

**IDENTIFYING SUPERVISION RESOURCES AVAILABLE TO RECENTLY QUALIFIED  
PLAY THERAPISTS WORKING FROM A GESTALT APPROACH IN SOUTH AFRICA**

by

**APRIL ANGELA GEHLE**

submitted in accordance with the requirements  
for the degree of

**MASTER OF DIACONIOLOGY  
(DIRECTION: PLAY THERAPY)**

at the

**UNIVERSITY OF SOUTH AFRICA**

**SUPERVISOR: MRS I F JACOBS**

**JUNE 2013**

## **ACKNOWLEDGEMENTS**

I would like to acknowledge and give thanks to the following people for the direction, help and support they have given me while completing this Dissertation.

To my study leader Issie Jacobs, thank you for your direction and support and for providing me with an opportunity to grow as a person.

To my husband John Gehle, thank you for your support and patience.

To my mother Olive Hornby, thank you for your support and empathy when I was struggling, you gave me the strength to keep going.

To Travis Marshall, thank you for being so accommodating, understanding and supportive at my place of work.

To Lynn Foster (Clinical psychologist) and Dr. Christina Jordaan, for their assistance in developing the survey questionnaire for this study.

To all the questionnaire respondents and interview participants who took part in this study, thank you for your time.

To Dr. Hannie Schoeman, thank you for introducing me to the Gestalt philosophy that has created in me a mind, which is open to the abundance of opportunities presented to us in this ever changing world of ours.

## **DECLARATION**

I declare that IDENTIFYING SUPERVISION RESOURCES AVAILABLE TO RECENTLY QUALIFIED PLAY THERAPISTS WORKING FROM THE GESTALT APPROACH IN SOUTH AFRICA is my own work that has not been submitted before for any degree or assessment at any other university, and that all of the sources used or quoted have been indicated and acknowledged by means of a complete reference list.

SIGNATURE

DATE

-----  
A. A. Gehle

Student number 3148 166 3

## **ABSTRACT**

### **IDENTIFYING SUPERVISION RESOURCES AVAILABLE TO RECENTLY QUALIFIED PLAY THERAPISTS WORKING FROM A GESTALT APPROACH IN SOUTH AFRICA**

In South Africa the Center for Child Youth and Family Studies is training practitioners yearly to work as play therapists from a gestalt approach. Once these practitioners successfully complete their training and qualify they could begin practicing play therapy from a gestalt approach. Each of these recently qualified play therapists is then responsible for organising and committing to their own supervision.

Therapists who do not attend supervision risk stagnation and burn out due to a lack of positive interaction in relation to receiving knowledge and support from those more experienced in gestalt play therapy and from their peers. At present there is a perceived lack of supervision resources based on a gestalt approach particularly for those recently qualified play therapists working from a gestalt approach that are geographically distant from the areas where training takes place.

This study sought to answer the question of what supervision resources are currently available to recently qualified play therapists working from a gestalt approach in South Africa. In order to answer this question combined quantitative and qualitative research approaches were used. An internet survey questionnaire was completed by recently qualified play therapists working from a gestalt approach which formed part of the quantitative section of the research. Structured interviews were conducted via Skype with professionals experienced in the field of Gestalt therapy theory and supervision from a gestalt approach and this formed part of the qualitative section of the research.

Overall the results from the merged data indicate a lack of supervisors qualified to give supervision based on a gestalt approach. This factor contributes to the overall lack of supervision resources based on a gestalt approach for recently qualified play therapists working from this approach. Geographical distance from supervision resources places financial and time constraints on recently qualified play therapists that prevent them from accessing supervision based on a gestalt approach. Despite this results indicate those recently qualified play therapists working from a gestalt approach are attempting to meet their responsibility and requirement for supervision.

## **KEY TERMS**

Gestalt; Gestalt therapy approach; Play Therapy; Gestalt Play Therapy; Supervision; Gestalt Supervision; Qualitative and Quantitative Research; Combined Research; Recently qualified Gestalt Play Therapists; Ethics.

## **LIST OF ACRONYMS**

SA; South Africa

HPCSA; Health Professionals Council of South Africa

CCSA; Council for Counsellors in South Africa

EAGT; European Association of Gestalt Therapy

GANZ; Gestalt Association New Zealand

## TABLE OF CONTENTS

<b>ACKNOWLEDGEMENTS</b>	<b>i</b>
<b>DECLARATION</b>	<b>ii</b>
<b>LETTER FROM PROOF READER</b>	<b>iii</b>
<b>ABSTRACT</b>	<b>iv</b>
<b>LIST OF ACRONYMS</b>	<b>v</b>
<b>TABLE OF CONTENTS</b>	<b>vi</b>

<b>CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE STUDY</b>	<b>1</b>
<b>1.1 INTRODUCTION</b>	<b>1</b>
<b>1.2 RATIONALE AND MOTIVATION FOR STUDY</b>	<b>2</b>
<b>1.2.1 Problem statement and focus_</b>	<b>4</b>
<b>1.3 GOAL AND OBJECTIVES</b>	<b>4</b>
<b>1.4 RESEARCH METHODOLOGY</b>	<b>5</b>
<b>1.4.1 Theoretical Framework</b>	<b>5</b>
<b>1.4.2 Literature Review</b>	<b>5</b>
<b>1.4.3 Research Approach</b>	<b>6</b>
<b>1.4.4 Research Type</b>	<b>7</b>
<b>1.4.5 Research Design</b>	<b>8</b>
<i>1.4.5.1 Survey Design</i>	<b>8</b>
<i>1.4.5.2 Instrumental Case Study Design</i>	<b>8</b>
<b>1.4.6 Population and Sampling</b>	<b>9</b>
<i>1.4.6.1 Universe A</i>	<b>9</b>
<i>1.4.6.2 Universe B</i>	<b>10</b>
<b>1.4.7 Data Collection</b>	<b>10</b>
<i>1.4.7.1 Data Collection using the Survey Design</i>	<b>10</b>
<i>1.4.7.2 Data Collection using the Instrumental Case Study Design</i>	<b>12</b>
<b>1.4.8 Data Analysis</b>	<b>13</b>
<i>1.4.8.1 Analysing Quantitative data</i>	<b>13</b>
<i>1.4.8.2 Analysing Qualitative Data</i>	<b>14</b>
<b>1.5 ETHICAL ISSUES</b>	<b>15</b>
<b>1.6 DEFINITION OF KEY CONCEPTS</b>	<b>17</b>
<b>1.6.1 Supervision</b>	<b>17</b>
<b>1.6.2 Resource</b>	<b>18</b>
<b>1.6.3 Gestalt</b>	<b>18</b>

<b>1.6.4 Gestalt Therapy Approach</b>	<b>18</b>
<b>1.6.5 Play Therapy</b>	<b>19</b>
<b>1.6.6 Gestalt play therapists</b>	<b>19</b>
<b>1.7 SUMMARY</b>	<b>20</b>

**CHAPTER 2: LITERATURE REVIEW ON GESTALT THERAPY THEORY AND THE GESTALT FIELD PERSPECTIVE** **21**

<b>2.1 INTRODUCTION</b>	<b>21</b>
<b>2.2 THE GESTALT THERAPY APPROACH</b>	<b>21</b>
<b>2.2.1 Gestalt</b>	<b>21</b>
<b>2.2.2 Gestalt therapy theory</b>	<b>22</b>
<b>2.2.3 The Gestalt Field Perspective</b>	<b>24</b>
<b>2.3 PLAY THERAPY FROM THE GESTALT APPROACH</b>	<b>25</b>
<b>2.3.1 The therapeutic relationship</b>	<b>28</b>
<i>2.3.1.1 The provision of a safe container</i>	<b>28</b>
<i>2.3.1.2 The establishment of a therapeutic relationship</i>	<b>29</b>
<i>2.3.1.3 The offer of a dialogical relationship</i>	<b>30</b>
<b>2.4 SUMMARY</b>	<b>32</b>

**CHAPTER 3: SUPERVISION FROM A BROAD AND GESTALT PERSPECTIVE** **33**

<b>3.1 INTRODUCTION</b>	<b>33</b>
<b>3.2 SUPERVISION FROM A BROAD PERSPECTIVE</b>	<b>33</b>
<b>3.2.1 Types of Supervision resources</b>	<b>35</b>
<b>3.3 SUPERVISION FROM A GESTALT PERSPECTIVE</b>	<b>37</b>
<b>3.3.1 The Supervision Wheel</b>	<b>38</b>
<i>3.3.1.1 Personality theory and Developmental theory</i>	<b>40</b>
<i>3.3.1.2 Theory of psychotherapy and change</i>	<b>40</b>
<i>3.3.1.3 Personality functioning of the client</i>	<b>40</b>
<i>3.3.1.4 Personality functioning of the supervisee</i>	<b>41</b>
<i>3.3.1.5 Relationship between client and therapist</i>	<b>41</b>
<i>3.3.1.6 Relationship between supervisor and supervisee</i>	<b>41</b>
<i>3.3.1.7 Clinical theory</i>	<b>42</b>
<i>3.3.1.8 Professional, Administration and Business</i>	<b>42</b>
<b>3.4 SUMMARY</b>	<b>42</b>

<b>CHAPTER FOUR: EMPIRICAL STUDY</b>	<b>44</b>
<b>4.1. INTRODUCTION</b>	<b>44</b>
<b>4.2. DESIGN</b>	<b>44</b>
<b>4.3. POPULATIONS AND SAMPLES</b>	<b>44</b>
<b>4.3.1 Universe A</b>	<b>44</b>
<b>4.3.2 Universe B</b>	<b>44</b>
<b>4.4. MEASURING INSTRUMENTS AND DATA COLLECTION METHOD</b>	<b>45</b>
<b>4.4.1. Questionnaire</b>	<b>45</b>
<i>4.4.1.1. Rationale of and motivation for application of the instrument</i>	<b>47</b>
<i>4.4.1.2. Nature, administration and interpretation</i>	<b>48</b>
<i>4.4.1.3. Validity and Reliability</i>	<b>48</b>
<b>4.4.2. Interview schedule</b>	<b>50</b>
<i>4.4.2.1. Rationale of and motivation for application of the data collection method</i>	<b>50</b>
<i>4.4.2.2. Nature, administration and interpretation</i>	<b>51</b>
<i>4.4.2.3. Credibility and Trustworthiness</i>	<b>51</b>
<b>4.5. DATA GATHERING PROCEDURE</b>	<b>52</b>
<b>4.5.1 Quantitative data gathering procedure</b>	<b>52</b>
<b>4.5.2 Qualitative data gathering procedure</b>	<b>53</b>
<b>4.6. PROCESSES OF ANALYSING QUANTITATIVE AND QUALITATIVE DATA</b>	<b>54</b>
<b>4.6.1 Quantitative Data: The Questionnaire</b>	<b>54</b>
<b>4.6.2 Qualitative Data: The Interviews</b>	<b>55</b>
<i>4.6.2.1 Thematic Analysis</i>	<b>55</b>
<b>4.7. SUMMARY</b>	<b>56</b>
<b>CHAPTER FIVE: RESULTS OF EMPIRICAL RESEARCH</b>	<b>57</b>
<b>5.1 INTRODUCTION</b>	<b>57</b>
<b>5.2 QUESTIONNAIRE RESULTS</b>	<b>57</b>
<b>5.2.1 Survey completion statistics</b>	<b>57</b>
<b>5.2.2 Descriptive Statistics of the measuring instrument</b>	<b>57</b>
<i>5.2.2.1 Fields in which gestalt play therapy is practiced</i>	<b>57</b>
<i>5.2.2.2 Geographical locations in which gestalt play therapists practice</i>	<b>58</b>
<i>5.2.2.3 Demographic areas in which gestalt play therapists practice</i>	<b>59</b>
<i>5.2.2.4 Type of work environment in which gestalt play therapists work</i>	<b>60</b>
<i>5.2.2.5 Availability of gestalt supervision resources in geographical location</i>	<b>61</b>

<b>5.2.2.6 Use of supervision resources when no types of gestalt supervision resources are available</b>	<b>62</b>
<b>5.2.2.7 Current ability to make use of gestalt supervision resources</b>	<b>63</b>
<b>5.2.2.8 Gestalt supervision resources used to meet supervision needs</b>	<b>64</b>
<b>5.2.2.9 Type and frequency of supervision from a gestalt approach</b>	<b>65</b>
<b>5.2.2.10 The Rating of experience of Gestalt supervision</b>	<b>66</b>
<b>5.2.2.11 Factors preventing access to Gestalt Supervision</b>	<b>67</b>
<b>5.2.2.12. Acquiring and practicing new therapeutic skills</b>	<b>68</b>
<b>5.2.2.13 Methods of receiving affirmation as a play therapist working from the gestalt approach</b>	<b>70</b>
<b>5.2.2.14 Supervision resource(s) used when confronted by a dilemma within the child/therapist</b>	<b>71</b>
<b>5.2.2.15 Area(s) of supervision where support is currently required</b>	<b>73</b>
<b>5.2.2.16 Area(s) of supervision in which a need for supervision is most experienced</b>	<b>73</b>
<b>5.2.2.17 Preferred type of supervision resource</b>	<b>74</b>
<b>5.2.2.18 Types of supervision practitioners would use if they were available</b>	<b>76</b>
<b>5.2.2.19 Training received in gestalt supervision</b>	<b>77</b>
<b>5.2.2.20 Practitioners providing supervision based on the gestalt approach</b>	<b>77</b>
<b>5.2.2.21 Types of supervision provided</b>	<b>78</b>
<b>5.3 QUALITATIVE DATA RESULTS</b>	
<b>(Interviews and open-ended survey questions)</b>	<b>79</b>
<b>5.3.1 Theme one: Lack of supervision resources</b>	<b>79</b>
<b>5.3.3.1 Sub-theme: Supervision Training and Program development</b>	<b>80</b>
<b>5.3.2 Theme two: Peer supervision</b>	<b>81</b>
<b>5.3.3 Theme three: Supervision requirements</b>	<b>82</b>
<b>5.3.3.1 Sub-theme supervision via Skype</b>	<b>82</b>
<b>5.3.4 Theme four: Networking</b>	<b>83</b>
<b>5.3.4.1 Sub-theme Self support</b>	<b>83</b>
<b>5.4 DISCUSSION OF MERGED DATA RESULTS</b>	<b>84</b>
<b>5.4 SUMMARY</b>	<b>88</b>
<b>CHAPTER 6: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS</b>	<b>89</b>
<b>6.1 INTRODUCTION</b>	<b>89</b>
<b>6.2 RESEARCH QUESTION, AIM AND OBJECTIVES OF THE STUDY</b>	<b>89</b>
<b>6.2.1 Aim</b>	<b>89</b>

