherapeutic activities were carried out, but where the period of treatment was evaluated. De Vos's (1998) recommendation that participants in social research should be allowed access to findings was acknowledged. During this session, Janet confirmed that she did not want the researcher to discuss any of the issues that had emerged during playtherapy with her parents. Other aspects pertaining to the research were clarified and are listed below in no particular order:

- Janet gave permission to show the videos to professional people (should supervisors request access). She agreed that, professional colleagues could view the videos in the researcher's presence.
- It was clarified that her explicit wish to not show the videos to her teacher and parents would be honoured.
- It was confirmed that confidentiality would be maintained and that a story would be written about her, but her identity would not be disclosed.
- Janet was informed that she could come back for more playtherapy if she had a difficult memory to deal with and the structure how she could instigate referral was discussed. (This aspect had also been discussed with her parents.)
- Janet and the researcher reflected what the sessions had meant to them and bade each other farewell.

Janet felt empowered and nurtured after the termination session, which was also a form of member-checking. Since the shift in her agentic life-position had been so dramatic it was decided to put some sustained support in place. The researcher was to remain in contact with Janet's teacher and initiate contact with the teacher in monthly intervals until the end of 2002 to monitor whether agency-shifts were sustained.

4. Summary

Once the methodology for this study was explicitly formulated, it was endeavoured to adhere to this structure in gathering data and processing information to enable insight and

answers to the research question. An overview of the findings of the study is presented in Chapter 4 with specific handling of the objectives of the research.