<b>6.2.2 Objectives</b>	<b>89</b>
<b>6.3 SUMMARY OF RESEARCH RESULTS</b>	<b>91</b>
<b>6.4 CONCLUSIONS</b>	<b>91</b>
<b>6.5 LIMITATIONS</b>	<b>92</b>
<b>6.6 RECOMMENDATIONS</b>	<b>92</b>
<b>6.7 FINAL REMARK</b>	<b>93</b>
<b>REFERENCE LIST</b>	<b>94</b>
<b>LIST OF TABLES AND FIGURES</b>	
<b>Figure 3.1</b>	<b>39</b>
<b>Table 4.1</b>	<b>52</b>
<b>Table 4.2</b>	<b>52</b>
<b>Table 5.1</b>	<b>57</b>
<b>Figure 5.1</b>	<b>58</b>
<b>Figure 5.2</b>	<b>58</b>
<b>Figure 5.3</b>	<b>59</b>
<b>Figure 5.4</b>	<b>60</b>
<b>Figure 5.5</b>	<b>61</b>
<b>Figure 5.6</b>	<b>62</b>
<b>Figure 5.7</b>	<b>63</b>
<b>Figure 5.8</b>	<b>64</b>
<b>Figure 5.9</b>	<b>65</b>
<b>Figure 5.10</b>	<b>66</b>
<b>Figure 5.11</b>	<b>67</b>
<b>Figure 5.12</b>	<b>68</b>
<b>Figure 5.13</b>	<b>70</b>
<b>Figure 5.14</b>	<b>71</b>
<b>Figure 5.15</b>	<b>73</b>
<b>Figure 5.16</b>	<b>73</b>
<b>Figure 5.17</b>	<b>74</b>
<b>Figure 5.18</b>	<b>76</b>
<b>Figure 5.19</b>	<b>77</b>
<b>Figure 5.20</b>	<b>77</b>
<b>Figure 5.21</b>	<b>78</b>
<b>Appendix A, QUESTIONNAIRE</b>	<b>102</b>
<b>Appendix B, INTERVIEW SCHEDULE</b>	<b>113</b>

<b>Appendix C, CONSENT FORM FOR QUESTIONNAIRE RESPONDENTS</b>	<b>115</b>
<b>Appendix D, CONSENT FORM FOR INTERVIEW PARTICIPANTS</b>	<b>118</b>
<b>Appendix E, COVERING LETTER FOR QUESTIONNAIRE RESPONDENTS</b>	<b>120</b>
<b>Appendix F, COVERING LETTER FOR INTERVIEW PARTICIPANTS</b>	<b>122</b>

## **CHAPTER 1: INTRODUCTION AND OVERVIEW OF THE STUDY**

### **1.1 INTRODUCTION**

Currently in many countries throughout the world including South Africa (SA) practitioners in almost all psychotherapeutic disciplines are ethically required to be responsible for ensuring their own continued professional development (Joyce & Sills, 2007:95-96; Melnick & March Nevis; 2005:110; Neukrug, 2007:80-81,233). In SA therapists / practitioners who wish to conduct therapeutic work need to register with a recognised council such as the Health Professions Council of South Africa (HPCSA), or the Council for Counsellors in South Africa (CCSA). Both these councils expect members to be responsible for their own continued professional development (CCSA, b.2.4:10. HPCSA, Act no 56 of 1974) and advise that one way of doing so is to attend regular supervision. In the opinion of Joyce and Sills (2007:95-96) supervision can be an important resource in assisting practitioners effectively to attend to issues related to their working conditions, to be aware of their feelings of satisfaction or dissatisfaction in relation to their work and to know when they require support and where to seek relevant support if an issue is not work related.

In the gestalt therapeutic approach, the concept of self support is explained as the capability to support one's self through increased awareness of self and of one's own needs. Self support is also to know when and where to seek support from the external environment in order to effectively support one's self by making responsible choices (Blom, 2006:52; Joyce & Sills, 2007:83-84; Yontef, 1993). Blom (2006:29) Parlett (2005:55), Reynolds (2005:155,159) and Yontef (1993:85-86) further state that the capability for self support according to a gestalt perspective is a characteristic of a psychologically healthy human being. Practitioners therefore are responsible for being aware of and to maintain their ability for self support and their psychological health as far as possible to facilitate healthy positive psychological growth in their client (Joyce & Sills, 2007:95,110; Parlett & Denham, 2007:243). In this regard, Resnick and Estrup (2000:121) are of the opinion that supervision is one of the most important and influential processes in enhancing the personal and professional growth of the practitioner and lies at the foundation of professional development.

Starak (2001) hyphenates the word supervision and describes 'supervision' as a vision offered to therapists so they may 'see' a second time around. In the researcher's opinion, the word supervision, if broken down into its two component words super and vision give the idea of enhanced vision and the ability for enhanced foresight, hindsight and insight. Supervision according to Aveline (2007:536) and Neukrug (2007:5) offers practitioners the chance to stand back and

reflect on their work, to engage in a search for new knowledge and skills and to receive support and affirmation.

In South Africa growing numbers of practitioners are entering the work places after been trained to work from a play therapy mode of intervention based on a gestalt approach. These practitioners are widely spread throughout SA and require access to supervision resources, which in the opinions of Ray (2004:34) and Yontef (1997:157) should be based on a gestalt approach.

## **1.2 RATIONALE AND MOTIVATION FOR STUDY**

The purpose of this study is to explore and describe what supervision resources are currently available to recently qualified play therapists working from a gestalt approach in South Africa. Training for a Master's degree in play therapy with the gestalt therapy theory as the foundation began in SA in 1993 (Schoeman, 2011). At the time of the study The Centre for Child Youth and Family Studies (CCYFS) based in the Western Cape, was the only trance disciplinary training institute in SA where students were taught to work from a play therapy mode of intervention based on a gestalt approach. Students drawn from a variety of professions and occupations throughout SA attend these training programs. Once their training is complete, they disperse to a diversity of areas throughout SA and beyond to work in their respective professions utilising play therapy based on a gestalt approach.

The researcher's experience as a final year Masters student studying play therapy from a gestalt approach and the results of a preliminary study conducted with fellow students revealed that many of those students questioned were concerned about how they were going to meet their requirement for supervision based on a gestalt approach whilst practicing. These concerns arise from a perceived lack of supervision resources, particularly for play therapists living outside the geographical areas where the training institute is situated.

Once training, of any therapeutic orientation, is completed successfully therapists have a professional and ethical responsibility to attend supervision (Starak, 2001; Ray, 2004:34; Neukrug, 2007:80, 221,233; Joyce & Sills, 2007:95). Supervision is seen to be beneficial for therapists throughout their careers. Training is a lifelong commitment and there is always something for the therapist to learn (Aveline, 2007:544). Resnick and Estrup (2000:121) describe supervision as "the foundation of clinical development" and as being beneficial for the personal and professional growth of all therapists whether newly qualified or having many years of experience. The frequency and type of supervision vary according to the therapist's level of experience, the need of the

therapist and the therapeutic setting (Neukrug, 2007:228). Yontef (1997:160) describes supervision as developing and changing over time with the increasing experience of the therapist.

According to Yontef (1997:148) the aim of gestalt supervision is the increased awareness of the therapist. Awareness within the context of a gestalt approach is conscious awareness of the self and environment (field) in the present moment (Joyce & Sills, 2007:27-28; Yontef, 1997:86-87). Through this increased awareness supervisees / therapists can become aware of how they are diminishing and / or distorting contact in the therapeutic field of which the child client is a part.

Melnick and March Nevis (2005:110) are of the opinion that supervision is particularly important for gestalt therapists because they use themselves as part of the genuine contact needed to build trust in the client / therapist relationship. Genuine contact requires the therapist working from a gestalt approach to be aware of possible and actual counter transference that may distort contact making with the client. Melnick and March Nevis (2005:110) further say that a client relationship based on trust provides the foundation for growth.

Yontef (1997:159) is of the opinion that gestalt supervision should be in line with the theory of gestalt therapy and that the supervisor should have a high level of theoretical understanding. Ray (2004:30) agrees with this opinion and says that supervisors need to be trained in and knowledgeable of the specific play therapy orientation of the supervisee. Ray (2004:30) goes on to say that because play therapists work mainly with the vulnerable population of children and adolescents attending supervision is particularly important for them.

Both less and more experienced therapists according to Corey (2005:21) can benefit by increasing self awareness through exploring reactions to clients and dealing with these feelings in supervision. Corey (2005:21, 29, 31) further says that supervision provides less experienced therapists with the opportunity to discuss their feelings of anxiety in relationship to work and also to practice skills and techniques. Even the most experienced therapist can experience counter transference or be faced with an unresolved issue from the past, which as mentioned previously, may impact on their ability to establish a therapeutic relationship with the client.

In the opinions of Hughes (2010:1), Neukrug (2007:233) those therapists who ignore this professional responsibility risk stagnation and making ineffective and/or unethical decisions that may impede rather than facilitate their client's growth and could lead in the opinion of Neukrug (2007:23) to malpractice suits. Supervision can also serve to affirm and validate the therapist (Joyce

& Sills, 2007:96; Resneck & Estrup, 2000:21) and can play a key role in preventing therapists burning out (Corey, 2005:34; Van der Westhuizen, 2009:111).

A pilot project for continuing professional development introduced in Norway 2008 by the Norwegian Association for Gestalt Therapy (Wadel, 2009) discovered that therapists in rural areas and far from a trained gestalt supervisor had great difficulty fulfilling their requirement for gestalt orientated supervision and this detracted from their ability to relate dialogically with the client.

### **1.2.1 Problem statement and focus**

Each year more practitioners practicing play therapy from a gestalt approach are joining those already in practice in South Africa. Each of these recently qualified play therapists requires supervision to promote personal growth and professional development to best serve the interests of their clients. In the opinion of the researcher recently qualified play therapists working from a gestalt approach could, due to their lack of experience in the therapeutic work environment, gain greater confidence and competence from receiving regular supervision within the framework of their specific therapeutic approach. This gain in confidence and competence would increase their ability to work effectively and ethically with their client. At present there is a perceived lack of available supervision resources based on a gestalt approach for those practitioners practicing play therapy from a gestalt approach.

From the above-mentioned discussion the following research question was formulated;

What supervision resources are available to recently qualified play therapists working from a gestalt approach in South Africa?

### **1.3 GOAL AND OBJECTIVES**

The aim or the goal of a research study is the desired end product of the research study, which is achieved by attaining specified steps known as objectives (Fouché, 2005:105-106). The goal of this research study is to use combined quantitative and qualitative research methods to explore and describe supervision resources that are currently available to recently qualified play therapists working from a gestalt approach in South Africa.

In order to achieve the above-mentioned goal the following objectives have been identified for the purpose of this study.

- To conduct a literature review on gestalt therapy theory and gestalt field theory as well as on supervision from a broad as well as a gestalt perspective.

- To collect quantitative data using the survey design. A questionnaire will be sent via email to recently qualified play therapists in South Africa working from a gestalt approach to identify supervision resources that are currently available to them.
- To analyse the quantitative data by means of descriptive statistics - the results of which will be presented as tables and graphs.
- To collect qualitative data using the instrumental case study design. Skype interviews will be conducted with key informants in order to gain their expert opinion in relation to the results obtained from the quantitative data collected from the questionnaires.
- To analyse the qualitative data following the guidelines for using the thematic analysis method set out by Braun and Clarke, (in Wilson & Maclean, 2011:552-553).
- To verify analysed qualitative data with relevant literature in order to validate the trustworthiness of the collected data
- To draw conclusions and make recommendations to the Centre for Child Youth and Family Studies regarding continued supervision needs of recently qualified play therapists working from a gestalt approach in South Africa.

## **1.4 RESEARCH METHODOLOGY**

### **1.4.1 Theoretical Framework**

According to Bordens and Abbott (2011:44, 52), Punch (2006:50) and Wilson and Maclean (2011:54) data collected to answer the research question needs to be understood and explained within the context of a theoretical framework. Gestalt therapy theory (Joyce & Sills, 2007; Woldt & Toman; 2005 and Yontef, 1993) and the gestalt field perspective (Woldt & Toman, 2005 and Yontef, 1993) provide the context in which the research results of this study will be organised and interpreted. A description and explanation of gestalt therapy theory and the play therapy process based on a gestalt approach provides an understanding of the field of the play therapist working from a gestalt approach. The gestalt field perspective offers a framework for a holistic, dynamic and comprehensive understanding of the merged results of the combined qualitative and quantitative research approach utilised for this study.

### **1.4.2 Literature Review**

A literature review is conducted to gain a thorough review of research and literature carried out in the area of study (Fouché, 2005:119-120; McBride, 2010:33; Wilson & Maclean, 2011:575). Bordens and Abbott (2011:66-67) and Wilson and Maclean (2011:575) are of the opinion that the literature review is a preliminary step in the research process carried out for the purposes of gaining a thorough understanding of previous literature and research. The literature review should be carried

out before conducting the actual research. Bordens and Abbott (2011:66-67) and Wilson and Maclean (2011:575) give several reasons for conducting a literature review listed below:

- To prevent the duplication of research work.
- To discover if the answer to the research question is already known.
- To improve one's own research. Research design can build on knowledge of previous designs.
- The literature review reveals the history of the topic and of how one's own question fits into that history.
- Up to date information on the topic can be accessed.
- To provide the researcher access to the wider research community.

The researcher used literature such as Woldt, Toman, Yontef and e-journals and websites such as [www.mgestaltc.co.uk](http://www.mgestaltc.co.uk) and [www.g-gej.org](http://www.g-gej.org) and journals such as The British Gestalt Journal and The Journal of Professional Counselling from the field of psychology and social work. The literature review in the opinion of Strydom (2005:303) can also assist researchers to identify themes for developing questions/items for surveys and interviews when no measuring instrument exists as is the case with this particular study, which requires the researcher to create a survey questionnaire and a structured interview schedule.

#### **1.4.3 Research Approach**

Traditionally researchers used a quantitative or qualitative research approach (Neukrug, 2007:356). In the opinion of Gavin (2008:239) and Silverman (2006:52) researchers made their choice of approach based upon their philosophical and related epistemological beliefs. Researchers with a belief in realism and a positivistic view generally adopt a quantitative approach because they hold the view of a single unitary reality that can be objectively measured (Gavin, 2008:51-53). Researchers with a belief in relativism and a phenomenological approach generally adopt a qualitative approach because they view reality as subjective and relative and as only being understood within context (Gavin, 2008:51-53). More recently however, researchers are beginning to see the usefulness of using a combined qualitative and quantitative approach (De Vos, 2005:361-371). Wilson and Maclean (2011:195) describe the process whereby a particular research question is addressed by both quantitative and qualitative methodologies as “mixed methods”. In the opinion of De Vos (2005:361) using a combined approach provides more holistic data.

Gavin (2008:53) and Wilson and Mclean (2011:91,189-190) are further of the opinion that the research approach chosen should be the one best suited to fit the study and provide data to answer

the research question. For the purposes of this research study a combined quantitative and qualitative approach was used because in the researcher's opinion the combined approach best fits this study and will provide relevant data to answer the research question.

The quantitative approach was chosen because this approach includes the non-experimental survey design (Fouché & De Vos, 2005:137). According to Delport (2005:172) the survey is the most appropriate design for involving as many research participants as possible. The qualitative approach was chosen because this approach according to Fouché and Delport (2005:79) is well fitted to small and purposively chosen samples and in the opinion of Flick (2009:134) is utilised to provide more in-depth data and insight.

When designing this research study the researcher allowed for the unique fields of the researcher, the questionnaire respondents and the Skype interview participants. Firstly geographical distance made face to face interviewing with both questionnaire respondents and interview participants' too expensive and time consuming. Secondly, the researcher and questionnaire respondents all have access to and the ability to use a computer and the internet. Thirdly, the researcher and interview participants each have access to the Skype mode of communication making recording of interviews possible.

Quantitative data was collected to describe the current supervision resources available to recently qualified gestalt play therapists in South Africa. Qualitative data was collected to provide depth and insight and therefore present a more holistic picture to answer the research question.

Furthermore the preliminary literature review revealed that traditionally qualitative research uses the term participant and quantitative research uses the term respondent. For the purposes of this study hence forth the term participant will be used to describe interview participants (key informants) and respondents for the questionnaire respondents (recently qualified play therapists working from a gestalt approach).

#### **1.4.4 Research Type**

There are two types of research known as basic research and applied research. According to Bordens and Abbott (2011:4-5) and Wilson and Maclean (2011:27) basic research aims to provide data about some phenomena to confirm or disconfirm theoretical or empirical positions. Applied research in the opinion of Bordens and Abbott (2011:4-5) and Wilson and Maclean (2011:27) aim to collect data to provide results that can be useful for making decisions to address 'real world' problems. Bordens and Abbott (2011:63) are of the opinion that applied research is useful for

developing a working environment that is conducive to high levels of practice and job satisfaction. This is also the purpose and goal of supervision.

Therefore applied research as explained and discussed by Bordens and Abbott (2011:4-5) and Fouché (2005:105) was used for the purpose of this study with the objective of conducting descriptive research to answer the research question.

### **1.4.5 Research Design**

The research design is the plan for collecting and analysing data that will answer the research question appropriately (Flick, 2009:128; Gavin, 2008:32,373). As was mentioned earlier a combined approach was used for the purpose of this study. For the purpose of collecting quantitative data the researcher used the survey design and for collecting qualitative data an instrumental case study design was used.

#### *1.4.5.1 Survey Design*

Gavin (2008:17) describes the survey design as a non-experimental method of gathering data that can include the use of questionnaires. For the purpose of this study the researcher compiled a questionnaire which was emailed to the sample population.

According to Wilson and Maclean (2011:253) surveys can have a limited and specific scope and purpose and are useful to meet pragmatic needs by providing data useful for determining changes. The scope of this survey is limited to a specific group and its purpose is to provide data to describe the availability of supervision resources for this specific group. Surveys collect and provide information about a topic and in the opinion of Gavin (2008:155) should not be conducted to produce pre-determined results.

#### *1.4.5.2 Instrumental Case Study Design*

For the purpose of this study qualitative data was collected using the instrumental case study design. The instrumental case study is used by the researcher to gain knowledge and understanding about an issue (Fouché 2005:272). This design is appropriate for this research study as the researcher needs to gain expert opinion and understanding of the current availability of supervision resources. According to McBride (2010:49) a case study is an in-depth exploration of an individual or individuals, or a process or activities that possess a common identifying factor.

In the case of this study interview participants were selected for their knowledge and experience in gestalt therapy theory and their experience in providing supervision based on the gestalt approach. According to Goodwin (2005:405) and Silverman (2006:306-308) key informants can provide specific in-depth information and insight relevant to answering a research question.

#### **1.4.6 Population and Sampling**

Sampling is used to choose a representation of the population appropriate to answering the research question as it is often not logically possible to include the total population (Strydom & Venter:2005:199; Bordens & Abbott, 2011:163). According to McBride (2010:114-116) choosing the appropriate method of sampling can reduce sampling error. Bordens and Abbott (2011:163) and Wilson and Maclean (2011:161) describe the population as comprising each possible individual in the group of interest in a research study. Arkava and Lane (2005:198) make a distinction between universe and population, describing the universe as all possible individuals who possess the attributes that the researcher is interested in. The population refers to individuals in the universe who possess specific characteristics. The latter description is utilised in this study.

Since a combined approach was used in this study data was collected from two separate research populations, which were chosen from two different universes. Universe A represented the quantitative part of the research and Universe B represented the qualitative part of the research.

##### *1.4.6.1 Universe A*

- Universe A comprised all play therapists working from a gestalt approach trained by the CCYFS and currently practicing in South Africa.
- The population was all play therapists working from a gestalt approach trained by the CCYFS and currently practicing in SA and who possess the specific characteristic of having recently completed their M Diac degree in play therapy.

As the research population is small and members have unique needs due to geographical location the total population will be included. In the opinion of Strydom and Venter (2005:200) studies researching small populations, as is the case with this study, should include the total population to ensure representation and accuracy, thus improving validity of the measuring instrument. Involving the total population in the survey counters the disadvantage of the research sample not being representative according to Wilson and Maclean (2011:268).

A sampling frame will be used because a sampling frame according to Gavin (2008:161) allows all possible individuals in a population to be identified so that a sample may be drawn from the actual population of individuals. The sampling frame used for this study was the mailing list of email addresses drawn up by the CCYFS of all play therapists trained in a gestalt approach who recently qualified. According to Wilson and Maclean, (2011:175) a sampling frame rarely perfectly matches the population of interest and biases are often introduced. The sampling frame utilised for this study did bias those whose email address has changed or been discontinued. This bias was considered when evaluating the results of this research study.

#### *1.4.6.2 Universe B*

- Universe B comprised all professionals involved in the training of play therapists at the CCYFS who work from a gestalt approach in SA.
- The population was all those professionals involved in the training of play therapists at the CCYFS who work from a gestalt approach and qualified in providing supervision based on a gestalt approach.

The non-probability method of purposive sampling was used to choose research participants. In the opinion of De Vos (2005:379) key informants are selected for their expertise concerning the topic of the research study and so provide the researcher with an expert opinion. For the purposes of this study key informants were chosen due to their expertise and / or decision making power in the fields of gestalt therapy training and supervision based on the gestalt approach at the CCYFS. Other criteria for selecting research participants are that they volunteer to take part in the study and are able to understand and communicate in English and have access to Skype technology.

#### **1.4.7 Data Collection**

This study as mentioned in 1.4.5 utilised the survey design, using the questionnaire method to collect quantitative data (refer appendix A) and the instrumental case study design using the structured interview method to collect qualitative data (refer appendix B). These two data collection methods will now be discussed.

##### *1.4.7.1 Data Collection using the Survey Design*

The survey design as mentioned earlier is described by Gavin (2008:17) as a non-experimental research method that can include the use of questionnaires for collecting data. Traditional methods of data collection such as face to face or telephone interviews would be too costly and time consuming as this is a small and specific research population who reside throughout SA. Internet surveys according to Bordens and Abbott (2011:270) and Wilson and Maclean (2011:267) are

efficient, cost effective and conserve natural resources as they are paperless. They can reach both large and diverse research populations and as is the case with this research study small and specific widespread research populations.

According to Wilson and Maclean (2011:273) a thorough knowledge of the topic being researched is important for question development and enhancing content and face validity. Therefore questionnaires were constructed after conducting the literature review, to ensure the questionnaire measures what it is supposed to measure and is thus valid. The purpose of this questionnaire was to explore and describe what supervision resources are currently available for recently qualified play therapists working from a gestalt approach in South Africa.

Bordens and Abbott (2011:261-262) Gavin (2008:155), and Wilson and Maclean (2011:254-267) are all of the opinion that questionnaire development consists of several steps or stages that begin with defining the aspects, which are to be examined and end with the interpretation of results. The survey questionnaire for this study was compiled by the researcher following the six steps set out in Wilson and Maclean (2011:254-267), which in their opinion facilitate the development of a questionnaire that will provide reliable and valid results.

1. Decide what information should be sought.
2. Decide what type of questionnaire should be used.
3. Write a first draft of the questionnaire.
4. Re-examine and revise the questionnaire.
5. Pre-test the questionnaire.
6. Edit the questionnaire and specify the procedures for its use.

These steps are described in detail in Chapter 4.

The questionnaire for this study was a self-administered questionnaire that was distributed by email. Respondents completed the questionnaire in their home or work place when it was most convenient for them. A disadvantage of self administered questionnaires is that the researcher is not present to explain instructions and control the research environment and ensure respondents are answering conscientiously (Wilson & Maclean, 2011:268). As complex navigational designs are not suitable for email questionnaires (Wilson & Maclean, 2011:267) the questionnaire was designed to be short and simple. In the opinion of Wilson and Maclean (2011:264) short simple questionnaires that are typed and formatted so the questions and the response spaces are easily identifiable aid in countering the researchers' lack of control over the research environment.

This questionnaire comprised of close ended questions or items and partially open-ended questions. Close ended questions have a restricted number of response alternatives (Bordens & Abbott, 2011:262; Wilson & Maclean, 2011:260) and according to Gavin (2008:155) are quicker for the participant to complete and quicker for the researcher to code and analyse. Partially open-ended questions are like close ended questions but also include an ‘other’ category to allow for a response not listed among the alternatives given (Bordens & Abbott, 2011:263; Wilson & Maclean 2011:260).

According to Rosnow and Rosenthal (2005:112) having the questionnaire reviewed by an expert and pilot tested by persons who fit the criteria enhances the validity of the measuring instrument. This questionnaire was reviewed by an expert in education and a Clinical Psychologist and was pilot tested with play therapists working from a gestalt approach and who did not participate in the research study.

#### *1.4.7.2 Data Collection using the Instrumental Case Study Design*

Qualitative data was collected using Skype to conduct structured interviews Wilson and Maclean (2011:264) are of the opinion that when conducting Skype interviews it is useful to ask interviewees’ demographic questions first so as to put them at ease and begin to build rapport. Skype interviews were conducted because the interview participants cannot be easily or economically accessed for face to face interviews due to geographical distance from the researcher. A structured interview schedule was used. A structured interview schedule is a set sequence of pre-determined questions to guide the interview and provide detailed data (Strydom, 2005:302; Wilson & Maclean, 2011:202). According to Wilson and Maclean (2011:201) a structured interview is one in which the researcher asks the research participants the same set of prepared questions in the same order. An interview schedule was compiled using the steps set out in Gupta (2007:48). Once the interview schedule had been developed, it was pilot tested by a Clinical Psychologist familiar with the gestalt approach and experienced in providing supervision. According to Wilson and Maclean (2011:203) usually only a few questions are asked and the schedule should be flexible enough to allow the interviewee to give their own answers. Therefore, open-ended questions were used for this study. The researcher did as Gavin (2008:156) suggests and took care not to ask leading questions that may imply a particular type of answer is required. The researcher also did not assume a prior knowledge of the topic under discussion. According to Wilson and Maclean (2011:203-204) the researcher by not assuming a prior knowledge can facilitate the interviewee to reveal information that may have been presumed as obvious and so otherwise not have been revealed.

## **1.4.8 Data Analysis**

Before data can be interpreted, it needs to undergo categorising, manipulation (Kruger, De Vos, Fouché & Venter 2005:218) organisation and summarisation (Bordens & Abbott, 2011:392). How data is organised depends on the type of research design and in the case of this study a survey was used to collect quantitative data and structured interviews were used to collect qualitative data.

### *1.4.8.1 Analysing Quantitative data*

In the opinion of Bordens and Abbott (2011:392) the most appropriate method to organise survey data is to create a data summary sheet, this data summary sheet comprises each respondent's response/s to each item on the questionnaire. Before recording the responses the response categories for each item are assigned a dummy code. A code sheet is also created to give the precise wording of each item and to indicate what the dummy code represents. A dummy code is a number assigned to represent a quantitative variable (Bordens & Abbott, 2011:397).

There are two ways in which statistics and statistical techniques are used namely descriptive statistics and inferential statistics (Wilson & Maclean, 2011:283). According to Wilson and Maclean (2011:316) descriptive statistics summarise data and present data as tables and graphs to convey a characteristic of a sample population. Inferential statistics use techniques, which test the likelihood that data from the sample represents the total population.

The process for analysing survey data is dependent on the type of data and the number of items in the survey (Gavin, 2008:160). For the purpose of this study the survey was simple with few items so data was analysed manually. Each item was analysed separately thus according to Gavin (2008:159) responses can be treated as ordinal data and analysed using non-parametric tests.

The way in which analysis is conducted depends on whether the results of the survey are expected to be descriptive, normative or show cause and effect (Wilson & Maclean, 2011:283). For the purpose of this study the results were expected to be descriptive. Descriptive results are obtained using techniques such as frequency distributions and measures of a central tendency. In the opinion of Bordens and Abbott (2011:406) a first step to perform when analysing data is to create a frequency distribution for each variable in a correlation study. Bordens and Abbott (2011:406) and Wilson and Maclean (2011:296) describe a frequency distribution as sets of mutually exclusive categories into which values observed in the data are sorted, the number of each data value falling into each category being the frequency.

This study displays the frequency distributions in the form of graphs. Bar graphs are used as according to Wilson and Maclean (2011:304) these are most appropriate when the variable is categorized and discrete as opposed to continuous.

#### *1.4.8.2 Analysing Qualitative Data*

Analysing qualitative data means organising data into meaningful and manageable units to identify patterns and themes, which will be relevant to answering the research question and that fit the criteria being observed (Gavin, 2008: 248). This type of analysis is known as thematic analysis. However, Wilson and Maclean (2011:552-553) hold the opinion that there is little agreement on how to conduct thematic analysis. For the purpose of this study data analysis was conducted following the guidelines set out by Braun and Clarke (in Wilson & Maclean, 2011:552-553), who describe this technique as flexible and not tied to any particular epistemology or theoretical framework. Interviews were transcribed using guidelines in Wilson and Maclean (2011:205) and a copy was sent to the interviewee as soon as possible to assess the validity of the transcribing and to allow the interviewee to request the removal of any information they do not want disclosing (Wilson & Maclean, 2011:204).

A literature control was conducted to verify the research findings and the researcher practiced reflexivity as described by De Vos (2005:369) and Wilson and Maclean (2011:206) in order to reflect on the research process to identify any subjective or contextual factors that may have influenced the outcome of the research study. Subjective and contextual factors that were reflected upon are a) A relationship already exists between the interviewer (researcher) and the interviewee, b) the researcher has a personal interest as a student busy with her M Diac (in play therapy) degree.

According to Neukrug (2007:373) in qualitative research the terms credibility and trustworthiness are more appropriate than validity. Validity is associated with quantitative research (Gavin, 2008:55) as it refers to the degree to which scientific explanations of phenomena match reality (Neukrug, 2007:371). Proponents of qualitative research reject the view of an objective, measurable and external reality and adhere to the view that reality is subjective. Therefore credibility was measured by gaining the participants perspective of the truthfulness of the findings and conclusions (Silverman, 2006: 282-289; Wilson & Maclean, 2011:562).

Qualitative analysis follows a logical as opposed to a statistical process (Neukrug, 2007:374). In the opinion of Gupta (2007:73) trustworthiness of qualitative data can be enhanced by the researcher being attentive to data collection and analyses methods. The researcher reflected on the research

results and evaluated the results by asking if the analysis was coherent and consistent with the research process and if the results were presented logically and clearly as according to Wilson and Maclean (2011:561) this enhances credibility and trustworthiness.

## **1.5 ETHICAL ISSUES**

In the opinion of Bordens and Abbott (2011:204) ethical issues should be considered in the initial process of developing research protocol. This protocol should be accepted by the review board and followed in order to counter any possible ethical issues that could arise (Strydom, 2005:75).

Ethical codes of conduct are not set rules but rather guidelines to direct researchers in making ethical decisions relating to their research study (Wilson & Maclean, 2011:597). These guidelines are set out by professional bodies to govern the behaviour of researchers so that they and the participants/respondents may be protected from physical, psychological or financial harm (Strydom, 2005:73-74). Bordens and Abbott (2011:203) use the term beneficence to describe the concept of protecting the research participant/respondents from harm.

Wilson and Maclean (2011:598) go on to describe some of the “fundamental ethical principles” which need to be adhered to by the researcher in order to conduct ethical research. These principles are summed up as competence, responsibility and integrity. The researcher is responsible for carrying out competent research, reports results accurately, to manage resources honestly, acknowledge those who have contributed, consider the possible consequences to the participants of participating in the research study and make those concerned with the topic being researched aware of any issues and concerns that the research may reveal.

This research study complied with the protocol accepted by the Ethics committee associated to the CCYFS. The researcher designed and planned the research so that it was carried out competently, the results were reported accurately and all references in the text acknowledged. Central to the ethical guidelines and designed to protect the respondent/participant according to Bordens and Abbott (2011:204), Gavin (2008:75) and Strydom (2005:63-64) are three concepts essential for conducting ethical research and these are 1) respect for the respondent/ participant 2) the respondent/participant’s informed consent and 3) the respondent/participant’s right to privacy and confidentiality.

1. Respect for the respondent/participant: The respondents/participants in this study were volunteers and were not coerced into participating, therefore according to Bordens and

Abbott (2011:202) respecting their autonomy. Ethical issues and possible negative consequences have been considered and no risk is foreseen to the respondents or participant's physical or psychological health by taking part in this research study. Participation did not put the respondents or participants under any undue risk or stress. Respondents did complete survey questionnaires and Skype interviews were conducted with participants at a time and place of their choosing. The topic under discussion was not a sensitive one so participation in the research study did not cause anxiety for the respondents or participants. The issue of privacy and confidentiality is dealt within point 3.

2. Informed consent: In order to be able to give informed consent the questionnaire respondents and interview participants were supplied with information relating to the duration, purpose and procedures of taking part in the research and informed of their right to refuse to participate and withdraw at anytime without prejudice (refer appendices C and D). Interview participants were informed that with their consent the interviews would be recorded. Informed consent and privacy and confidentiality according to Bordens and Abbott (2011: 207-209) and Wilson and Maclean (2011:605) can pose major ethical concerns for online internet research using for example, 'chat rooms' which are open to the public. For research such as this, in which the survey was conducted offline and the interview was conducted privately, traditional ethical guidelines as described above are appropriate (Bordens & Abbott, 2011:207; Wilson & Maclean, 2011:605-606).
3. Privacy and Confidentiality: All data collected from respondents and participants is kept under lock and key on the researcher's hard drive and accessed only by password. According to Bordens and Abbott (2011:208-209) and Wilson and Maclean (607-608) collecting data using a personal computer that is protected by a security program and storing data on a portable hard drive, which is kept under lock and key can ensure the privacy of the respondent / participant. Recordings of the interviews are also kept under lock and key. All data collected from respondents was coded before opening and filed separately ensuring anonymity. From the data the researcher drew limited inferences about behaviour and only aggregate results were reported in order to maintain the respondent's confidentiality.

Bordens and Abbott (2011:205,209) discuss deception in research and are of the opinion that deception is permitted when it is justified by the studies' significant value or when non-deceptive procedures will not provide relevant data. According to Gavin (2008:29) intentional deception

should if at all possible be avoided. There was no need to deceive either the respondents or the participants in this study as non deceptive procedures were appropriate to collect relevant data.

Strydom (2005:66), Gavin (2008:26) and Wilson and Maclean (2011:604,609) discuss the need for debriefing of the participant particularly if deception has been used and/or if the participant is displaying or reporting signs of psychological distress as a result of participating in the study. The researcher is of the opinion that participants of this study were not harmed psychologically, physically, financially or professionally. If such harm were to have occurred, participants had been supplied with the contact details of the researcher who undertook to take the necessary steps possible, such as making a referral, to assist the participant to deal with the harm done.

## **1.6 DEFINITION OF KEY CONCEPTS**

According to De Vos (2005:29) a concept is “a category of perceptions or experiences” labeled with a word. A word can have different connotations thus it is important that the researcher defines and provides the specific meaning of the key concepts in a research study. This is done so that the results may be interpreted unambiguously. The key concepts in this study are supervision, resource, gestalt, gestalt therapy approach, play therapy and gestalt play therapist.

### **1.6.1 Supervision**

The Health Professions Council of South Africa (2008:9) defines supervision as “the acceptance of liability by a supervising practitioner for the acts of another practitioner”. Starak (2001) broadly defines supervision in the gestalt therapy approach as “facilitating the process of the therapist’s response ability in working with the client or group”. Van Beekum (2007:140) describes supervision as a dynamic process of alternating between practice and meta-reflection. The successful outcome being the freeing of the therapist from fixed patterns (fixed gestalt) of experiencing and behaving.

For the purposes of this study an amalgamation of the above definitions was used and supervision was defined as being; contact between two or more members of the same profession in order to provide support, education, information and entry into the profession. Supervision enables the therapist to develop a dialogical relationship, to work more creatively, ethically and responsibly with the client and to develop professionally and personally as a therapist.

### **1.6.2 Resource**

The Concise Oxford Dictionary of Current English (1995:1172) defines resource as 2a. The mean/s available to achieve an end, fulfill a function, b. a stock or supply that can be drawn on, c. an available asset/s. The American Heritage Dictionary of the English Language (2009) defines resource as 1. Something that can be used for support or help. 2. An available supply that can be drawn on when needed. 3. The ability to deal with a difficult or troublesome situation effectively. 4. Means that can be used to cope with a difficult situation. Collins English Dictionary (2003) defines resource as: 5. A supply or source of aid or support; something resorted to in time of need.

For the purpose of this study resource will be defined as a means to achieve an end, as a stock or supply that can be drawn on and used for support and assistance in order to deal with difficult or troublesome situations and to grow and develop professionally and personally as a play therapist.

### **1.6.3 Gestalt**

In Blom (2006:18) gestalt is described as German term with no English equivalent and defined as “an entity or whole of which the total is more than its component parts, that has a certain degree of structure and which remains recognisable as a whole, as long as the relationship between the part’s remains”. This is a well-recognised definition of gestalt and as such will be the definition used for the purposes of this study.

### **1.6.4 Gestalt Therapy Approach**

Blom (2006:18) defines the gestalt therapy approach as “a form of psychotherapy that focuses on that which is immediately present. Gestalt therapy is an existential and phenomenological approach, with the emphasis on awareness in the here and now and immediate experiencing”. According to Bowman (2005:5) gestalt therapy is “a ‘process’ psychotherapy with the goal of improving one’s contact in community and with the environment in general. This goal is accomplished through aware, spontaneous and authentic dialogue between client and therapist. Awareness of differences and similarities [is] encouraged while interruptions to contact are explored in the present therapeutic relationship”. Gestalt therapy theory has a field perspective and is based on the approaches of phenomenology, existentialism and holism (Yontef, 1993).

The gestalt therapy approach for the purposes of this study is defined as an existential, phenomenological, holistic and experiential approach, focused on awareness in the here and now and on immediate experiencing. Awareness of contact making with self, others and the environment

(field) and interruptions and distortions to contact making are explored within the dialogical relationship between client and therapist.

### **1.6.5 Play Therapy**

Play Therapy International (2008) defines play therapy as using a variety of play and creative arts' techniques to alleviate chronic, mild and moderate psychological and emotional conditions in children that are causing behavioral problems and/or are preventing children from realizing their potential. The American Heritage Medical dictionary (2007), defines play therapy as a form of psychotherapy used with children to help them express or act out their experiences, feelings and problems by playing with dolls, toys other play material while under the guidance or observation of a therapist. Merriam-Webster Dictionary (2012) defines play therapy as a psychotherapy in which a child is encouraged to reveal feelings and conflicts in play rather than verbalization.

For the purposes of this study play therapy will be defined as a psychotherapeutic approach where the therapist utilises a variety of play, creative arts and dramatization to facilitate children to express or act out their experiences, feelings and problems verbally or non-verbally.

### **1.6.6 Gestalt play therapists**

Gestalt play therapy according to Blom (2006:20) can be considered a “psychotherapeutic technique that uses the principles and techniques of gestalt therapy during play therapy with the child. By developing a therapeutic relationship and contact, and according to a specific process, children are given the opportunity to confirm their sense of self verbally and non-verbally, to express their thoughts and to nurture themselves. Various forms and techniques of play are used during the different stages [of therapy]”.

Gestalt play therapists, according to Oaklander (1997:281-289), “use play as a therapeutic process with children and adolescents according to the theoretical principles of gestalt therapy. Various forms of play such as creative, expressive, projective and dramatized play can be used”. The gestalt play therapist is responsible for facilitating an increase in children’s awareness of their process and of how they may be diminishing or distorting contact with their field, and for promoting the integration of children’s cognitions, emotions, body and senses into a holistic entity. Thus strengthening children’s sense of self to the extent that they are able to face and deal with unfinished business (Blom, 2006:86).

For the purposes of this study play therapists working from a gestalt therapy approach will be defined as a practitioner trained according to the gestalt principles by the CCYFS in Wellington and the North Western University to work as a play therapist.

## **1.7 SUMMARY**

In this chapter an overview was given regarding aspects such as the rationale and motivation for the study. Results of a preliminary study revealed that many students were concerned about how they were going to meet their requirement for supervision based on a gestalt approach when they began practicing. The following research question was formulated; what supervision resources are available to recently qualified play therapists working from a Gestalt approach in SA?

The stated goal of this research study is to make use of combined qualitative and quantitative research methods to explore and describe what supervision resources are available to recently qualified play therapists working from a gestalt approach in SA. Specific objectives and methodologies used to achieve this goal were explained including research approach (combined quantitative and qualitative), research type (applied) and research designs (survey and instrumental case study). The populations and sampling procedures, data collection and data analysis were described and ethical issues discussed.

Lastly the researcher gave a discussion of the definition of the key concepts that form the basis of the study. These concepts will subsequently be discussed and unpacked in chapters two and three.

## **CHAPTER 2: LITERATURE REVIEW ON GESTALT THERAPY THEORY AND THE GESTALT FIELD PERSPECTIVE**

### **2.1 INTRODUCTION**

A literature review is conducted to gain a thorough assessment of research and literature carried out in the area of study (McBride, 2010:33; Neukrug, 2007:356). This literature review has been carried out to provide a paradigm and theoretical framework through which to view the research study. The further aim of this chapter is to create an understanding of the field of the play therapist working from the gestalt approach to place the research problem into context.

The literature review for this chapter focuses on literature relevant to gestalt therapy theory, the gestalt field perspective and play therapy from a gestalt approach. The review revealed a growing body of literature discussing and explaining gestalt therapy theory and the gestalt field perspective. Fewer literature works however were found relating to play therapy from a gestalt approach. References for this chapter were chosen because of their relevance to the research study. Up to date references were used where possible, and otherwise, works by respected, authoritative authors were used.

### **2.2 THE GESTALT THERAPY APPROACH**

For the purpose of this chapter the researcher will start by explaining a gestalt approach, including a definition and description of the term gestalt, followed by an explanation of the founding principles of a gestalt therapy theory approach, namely existentialism, phenomenology and holism. The gestalt field perspective will then be explained. This will be followed by a discussion on the gestalt play therapeutic process including an explanation of dialogical contact making.

#### **2.2.1 Gestalt**

Gestalt is a German word, which denotes the concept of a whole as being something that is more than the sum of its total parts, but the whole remaining recognisable as long as the relationship between the parts remains (Blom, 2006:18). According to Schoeman (2007:56) the term gestalt may refer to buildings, organisations, psychological functions or human beings. Parlett and Denham (2007:227) refer to a gestalt as an organised, recognisable and understandable pattern made up of a back ground (ground) and a foreground (figure). The recognition and understanding of the gestalt is organised interactively by the observer's perception of past experience, the current situation, expectations for the future and by emotional and affective state at the time of observation. Lewin (in

Woldt & Toman, 2005:8) on the other hand describes the mind as being a ‘gestalten’, a mixture of weakness and strength in constant communication.

### **2.2.2 Gestalt therapy theory**

Gestalt therapy theory has a field perspective and is based on the approaches of phenomenology, existentialism and holism (Blom, 2006:18-19, 22; Bowman, 2005:10; Kirchner, 2000 & Yontef, 1989). Fleming Crocker (2005:71) and Kirchner (2000) describe the phenomenological approach of Husserl (1859-1938) and the existential approach of Heidegger (1889-1976) as providing gestalt therapy theory with a methodology and technique for understanding the subjective world of the client. This understanding is achieved through enhancing awareness, exploring experience and choice and emphasising responsibility and authenticity and so ultimately facilitating clients to discover their own personal meaning or truth. The view of the person as a unified whole within and an interactional part of the environment (holism) was in the opinions of Blom (2006:22) and Kirchner (2000) adopted in order to fully understand human behaviour. Yontef (2005:93) is of the opinion that this view is in line with the field perspective of gestalt therapy theory as he views field thinking as being holistic. The above-mentioned approaches will now be discussed in the context of gestalt therapy theory.

*Phenomenology* is according to Gavin (2008:570) both a philosophical perspective and a method of understanding and exploring the client’s unique subjective experience and interpretation of the world. As mentioned in 2.2.2 Fleming Crocker (2005:66-73) and Joyce and Sills (2007:16-26) explain that in gestalt therapy the therapist uses the phenomenological process to facilitate discovery of the client’s personal meaning or personal truth and not to create an objective knowledge. This is done according to Joyce and Sills (2007:16) by therapists facilitating clients to become more aware of how they perceive and experience their world in the here and now of the moment. Therapists do not interpret the client’s behaviour (Fleming Crocker, 2005:68; Yontef, 2005:94) but through experiments and explorations facilitate an increase in the client’s awareness of how their perception of their world is influencing how they make contact with their world. This method of exploring was initially proposed by Husserl (1859-1938) who was of the opinion that reality can only be understood from the perspective of the observer (Gavin, 2008:238-239; Woldt & Toman, 2005:66). People create their own ‘reality’ and personal meaning through the perception of their own experiences. Fleming Crocker (2005:67-68) and Joyce and Sills (2007:17-20) go on to explain that in order to understand the client’s unique subjective world from the client’s perspective the therapist working from a gestalt approach utilises three skills. Firstly bracketing which involves interacting with the client with an open mind and being non-judgmental, as if putting ones

assumptions, prior beliefs and values outside of the therapy room. Secondly description where therapists working from a gestalt approach describe rather than interpret the client's as well as their own behaviour as it occurs. Thirdly horizontalisation where all behaviour that the client and the therapist working from a gestalt approach experience during therapy is considered equally important and significant, be it in the form of words, facial expressions or emotional expression, all are equally meaningful in increasing awareness of the clients unique world or field. Fleming Crocker (2005:69) goes on to explain that if therapists working from the gestalt approach were to assign all verbal and non-verbal behaviour the client displays equal importance it would be difficult for therapists to intervene appropriately and effectively. Therefore gestalt therapists need to make evaluative distinctions based on their personal and professional knowledge and experience in order to identify which areas to explore and revise with the client in therapy and clarify as needed as the clients own meaning becomes clearer.

*Existentialism* focuses on how people directly experience their lives (Yontef, 1993) and how people create meaning in relation to their life experiences. Concepts mentioned in Kirchner (2000) central to existentialism are freedom, responsibility and authenticity. Existentialists believe that people have the inborn capability for free will and are therefore able to make choices in their lives. The person has a need to be responsible for those choices as each choice affects the self and others (Neukrug, 2007:100). Neukrug (2007:94) goes on to explain that humans are born into a world where some choices are not theirs (such as being born with Human Immune-deficiency Virus), yet despite their circumstances' humans are always free to choose how to perceive and make meaning of their lives. According to Fleming Crocker (2005: 70-71), Joyce and Sills (2007:36) and Neukrug (2007:95) as awareness of this freedom of choice increases so does awareness of responsibility for self and the need to be aware of the motivation and consequences of one's behaviour become more apparent. . Increased self-awareness and self acceptance (the integration of the various aspects of the person) facilitates the person becoming more authentic and more capable of self support and making choices that are effective. Fleming Crocker (2005:70-71) is of the opinion that the unique reaction the individual chooses with regards to this particular existential task is strongly influenced by the person's unique field at the specific time of making the choice.

*Holism* sees the whole of life as being relational. Animate and inanimate organisms are all part of one interactive, interdependent and continually changing eco-system therefore human beings cannot be understood apart from their environment. Human beings are seen as being growth orientated and self-regulating entities (organisms) in themselves within the entity, which is their environment (Blom, 2006:22; Kirchner, 2000).

### **2.2.3 The Gestalt Field Perspective**

Lewin's idea of Field Theory influenced the Gestalt Field Perspective (Bowman, 2005:9; Parlett, 2005:46; Spagnuolo Lobb, 2005:25-26) and the concept of viewing and understanding the organism (human being) and environment as being a reciprocally interacting whole. From a gestalt perspective the term *organism/environment field* (Spagnuolo Lobb, 2005:25-26; Yontef, 1993) is used to describe the mutually, reciprocal, continuous and interactive relationship between the individuals and their environment (organism/environment field). Field from a gestalt perspective is not viewed as a system but as an ongoing process. The field is phenomenological and is defined by the observer and so only meaningful when the observer's frame of reference is known. According to Spagnuolo Lobb (2005:26) and Yontef (1993) the field from a gestalt perspective is more than subjective experience because gestalt sees perception as being relational. Human beings and their environment are not two separate things brought together. The human being is not 'in the field' but 'of the field' (Yontef, 2002). The organism (human being) and environment co-create one another (Parlett, 2005:48) through their contact making with one another.

Five principles developed by Parlett (1991:68-91) describe the concept of the field as adapted from Field Theory by the gestalt approach, more clearly. Firstly the principle of organisation; this principle according to Parlett (2005:48) states that meaning derives from the complete situation as all things are interconnected. An individual's behaviour can therefore not be understood by viewing a few facts in isolation (Parlett, 1991:70), but it is understood by viewing it in context of the interconnectedness of all the parts of the field. The more comprehensive the picture the more in-depth is the understanding of the behaviour (Harris, 2005:2).

Secondly the principle of contemporaneity; this states that past experiences or future expectations do not shape human behaviour, it is the perception of the experience and associated memories and expectations at that particular moment, which explain behaviour (Parlett, 1991:70-71; Philippson, 2005; Parlett, 2005:49). Conversely according to Parlett (1991:70-71) the perception of the present field in turn affects how the past or future is perceived.

According to the third principle, namely singularity every single human being's experience and field is unique and can only be understood from the perception of the person whose world it is. Several people may experience the same event but each will perceive it differently, depending upon factors making up their specific, unique field at that time (Parlett, 1991:71-72).

Fourthly the principle of changing process; Parlett (2005:49) writes that the field is in a constant state of flux. The field is not a fixed entity but a process of continuous change, no field remains constant nor can a field be duplicated. The mutually reciprocal interaction between the human being (organism) and the environment (field) is a continuous process, which co-creates changes in both the organism and the environment moment by moment, continually.

Lastly the principle of possible relevance; this states that all aspects of the organism or environmental field are potentially relevant because all come together to form the whole (Parlett, 1991:72-73). According to Fleming Crocker (2005:67) and Joyce and Sills (2007:20) no aspect of the organism or environmental field is more or less important or influential than another. Human behaviour cannot be understood by looking at one aspect alone such as past experiences or current patterns of behaviour or thinking. It is the reciprocal interaction between all aspects at a specific time in a specific context that forms the whole. As indicated before by Blom (2006:19) meaning can only be understood by viewing it in the context of the field. Therefore according to Joyce and Sills (2007:24) the field includes the internal and external worlds of the client and the constantly changing reciprocal relationship between the two. The gestalt play therapist therefore needs to view children within the context of their whole field.

### **2.3 PLAY THERAPY FROM THE GESTALT APPROACH**

Play therapy from the gestalt approach is a psychotherapeutic technique based on the principles and using the techniques of gestalt therapy theory during play with children. Play is not only an effective and natural language for children (Reynolds, 2005:158) it also plays a necessary part in children's development (Oaklander, 1997:301). Play facilitates learning, increased self-awareness and understanding. Blom (2006:15, 19) explains that children do not have the vocabulary to express their experiences and emotions nor do they understand emotions. However through play children can experience emotions, thoughts and behaviour related to past experience, future expectations and current events in the here and now. The emphasis in play therapy from a gestalt approach therefore is also on awareness of experience in the here and now and promoting children's awareness of both themselves and their environment (field) and of the interdependence between children and their fields. In Reynolds (2005:159) opinion the field perspective offers the gestalt play therapist a framework for a holistic dynamic and comprehensive understanding of children's behaviour and patterns of interaction.

Gestalt play therapists use directive play techniques to facilitate children learning about themselves and about their own and others emotions and how to express emotion appropriately (Blom, 2006:19-20). Through increasing awareness issues are played out so that children's behaviour is

normalized. Gestalt play therapists use mediums such as clay, sand, puppets, dolls and paint throughout the therapeutic process, to increase children's awareness of what is happening inside themselves (thoughts, feelings, bodily sensations) and of how they are making contact with their environment and others in their field (Blom, 2006:52-53).

Blom (2006:49) utilises Oaklander's model of gestalt play therapy and describes therapy as a process consisting of six phases, namely;

- Relationship building.
- Contact making and strengthening the sense of self.
- Emotional expression.
- Self nurturing...
- With some children if the inappropriate process persists a further phase of handling the inappropriate process is worked until the process is appropriate.
- Termination.

Oaklander (1997:293) and Blom (2006:49) agree that these phases are not necessarily linear, but rather they blend into one another and the gestalt play therapist can move back and forth from one phase to another beginning with relationship building, and throughout the therapeutic process children learn to become part of a trusting relationship. As the relationship develops, the gestalt play therapist begins facilitating an increase in children's awareness of self, and moves into strengthening their sense of self and improving their contact making capabilities. In the opinion of Oaklander (1997:292) children with a weak sense of self might fear that if they were to contact their unexpressed emotion related to for example a past traumatic experience the force of the emotion would overwhelm them. This is something that the play therapist should particularly be aware off.

Improving children's contact making capabilities is also an integral part of this phase and particular attention is paid to sensory and bodily contact making. Children can behave in fixed ways that detract from their ability to make full contact with their field, known as contact boundary disturbances (Blom, 2006:31) or as interruption or resistance to contact (Spagnuolo Lobb, 2005:33). Joyce and Sills (2007:112-113) prefer to use the term modification to contact, and go on to say that modifications to contact can be both healthy and unhealthy. An example of a healthy modification to contact would be withdrawing from a situation where a physical fight has begun. According to Spagnuolo Lobb (2005:33) unhealthy modifications or interruptions to contact develop when children's needs are continually not being satisfactorily met. To alleviate the anxiety created by their needs not being met children learn to behave in other ways such as deflecting. For example, a

boy with a need for his father's approval but who is continually criticised by his father learns to avoid the anxiety of being criticised by ignoring his father (deflection) and withdrawing from contact. Deflection then becomes a fixed pattern of interrupting contact making. Children's sense of self is co-created through their reciprocal interaction with significant others in their lives and of how their needs are met. The boy in the above example may develop a weak sense of self and come to believe that he is incompetent and will never succeed (introjection) and will particularly ignore evidence to the contrary.

Importantly however increasing children's sense of self and improving their contact making capabilities enables children to begin to contact unexpressed emotions and deal with unfinished business or fixed gestalts (Oaklander, 1997:292; Blom, 2006:115). The gestalt play therapist can then facilitate children to work through the phase of emotional expression, initially facilitating children to learn about emotions in general and then moving onto exploring, experiencing and learning about their own emotions. According to Blom (2006:52-53) as children become increasingly aware of their own emotions, thoughts and bodily sensations they can begin to own them and to realise that they can make choices of how to think and feel thus they can learn to accept responsibility for themselves.

Before termination of therapy sessions the gestalt play therapist facilitates children to be able to self nurture (Blom, 2006:151). Children are helped to 'learn to love themselves' and learn to accept the parts of themselves they reject and to integrate these parts into a whole, which they believe is worthy of self nurturing. The general aims of therapy according to Blom (2006:51-54) are to facilitate children to accept and integrate all the parts of themselves (cognitive, sensory and affective) thus increasing their capability for making full contact with their field in the here and now and therefore enhancing their ability to address their needs in an appropriate and satisfactory way, in other words to self support.

In the opinion of Blom (2006:175) the achievement of these aims is one reason to terminate therapy sessions with children, although children may require further therapy at a later phase of their cognitive and emotional development. Blom (2006:175) goes on to say children reach a 'ceiling' in therapy and need time to process and assimilate the changes they have undergone. Also strong and continuous resistance from children can indicate that therapy needs to be terminated as children are not ready to deal with unfinished business.

Through continual reciprocal interaction gestalt therapists and children co-create the therapeutic field in which growth and healing can take place (Parlett, 2005:53). Throughout the therapeutic process play therapists working from a gestalt approach use themselves as a tool for facilitating growth and healing within children (Kirchner, 2000; Reynolds, 2005:154). The gestalt play therapist models authenticity and dialogical contact making, creates experiments to increase children's awareness and maintains a high level of awareness of their own and of children's way of contact making.

### **2.3.1 The therapeutic relationship**

The therapeutic relationship is an essential factor in the therapeutic process particularly in the gestalt therapy approach (Joyce & Sills, 2007:43; Oaklander, 1997:293). Without a trusting and authentic relationship the play therapist working from a gestalt approach is likely to encounter problems carrying out the therapeutic process (Blom, 2006:54; Reynolds, 2005:154) particularly when working with children. According to Joyce and Sills (2007:41-56) the development of the gestalt therapeutic relationship rests upon three factors that are the provision of a safe container, the establishment of a working relationship and the opportunity for a dialogical relationship. These factors will subsequently be discussed alongside possible issues that may arise, with particular reference to recently qualified play therapists working from a gestalt approach.

#### *2.3.1.1 The provision of a safe container*

As described earlier, according to Joyce and Sills (2007:41-56) therapists are responsible for providing children with a 'safe container' or environment in which they can feel free to express themselves, increase self awareness and experiment with new behaviour through play. Thus therapists need to consider their play room and the equipment they have and ask themselves whether the play room is appropriate and safe for the children's development level.

An aspect that could also provide a safe container for the child involves setting boundaries. According to Blom (2006:61) boundaries provide structure to the therapeutic relationship and so provide children with a sense of security. Blom (2006:62-64) goes on to say that therapists are responsible for providing age appropriate boundaries related to time, (commencement and ending of sessions), use of materials in the play room, aggressive behaviour within the therapeutic relationship, movement in and out of the play room, respect for those within the therapeutic field and moral behaviour. Another consideration is that children and their parents/guardian need to feel confident that if they experience emotional outbursts and breakdowns in the therapeutic environment that the therapist can contain their emotional outbursts and breakdowns without

themselves also breaking down. Recently qualified play therapists working from a gestalt approach may experience difficulties setting and maintaining boundaries with children, their parents and with co-workers. Or they may have difficulties containing aggressive children or their parent/s. In supervision recently qualified play therapists working from a gestalt approach could be assisted by the supervisor to acquire and practice skills to put firmer boundaries in place with co-workers, parents and children. Recently qualified play therapists working from a gestalt approach could also acquire and practice skills in supervision, which would facilitate containment of children's and parents emotions.

#### *2.3.1.2 The establishment of a therapeutic relationship*

Some factors according to Joyce and Sills (2007:41), which facilitate the establishment of the therapeutic relationship, are the creating of therapeutic and administrative contracts that are agreeable to the therapist the child and the child's parents or guardians. Both the child and parents agree to the conditions of therapy, such as when and at what time the therapy will take place and for how long and also commit to their role in participating in the therapeutic process. The therapist offers the child and parents support and commitment. A positive therapeutic relationship will sustain therapeutic work even when the child demonstrates extreme resistance. Recently qualified play therapists working from a gestalt approach may need supervision to increase their awareness of children's resistance to making contact with the play therapist, and also how to explore and work with the resistance. Joyce and Sills (2007:140-154), Melnick and March Nevis (2005:110) explain that transference and counter-transference can negatively affect the establishment of a therapeutic relationship. Transference occurs out of awareness and happens when children transfer expectations and beliefs they have developed through their interactions with significant others (adults) onto the therapist (Joyce & Sills, 2007:140) to maintain their perception of how adults behave toward them. For example children whom have been continually emotionally abused by a parent can transfer their feelings of distrust and fear onto the therapist. The therapist may then in turn become disillusioned and anxious and so react with frustration toward the child. Through this reaction the child's perception that adults can not be trusted and are to be feared could then be enforced. Joyce and Sills (2007:150) refer to this reaction of the gestalt play therapist to the children as counter-transference. Joyce and Sills (2007:42) further say that recently qualified therapists could benefit from the encouragement and support of a supervisor to realistically assess the effectiveness of their relationship with child clients and their parents/guardians and where needed to explore transference and counter-transference.

### *2.3.1.3 The offer of a dialogical relationship*

To relate dialogically the gestalt play therapist needs to develop a dialogical attitude and in order to do this the gestalt play therapist needs to practice inclusion, presence and be committed and open to dialogue (Joyce & Sills, 2007:44; Yontef, 2005:95-96). These aspects will subsequently be discussed.

- **Inclusion:** Inclusion is making contact with another being with one's whole self and not just a 'part' of oneself such as the 'therapist part'. The play therapist working from the gestalt approach makes contact with children in the present moment with full awareness and with full acceptance of the child as a unique being. The play therapist working from a gestalt approach does not make any assumptions about or judge children. The play therapist working from a gestalt approach while meeting the child with their whole being needs at the same time to maintain their sense of self as separate being to avoid 'losing' themselves in children's traumatic stories (Joyce & Sills, 2007:46-47; Schoeman, 2006:6; Yontef, 2005:95). Sometimes though, practicing inclusion may be difficult. In situations like these play therapists working from a gestalt approach need to be able to self support and know when to ask for supervisory aid in understanding and practising inclusion. For example recently qualified play therapists working from a gestalt approach may find it difficult to fully accept a parent who abuses alcohol and consequently abuses their child. This could be investigated in supervision where the play therapist could be made aware of the reasons why they are experiencing difficulty accepting the parent. Perhaps they are experiencing counter-transference due to unresolved issues related to their own personal experience. Supervisors may explore the counter-transference response with play therapists by suggesting that they ask themselves if the response to the father is realistic, if the feeling associated to the response is similar to the feeling they had when relating to their own parent. If the feeling is similar then the response is the play therapists own transference, and the supervisor may also recommend the play therapist attends personal therapy (Joyce & Sills, 2007:150-151).
- **Presence:** Inclusion requires that play therapists working from a gestalt approach be fully present in the relationship that they bring their true and whole self into the relationship. Play therapists working from a gestalt approach are responsible for bringing their full awareness and attention into the therapeutic relationship with children and to express themselves honestly, genuinely and authentically. How much and when to self-disclose to children can be discussed in supervision. Again issues of transference and counter-transference can be explored because these can also affect the gestalt play therapists' ability to stay present with the child (Joyce & Sills, 2007:49). Certain administrative issues such as outstanding fees may detract from the recently qualified gestalt play therapists' ability to remain present

particularly with children whose parents owe money. In supervision gestalt play therapists could learn methods of bringing themselves into the present and discuss ways of collecting outstanding fees.

- Commitment to dialogue: According to Schoeman (2006:5) dialogue is a process and play therapists working from a gestalt approach need to commit to this process and trust in it. Thus allowing the relationship to unfold naturally and not steering the relationship in one direction or another. Dialogue is non-manipulative and non-exploitive contact and is entered into with no end goal in mind, but with an open mind (Yontef, 2005:96). By being present and inclusive play therapists working from a gestalt approach demonstrate to children that they are open to and available for dialogue. The supervisory relationship can model this commitment and trust in dialogue to recently qualified play therapists working from a gestalt approach.
- Being open to dialogue: Being inclusive, present and committed to dialogue allows the play therapist working from a gestalt approach to be open or available to dialogue. Schoeman (2006:6) is of the opinion that dialogue is not just done by play therapists working from a gestalt approach, but is lived by them as they commit their whole being and presence to dialogue. The gestalt therapist according to Joyce and Sills (2007:50) needs to facilitate children to feel that they are able to express verbally or non-verbally anything they have experienced and/or are currently experiencing. One way of facilitating this is for gestalt play therapists to openly and honestly express their own responses to children with the condition that the response will be helpful to children and facilitate the development of the therapeutic relationship. Schoeman (2006:5) is of the opinion that dialogue creates the therapeutic relationship, which is a relationship of sharing and a movement of energy between the two. Dialogue grows out of the moment of interaction, from the immediacy of the experience. Sometimes play therapists may feel frustrated because they feel ‘stuck’ as to how to create an interchange of energy with children who are displaying strong resistance to making contact. Discussing this in supervision however may provide them with deeper insight and new techniques to practice.

The indication is that gestalt play therapists can encounter a variety of issues. This creates a very real need for gestalt play therapists to seek supportive and experienced supervision to help them address these issues, so that they can continue to provide children and their parents with a therapeutic environment that is conducive to the healing process and growth of the child.

## **2.4 SUMMARY**

The researcher agrees with the opinion of Melnick and March Nevis (2005:109-110) that supervision is particularly essential for gestalt therapists, because the gestalt therapist is a critical component in the process of co-creating the therapeutic relationship, without which therapy work is not possible. Play therapists working from a gestalt approach are required to adopt a dialogical attitude toward children to promote an authentic relationship that is crucial for the therapeutic process to be positive and successful. Play therapists working from a gestalt approach are also required to continually practice awareness of how children are behaving and disrupting contact making with their field, and how they, as play therapists, are in turn reacting toward children and how they may be co-creating one another through their interactions. Play therapists working from a gestalt approach therefore need to have a heightened awareness of the whole therapeutic field in order to facilitate an increase in children's awareness of their self and how they are making contact with their field (internal and external). The need for the play therapist working from a gestalt approach to be authentic, highly aware and creative can be difficult to maintain even for the more experienced therapist.

The field of the play therapist working form a gestalt approach, both inside and outside of therapeutic practice is continually changing and situations occur that can make it difficult for play therapists to practice inclusion and presence, for example a play therapist may be experiencing difficulties in their personal relationships. It is essential then that play therapists attend supervision to maintain their own personal growth and psychological health so as to be fully available for children.

## **CHAPTER 3: SUPERVISION FROM A BROAD AND GESTALT PERSPECTIVE**

### **3.1 INTRODUCTION**

Firstly supervision from a broad perspective and then supervision from a gestalt perspective will become the focus of discussion in this chapter and finally a framework for gestalt supervision will be described.

According to Neukrug (2007:228), Resnick and Estrup (2000:121) and Van Beekum (2007:140-148) supervision is an essential resource and critical component for promoting the professional development and personal growth of therapists throughout their career. Supervision can provide less experienced therapists with the opportunity to discuss their feelings of anxiety in relation to work and to practice skills and techniques (Corey, 2005:21). Supervision however provides all therapists at all levels of experience with a safe and contained space (Hawkins & Shohet, 2007:5) to explore counter-transference and patterns of experiencing and behaving toward a client that may be distorting the therapeutic relationship (Aveline, 2007:525; Corey, 2005:21). Increasing awareness of counter-transference feelings and dealing with these feelings in supervision according to Corey (2005:31) and Van Beekum (2007:140-148), brings about changes in the therapist's perspective of the field, which in turn frees up the therapist to adopt a dialogical attitude toward the client (Neukrug, 2007:222-223).

Hawkins and Shohet (2007:5, 28-29) are of the opinion that without supervision therapists can begin to feel ‘stuck’ and become rigid in their approach to therapeutic work. The quality of therapeutic work can deteriorate and the therapist may experience feelings of guilt and inadequacy, which when accompanied with the normal stress of therapeutic work can lead to burn out. According to Corey (2005:340) and Van der Westhuizen (2009:111) the therapist who makes regular use of supervision resources remains current and continues to develop professionally and personally, reduces work related stress and avoids ‘burn out’.

### **3.2 SUPERVISION FROM A BROAD PERSPECTIVE**

It is the therapist's responsibility to seek supervision. Those therapists who do not seek supervision are “dead” to the profession and likely to be harmful to clients. Therapists need to ensure that they seek supervision throughout their professional careers so that they may continually work in the best interests of their client (Neukrug, 2007:233).

Neukrug (2007:222) provides a comprehensive definition of supervision as being “...an intensive, extended and evaluative interpersonal relationship in, which a senior member of a profession 1) enhances the professional skills of a junior person 2) assures quality services to clients and 3) provides a gate keeping service for the profession”. Definitions of supervision given by the Health Professions Council of South Africa (HPCSA) and Starak (2001) focus on the responsibility for and overseeing of a less experienced professional by a more experienced professional. In therapeutic practice the purpose of supervision is to promote the growth and development of the therapist (Neukrug, 2007:222; Van Beekum, 2007; Yontef, 1997:150, 153) in order to meet the goals of therapy, which are to facilitate healthy growth in the client (Starak, 2001). According to Van Beekum (2007) supervision has grown as an important resource for promoting professionalism in many fields and particularly in the field of psychotherapy because therapists work independently and creatively.

Resnick and Estrup (2000:21) describe supervision as being multidimensional and as not being only to address problems within the therapeutic relationship. Yontef (1997:150) describes supervision as being made up of three components, the administrative component, the educational component and the consultation component. Starak (2001) describes three types of supervision interventions, which are basic interventions, more complex interventions and fundamental interventions. Starak (2001) and Yontef (1997:150) refer to three main areas of focus in supervision that involves the following: 1) Increasing the therapist’s knowledge of administrative, professional and ethical aspects of running a practice; 2) Assisting with specific problems relating to the client therapist relationship, such as counter transference and patterns of reacting to the client which may not be beneficial to the client’s growth and 3) Further education of the therapist and development of new skills. The main goal of each of these areas is the personal and professional growth of the therapist in order to facilitate the therapist to continually work in the best interest of the client (Neukrug, 2007:222; Yontef, 1997:150).

Van Beekum (2007:140) describes supervision as a dynamic process of alternating between practice and meta-reflection. The successful outcome being the freeing of the therapist from fixed patterns (fixed gestalt) of experiencing and behaving, which may have been preventing the therapist from making willing and authentic (dialogical) contact with the client. Van Beekum (2007:143) goes on to say if the exploration of the therapist’s patterns of experiencing and behaving within the therapeutic relationship moves from the work environment to the therapist’s personal life it then becomes therapy. Supervision is work related and it is this factor that serves as the divide between therapy and supervision.

Although supervision is generally perceived as being supportive certain factors have been identified that may contribute to the supervisee feeling persecuted and or shamed when receiving supervision (Aveline, 2007:537). Research by Burkard, Johnson, Madson, Pruitt, Tadych- Contreras, Kozlowski, Hess and Knox (2006:288-301) and Burkard, Knox, Hess and Schultz (2009:1, 3, 22, 23) revealed that supervisors' unresponsiveness toward and non-affirmation of the supervisee can negatively affect and may even harm the supervisee, the supervisor / supervisee relationship and clients' outcomes.

Hawkins and Shohet (2007:3, 15-16, 36) are of the opinion that a positive experience of supervision at the beginning of a therapists career facilitates the seeking of on going supervision throughout a therapists career. Conversely according to Hawkins and Shohet (2007:36-40) a negative experience of previous supervision can deter therapists from seeking ongoing supervision. Another deterrent to seeking supervision is related to the supervisor's dual role of both evaluator and supporter of the therapist. The evaluative role may inhibit therapists from disclosing to supervisors areas of therapeutic work they perceive as being sub-standard, thus denying them needed support in those areas as they fear assessment (Hawkins & Shohet, 2007:36-40). Inhibitions and defense patterns (disruptions to contact) of therapists who perceive that they may be judged by the supervisor and a 'fear of authority' may make therapists feel unable to divulge their 'mistakes' or feelings as this could enhance their feelings of inferiority.

Practically therapists may be unable to afford the time or expense of supervision resources and may be geographically distant from supervision resources. Those therapists according to Ray (2004:30) who do not seek supervision for whatever reason or only seek supervision when they encounter a problem with a client risk harming their client and/or being ethically, legally or morally compromised.

### **3.2.1 Types of Supervision resources**

There are several types of supervision and with current technological developments it is now possible for therapists to use more than the traditional face to face method of supervision to meet their supervision needs. The different types of supervision will be briefly described:

- Face to face supervision: In this type of supervision an arranged meeting takes place between an experienced therapist (the supervisor) and a lesser experienced therapist (the supervisee) to address supervision needs. In the opinion of Neukrug (2007:224) the advantage of face to face supervision is that the interaction can be free flowing, spontaneous

and full contact can be made. Disadvantageously face to face supervision can be time consuming and expensive due to the need to travel and take time from work.

- Peer supervision: This supervision happens amongst peers and is usually a less formal method of supervision, and may take place as a one on one meeting or as a group meeting. A disadvantage is that peers may not be disciplined enough to focus on discussing needs arising from the therapeutic setting. However, an advantage is that peers have the same level of work experience and encounter similar problems and so provide an opportunity for the release of tension and built up negativity (Hawkins & Shohet, 2007:24; Benjamin & Sohnen-Moe, 2011).
- Group supervision: This is often more organised than peer supervision and usually taking place on a regular basis with a designated leader. According to Andersson (2008:38), Benjamin and Sohnen-Moe (2011) an advantage of group supervision is that participants become aware that they are not alone in their experiences, ideas can be exchanged and discussed. A disadvantage is that an individual may be overlooked and important issues may be ‘brushed over’ due to time constraints.
- Telephone supervision: Singer (2008) is of the opinion that supervision conducted over the telephone is advantageous in that therapists can make contact with supervisors, peers or colleagues, who are geographically distant. Being unable to see one another is both advantageous in that interaction can be more directed than a face to face interaction and disadvantageous as the interaction is less free flowing and spontaneous.
- Internet supervision: Internet supervision using Skype is a form of combined telephone supervision and face to face supervision, thus overcoming the disadvantages of not being able to see one another and geographical distance. Supervision can also be in the form of emails, in this instance the disadvantage is an answer to a question may not be received immediately. The advantage, if the need is not urgent, is that the formation of the question can be given more thought (Mulhauser, 2011).
- Reflection or Self-supervision: Reflecting on one’s therapeutic work through the keeping of a reflective journal is a method of self supervision. Hawkins and Shohet (2007:42-43) are of the opinion that as a sole source of supervision it is not sufficient to address supervision needs, but it can serve to increase the therapist’s awareness and so provide useful information to enhance other types of supervision. For the reflective journal to be effective therapist’s need to have the courage to be honest and open about their work experiences and related feelings and have time to complete the journal regularly.

- Workshops: Workshops are not usually seen as being supervision, but are included as they promote continuing professional development by providing learning and practice of new skills. A disadvantage of attending workshops is the time and finance needed.

### **3.3 SUPERVISION FROM A GESTALT PERSPECTIVE**

Literature on gestalt based supervision seems to be lacking (Resnick & Estrup, 2000:122; Yontef, 1997:147). There are only a few articles some, which focus on broad issues of supervision and others which focus on narrow topics of supervision. The most recent of these articles being by Yontef (1997) who published an article titled ‘Supervision from a Gestalt Therapy Perspective’, Brier (1998) who wrote an article titled ‘The Gestalt Reflecting Team’ and Resnick and Estrup (2000) with their article titled ‘Supervision: A Collaborative Endeavor’. In this latter work Resnick and Estrup (2000, 121-137) mention earlier works and raise awareness of the lack of literature and research relating to supervision and for the need for a framework of supervision. Starak (2001) agrees that there is a growing need for a comprehensive framework for supervision due to the growing proliferation of centers training gestalt therapists. An article by Ray (2004) discusses supervision for play therapists and notes the opinion that supervision should fit the therapeutic process and the supervisor should be trained in and knowledgeable of the specific play therapeutic orientation of the play therapist.

From a gestalt perspective Starak (2001) broadly defines supervision as

“...facilitating the process of the therapist’s response ability in working with the client or group. Gestalt supervision is a here and now process that explores the contact boundary between the therapist and the client’s system for the purpose of enabling the therapist to become creative and fully alive in the therapy session”.

The goal of supervision based on the gestalt approach is the same as for all psychotherapeutic disciplines, namely the protection and growth of the client through facilitating growth in the therapist (Yontef, 1997:153).

Gestalt supervision follows the same principles as gestalt therapy and to achieve the above goal the supervisor uses dialogue, experimentation and phenomenological focusing (Yontef, 1997:147). Supervisors use the above principles in order to facilitate the increased awareness of gestalt play therapists as to how they may be diminishing and/or distorting contact making during therapy sessions with their client (Yontef, 1997:147). The supervisor/supervisee relationship often mirrors

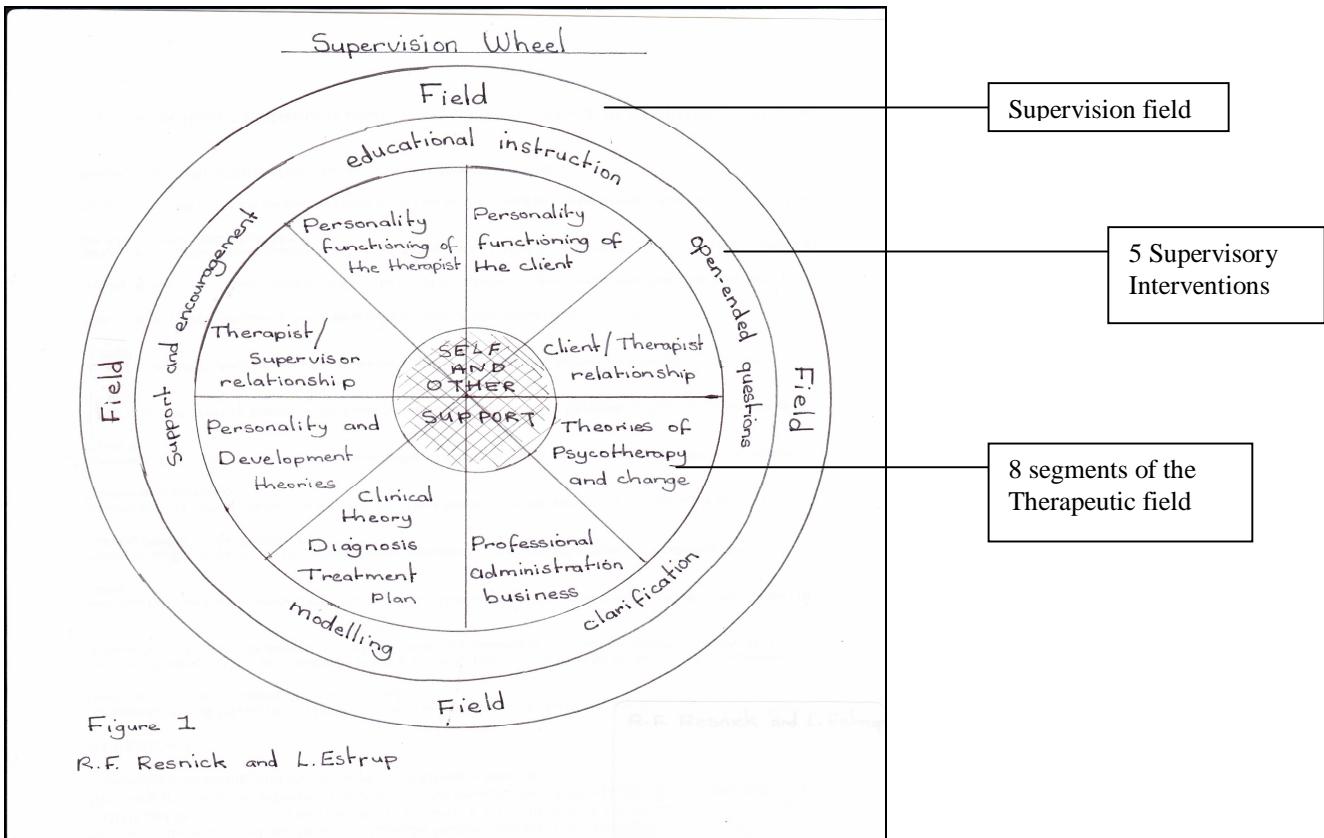
the client/therapist relationship that means that the supervisor will also facilitate awareness of how the supervisor/supervisee are relating.

As mentioned throughout point 2.3.1 blocks such as counter-transference that prevent dialogical contact making with children can be explored in supervision. Starak (2001) describes this type of supervision intervention as a basic intervention, Yontef (1997:151, 157) describes it as consultation. Consultation is one of three components of supervision described by Yontef (1997:151-152) the educational function and administration are the other two components. Consultation focuses on the supervisee as a person and on increasing awareness of self and on understanding contact boundary distortions between supervisee and the child client. The supervisee is also facilitated in gaining a greater awareness of children's character and process (Yontef, 1997:152). The educational component entails the supervisor sharing knowledge of theory, techniques and skills with the supervisee to enhance the supervisee's knowledge base. The administrative component involves the practicalities involved with the therapists working environment, such as adhering to organisational policy or running a private practice.

According to Yontef (1997:147-148) all work in supervision is creative adjustment and needs to encompass as much of the interrelating aspects of the field as possible. Supervisees' bring to supervision what is on their foreground and the supervisory relationship provides the background from which exploration can begin. In their article 'Supervision a Collaborative Endeavor' Resnick and Estrup (2000) describe a supervision model from a gestalt therapy perspective. They call this model The Supervision Wheel, which will subsequently be discussed.

### **3.3.1 The Supervision Wheel**

Resnick and Estrup (2000:121-123) developed the 'Supervision Wheel' as a more holistic framework for gestalt supervision that focuses on eight segments or windows through which the supervisor and supervisee can together explore what is happening within the therapeutic and supervision fields. A visual representation of the 'Supervision Wheel' is shown in the diagram figure 3.1.



**Figure 3.1**

In this diagram the outer circle represents the supervision field, which encompasses the therapeutic field, which is symbolised by the eight windows or segments. Resnick and Estrup (2000:122,133) also describe five supervisory interventions these are indicated on the diagram between the supervision and therapeutic fields. The supervisor can make use of these five interventions to explore into each window or segment of the supervision wheel in order to facilitate an increase in the therapists' awareness of the therapeutic field. The five supervisory interventions are as follows;

- Educational instruction: for example the supervisor explains theoretical concepts to the supervisee.
- Open-ended questions: these are used by the supervisor to facilitate thoughtful and comprehensive insight for the supervisee, increasing the supervisee's awareness.
- Modelling: the supervisor models skills to the supervisee that are essential to developing a dialogic attitude such as listening and appropriate sharing with the client.
- Support and encouragement: supervisors support therapists enough to empower them to become self supportive and not dependant on the supervisory relationship.
- Lastly clarification, which is used by the supervisor to access the world of the supervisee through the use of statements and questions aimed at increasing the supervisee's awareness of their field (Resnick & Estrup, 2000:133).

Underlying each of these interventions is the field perspective and the concept of support (self and other). Supervisors understand supervisees within the context of their field and encourage them to become more self-supportive and to utilise healthy organismic self regulation to improve contact making with the client within the therapeutic field. Thus the supervision framework is in line with the principles of the gestalt therapy approach in that this framework also has a field perspective, encompasses holism and focuses on what the supervisee brings to supervision. Therefore what is on the supervisee's foreground is what is addressed in supervision.

The eight windows through which the supervisor and supervisee can together explore the needs of the supervisee are explained as follows, each with an example of how one of the five supervisory interventions mentioned above could be used:

#### *3.3.1.1 Personality theory and Developmental theory*

It is important that the supervisor and supervisee have a thorough knowledge of personality and human development theories applicable to the theoretical orientation of the therapist. Supervision will focus on the application of theory as it relates to the specific client, providing educational and practical instruction for therapy work. The supervisor could ask open-ended questions to assess whether the supervisee is relating to the child in a manner suitable to the child's level of development and also taking into consideration the child's historical field in understanding the child's personality (Resnick & Estrup, 2000:124-125).

#### *3.3.1.2 Theory of psychotherapy and change*

It is important the supervisor and supervisee have the same theoretical orientation (Resnick & Estrup, 2000:125). Gestalt therapy theory has a field perspective, therefore supervisors can explore with supervisees to see if they are viewing clients within their field and not ignoring factors such as the client's culture. Gestalt therapy theory is a phenomenological approach, so supervisors and supervisees may explore if the supervisee is giving attention to how the child is organising data and making meaning of their experiencing. Skills to increase children's awareness as to how they are contributing to their own experiencing could be practiced in supervision. Supervisors may use the supervisory intervention of educational instruction to enhance the supervisees' knowledge of theoretical concepts and teach related skills.

#### *3.3.1.3 Personality functioning of the client*

From the gestalt approach personality development and functioning occurs through contact and organismic self regulation. When a need arises, such as hunger, how this need is met effects the

development of the personality. If the hunger is appeased satisfactorily and timorously children develop trust and confidence in the field. Conversely if the need is not met satisfactorily, children ‘learn’ to mistrust the field. Thus, the focus in therapy is on the contact functioning of children and identifying disruptions to contact. Increasing children’s awareness of their contact making process is a primary aim of gestalt therapy (Resnick & Estrup, 2000:127). Factors such as physical attributes, class, race, age and historical field need also to be considered when understanding the personality functioning of children. During supervision play therapists have the opportunity to learn and practice techniques useful for improving children’s contact making skills.

#### *3.3.1.4 Personality functioning of the supervisee*

The therapist is as human as the client and so their personality development and functioning also occur through contact and organismic self regulation. Therefore increasing the supervisee’s self-awareness, during supervision, of how they are making contact with children is important but the focus in supervision will be on issues of contact making that interfere with the child/therapist relationship. Supervisors may use educational instruction to teach supervisees about bracketing and clarification to increase awareness of the supervisee’s process (Resnick & Estrup, 2000:128).

#### *3.3.1.5 Relationship between client and therapist*

In supervision the quality of the client/therapist relationship can be explored, supervisors can ask open-ended questions related to different aspects of the therapeutic relationship namely: whether the relationship is a horizontal or hierarchical one? – how are transference issues being dealt with? and whether therapists are authentic and present? What the dynamics of the relationship are? (Resnick & Estrup, 2000:128).

#### *3.3.1.6 Relationship between supervisor and supervisee*

This relationship is similar to that of the client/therapist relationship and can mirror the client/therapist relationship. It is equally important in supervision as in therapy that the relationship begins with a contract about wants and expectations and with an exploration of the historical field of the therapist and with emphasis on previous supervision experiences. A discussion concerning issues that may detract from developing a healthy, supervisory relationship also needs to take place (Resnick & Estrup, 2000:128). Supervisors could use clarification to gain a clearer understanding of the therapist’s historical field.

### *3.3.1.7 Clinical theory*

Phenomenology informs the methodology of play therapy from the gestalt approach. Play therapists working from a gestalt approach make contact with awareness, which involves awareness of their own process, of the client's process and of the dynamics of the two interacting. The play therapist working from a gestalt approach facilitates enhanced awareness in clients about how they are contacting their field (process). This increase in awareness enables clients to make more informed choices and so healthy self regulation can take place. The supervisor while interacting with the supervisee can model contact with awareness or educate the supervisee about phenomenology (Resnick & Estrup, 2000: 131).

### *3.3.1.8 Professional, Administration and Business*

Attending to professional, administration and business issues is often an overlooked part of both the training of therapists and of the supervision process (Resnick & Estrup, 2000:132). Recently qualified play therapists working from a gestalt approach enter into practice (either private, in an institution or organisation) and are faced with decisions not directly related to therapeutic process or theory. Examples being fees and financial administration, and how to attend to ethical issues related to business practice. The supervisor may inform the supervisee of upcoming workshops as a resource to learn and practice appropriate skills related to conducting business professionally and ethically.

This model of supervision serves as a meta-model and can be applied to other theoretical orientations because it focuses on modes of thinking and attitudes, which can benefit supervision in general. This approach according to Resnick & Estrup (2000:122) is useful for both novice and experienced therapists.

## **3.4 SUMMARY**

Play therapists trained in the gestalt approach receive supervision during their training. Once training is successfully completed they, like other therapists from all other therapeutic disciplines are required to seek out their own supervision resources. Therapists who do not seek out their own supervision resources risk professional stagnation, a loss of motivation and feelings of ineptitude, guilt and/or shame (Hughes, 2010; Neukrug, 2007:233; Ray, 2004:36). Therapists are then unable to work in a manner that will promote the best interests of their client and may even find themselves embroiled in legal and ethical issues and experiencing burnout. The goal of supervision from all therapeutic disciplines is the professional and personal growth of the therapist to promote and facilitate healthy growth in the client.

According to Parlett (2005:53) therapists working from a gestalt approach co-create the therapeutic field with their clients, therefore therapists need to be continually aware of how they are behaving or feeling toward clients. As this will affect the therapeutic field and have consequences for clients, which may be detrimental to their psychological growth. Parlett (2005:53) further says that attending supervision enables therapists to gain greater awareness of how they are making contact with their clients. The Wheel of Supervision developed by Resnick and Estrup (2000) is described as an appropriate supervision model for Supervisors working from the Gestalt approach.

## **CHAPTER FOUR: EMPIRICAL STUDY**

### **4.1. INTRODUCTION**

Chapter two and three comprised the literature review. Chapter two explained the gestalt therapy approach and the principles and assumptions underlying this psychotherapeutic approach. Chapter three gave explanations of supervision from a broad and then from a gestalt perspective, finishing with a description of a framework for supervision based on the gestalt approach. This chapter deals with the empirical objective and will focus on the compilation and choice of the two groups of sample participants. Research designs used for the purpose of this study will be described and discussed as will the data collection and data processing methods utilised.

### **4.2. DESIGN**

In (1.4.4), the empirical research was explained as being a combined quantitative and qualitative descriptive approach. To gather quantitative data the non-experimental survey design was used and questionnaires were emailed to research respondents throughout South Africa (refer to 1.4.5.1). To collect qualitative data the instrumental case study design was used and structured interviews were conducted via Skype with interview participants (refer to 1.4.5.2). A combined approach was used as this according to Flick (2009:134) gives a more holistic view by providing more in depth data thus enhancing insight relevant to answering the research question (Silverman, 2006:306-308).

### **4.3. POPULATIONS AND SAMPLES**

For the purposes of this study research populations were chosen from two different universes, which were named as Universe A and Universe B. Quantitative data was collected from the research population of Universe A and qualitative data from the research population of Universe B.

#### **4.3.1 Universe A**

- Universe A comprises all play therapists working from a gestalt approach trained by the CCYFS and currently practicing in SA.

The population will be all play therapists working from a gestalt approach trained by the CCYFS and currently practicing in SA and who possess the specific characteristic of having recently completed their M Diac in play therapy from a gestalt approach.

The total number fitting the criteria of the sample population was twenty three practitioners.

#### **4.3.2 Universe B**

- Universe B comprises all professionals involved in the training of play therapists at the CCYFS who work from a gestalt approach in SA.

- The population will be all those professionals involved in the training of play therapists at the CCYFS who work from a gestalt approach and qualified in providing supervision based on a gestalt approach.

The research population was chosen using the non-probability method of purposive sampling. Two key informants were chosen due to their expertise within the field of training and supervising of play therapists who work from a gestalt approach.

#### **4.4. MEASURING INSTRUMENTS AND DATA COLLECTION METHOD**

For the purpose of this research study, a quantitative measuring instrument, which involved a survey questionnaire and a qualitative data collection method, which involved a structured interview schedule were used to conduct the empirical phase of research. The survey questionnaire and then the structured interview schedule will now be described and discussed in relation to their nature, rationale and motivation for use and in respect of their validity and reliability. A copy of the survey questionnaire can be found as appendix A and of the structured interview schedule as appendix B.

The questionnaire for this research study had to be developed by the researcher as no relevant measuring instrument could be sourced. Data gathered from the questionnaires and information taken from the literature review was used to develop the structured interview schedule.

##### **4.4.1. Questionnaire**

The researcher developed the questionnaire to provide descriptive statistics, which would describe what supervision resources are currently available for recently qualified play therapists working from a gestalt approach in SA (refer to appendix A). The questionnaire was developed around three main areas of focus identified from the literature, these were further education and training, administrative and professional development and case consultation. A structured format was used for the questionnaire, which consisted of twenty one items of a quantitative and qualitative nature. Closed ended questions were used to provide quantitative data and partially open-ended questions in the form of an ‘Other’ category provided qualitative data. Close ended questions according to Gavin (2008:155) are quicker for the respondent to complete and quicker for the researcher to code and analyse. Partially open-ended questions were included, as these provide an ‘Other’ category so as to allow for a response to be given, which is not listed among the options of ‘alternatives’ given in the questionnaire (Wilson & Maclean, 2011:260).

The items on the questionnaire were developed to collect data relevant to answering the research question, for example items were related to the types of supervision utilised, how often supervision is attended and whether the supervision resource is based on the gestalt approach or not.

The survey questionnaire was compiled by the researcher following the six steps set out in Wilson and Maclean (2011:254-267), which in their opinion facilitate the development of a questionnaire that will provide reliable and valid results. These steps will now be discussed in relation to the compilation of the questionnaire for this study.

**Step one** required a decision as to what it was the study wanted to find out. According to Wilson and Maclean (2011:254) a clear purpose of the topic under study will focus the questionnaire and provide unambiguous results. The purpose of this questionnaire is to find out what supervision resources are currently available to recently qualified therapists working from the gestalt approach in SA.

**Step two** required a decision as to what type of questionnaire was to be used. The questionnaire for this study was a self-administered questionnaire that was distributed by email because the sample population is widely spread throughout SA. As complex navigational designs are not suitable for email questionnaires (Wilson & Maclean, 2011:267) the questionnaire was designed to be short and simple. As the total research population was asked to take part in the survey, the disadvantage in the opinion of Wilson and Maclean (2011:268) of the research sample not being representative was countered thus enhancing the external validity of the questionnaire.

**Step three** was the writing of the first draft. In Gavin's (2008:154) opinion it is important to consider who will be completing the questionnaire and how the instrument will look to them. Therefore questions were written in simple clear language, terms the respondents were familiar with were used and ambiguous terms and terms respondents may be unfamiliar with were defined. The researcher took care not to use double-barreled questions or loaded questions and avoided using emotionally charged and negative wording because according to Gavin (2008:155) these types of questions can deter the respondent from completing the questionnaire.

**Step four** was the re-examination and revision of the first draft. The researcher re-worked the questionnaire and as suggested by Wilson and Maclean (2011:255) had the finalised product reviewed by experts who have knowledge of survey questionnaire development and of the research topic. A clinical psychologist with knowledge of the gestalt therapy approach and an expert in

education at the Nelson Mandela Municipal University with knowledge of questionnaire development reviewed the questionnaire and provided feedback.

**Step five** was the pilot testing of the questionnaire. According to Rosnow and Rosenthal (2005:112) the pilot test must be done with respondents who fit the criteria to qualify for the research population but who will not be participating in the research study, so as to enhance the validity of the measuring instrument. For this study the questionnaire was pilot tested with four play therapists trained in the gestalt approach by the CCYFS who are currently practicing in SA while completing their M Diac (play therapy) degree.

**Step six**, feedback from the experts and from the pilot testing was used to edit the questionnaire. These experts then approved the final draft on which the procedures for the use of the questionnaire by respondents were clearly specified.

In the opinion of Wilson and Maclean (2011:264) to ensure the finished questionnaire is attractive, coherent and professional the questionnaire must be checked and spelling mistakes and grammatical errors corrected. The questionnaire was typed and formatted so that questions and response spaces were easily identifiable. Wilson and Maclean (2011:264) are of the opinion that putting interesting questions first and demographical questions last will capture the attention of the respondent and encourage them to participate. Gavin (2008:155) further proposes putting easy non-threatening questions first and then more sensitive questions later. This questionnaire did not require the disclosure of sensitive information and placed demographical questions at the start of the questionnaire because these are non-threatening and so are useful as a start to the interview.

#### *4.4.1.1. Rationale of and motivation for application of the instrument*

An internet survey questionnaire was used because the method is convenient and cost effective and could reach all of the sample population, because the research respondents were spread throughout SA and all had access to internet connection. According to Bordens and Abbott (2011:270) research has shown that results from internet surveys are equivalent to paper and pencil surveys, unless the topic is a sensitive one then the telephone survey is the better approach. The researcher does not consider the topic for this study to be sensitive.

A survey was used because this type of design provides direct input from practitioners and in the case of this research study of respondents who have recently qualified as play therapists working from the gestalt approach. The data collected by means of this instrument were used to describe

what supervision resources are currently available to recently qualified play therapists working from the gestalt approach in SA.

#### *4.4.1.2. Nature, administration and interpretation*

This was a self report questionnaire, which respondents completed at home or at their place of work and in their own time. The questionnaire consisted of twenty-one items or questions. Wilson and Maclean (2011:256) are of the opinion that it is not necessary to ask questions if the answer is not relevant to the study, thus avoiding irritating the respondent. It was not deemed relevant for the purposes of this study to know the gender, age or marital status of the respondent. Questions one to four collected data relevant to the following factors; the geographical area the respondent resides in, the type of environment they were working in, the discipline in which the respondent practices play therapy based on the gestalt approach and the type of work place in which play therapy based on the gestalt approach is practiced. Questions five to eighteen focused on the ways the respondents are or are not able to meet their need for supervision based on the gestalt approach. Question nineteen asked if the respondent had received any training in supervision based on the gestalt approach and question twenty asked the respondent if they provided supervision based on the gestalt approach. Question twenty one asked what type of supervision based on the gestalt approach they provided.

Each question from one to twenty-one required the respondent to mark the appropriate response or responses with an X. The questionnaire took the respondents approximately fifteen minutes to complete. Responses on completed questionnaires were coded by the researcher and frequency distributions were created for each item (twenty-one in total). This was done as a pre-requisite for creating tables and graphs to describe the data.

Data collected was represented using nominal and ordinal ratio scales where appropriate. Ordinal ratio scales according to Bordens and Abbott (2011:136) rank the values of a variable according to name (nominal scale) and quantity, but do not indicate the amount of difference between values.

#### *4.4.1.3. Validity and Reliability*

According to Bordens and Abbott (2011:133-134) and Wilson and Maclean (2011:73-74, 273-274) validity is concerned with the relationship between the measuring instrument and that which is being measured and they described several types of validity. For the purposes of this study four types of validity will be discussed. Content validity refers to whether the items on the measuring instrument measure the variable they are supposed to measure. Construct validity refers to whether

the instrument successfully measures the concept it is supposed to measure. Criterion related validity asks if the results correlate positively with results from another measuring instrument, which measures the same variable. Face validity asks if the measurement has the appearance of measuring what it is supposed to measure. Face validity is according to Bordens and Abbott (2011:132) a “weak form of validity” but it can increase the likelihood of the respondent completing the questionnaire. No irrelevant questions were asked in the questionnaire for this study thus enhancing the face validity for the respondent and encouraging them to participate.

According to Bordens and Abbott (2011:133-134) and Wilson and Maclean (2011:73-74) pilot testing can enhance content validity. This questionnaire was assessed by a professor involved in developing questionnaires and pilot tested by play therapists working from a gestalt approach who did not take part in the research. Furthermore feedback from the experts and the pilot testing was used to increase content and construct validity.

As there are no other measuring instruments with an external criterion, which measure the behaviour being studied, criterion related validity is compromised. External validity in the opinion of Bordens and Abbott (2011:118) and Wilson and Maclean (2011:97) is the degree to which results from the data can be generalised to the universe beyond the population. Thus the degree of external validity becomes more relevant when findings are expected to be applied to real world problems (Wilson & Maclean, 2011:97-99) or in other words for applied research. To enhance the external reliability of the questionnaire for this study, the total population was included in the research sample and the response rate was 69.5%.

Reliability refers to the measures’ ability to consistently measure under identical conditions what it is intended to measure (Bordens & Abbott, 2011:130; Wilson & Maclean, 2011:69). Bordens and Abbott (2011:131-132) and Wilson and Maclean (2011:271-273) describe several ways in which the reliability of a measuring instrument may be tested. One method is test-retest reliability, another is parallel forms reliability - both these methods of testing a measuring instrument require a repeat administration of a measuring instrument. Test-retest is the administration of the same measuring instrument after a relatively long time period has elapsed. Parallel forms reliability is where a different instrument that measures the same concept is administered after a relatively long time period. In the opinion of Bordens and Abbott (2011:131-132) a problem arises with these two methods when the concept being measured is not a stable one. Due to this instability the results from the second administration could appear artificially low as a result of changing circumstances.

Time and financial constraints put multiple administrations of the measuring instrument and the development of a parallel measuring instrument beyond the scope of this research study. The researcher was further of the opinion that test –retest reliability and parallel forms reliability may not have been entirely appropriate methods for this questionnaire because supervision is not a stable characteristic and respondent's situations can change, and so results could appear artificially low.

Assessing reliability can further be done using a single administration test such as the Kuder-Richardson formula described in Bordens and Abbott (2011:275). The Kuder-Richardson formula was inappropriate for this particular questionnaire because responses (raw data) are not scores on a test. However according to Wilson and Maclean (2011:273) the reliability of a questionnaire can be increased in several other ways, firstly by increasing the number of items on the questionnaire but not to the extent that the questionnaire becomes too long and risks boring and discouraging respondents. Secondly reliability can be increased by treating all participants alike when administering the questionnaire. Thirdly scoring questions carefully to reduce scoring errors enhances reliability. Fourthly ensuring that all items are clear, well written and appropriate for your sample also increases reliability. All these factors were taken into account and applied as far as possible to the development, administration and analysis of this specific questionnaire.

Internet surveys in the opinion of Wilson and Maclean (2011:270) lessen interviewer bias (The Hawthorne effect) because the appearance and demeanor of the interviewer do not influence the response of the respondents. This survey was self-administered and so conducted in a naturalistic setting.

#### **4.4.2. Interview schedule**

A structured interview was conducted using an interview schedule that comprised of eight pre-prepared open-ended questions (refer to appendix B). According to Wilson and Maclean (2011:269) a structured interview comprises of prepared questions, which are asked in the same order by the interviewer to each participant, thus reducing fluctuations in the data collected. The questions were developed from the literature and the results of the internet questionnaire.

##### *4.4.2.1. Rationale of and motivation for application of the data collection method*

A structured interview schedule was chosen because the researcher was intent on elaborating on results from data collected from the survey questionnaires, to provide a more holistic description of the topic under study. Skype interviews were used due to geographical distance between

interviewer and interviewee. For the purposes of this study, structured interviews were conducted with two purposively selected key informants.

#### *4.4.2.2. Nature, administration and interpretation*

As was mentioned in 4.4.2 the structured interview schedule comprised of eight open-ended questions (appendix B) and the researcher administered the same schedule to each participant. Interviews were recorded with the participant's permission and transcribed and a completed transcript of the interview was sent to the interviewee. According to Wilson and Maclean (2011:204) providing the interviewee with the completed transcript gives the interviewee the opportunity to verify the transcript and request the removal of any data. The process of Thematic analysis as described by Wilson and Maclean (2011:552-553) was used to analyse the data collected from the interviews.

#### *4.4.2.3. Credibility and Trustworthiness*

Gavin (2008:55) refers to the term credibility in relation to the evaluation of qualitative research and Neukrug (2007:373) uses the terms credibility and trustworthiness. Gavin (2008:55) and Neukrug (2007:373) further say that only the participant can judge the credibility of the research results. Credibility is measured by how believable the results are from the participant's perspectives. Participants in this research study will be provided with the results of this study and asked to validate them.

In the opinion of Wilson and Maclean (2011:561-562) to evaluate the quality of the research study researchers need to ask if the analysis is presented logically and clearly so that the reader can comprehend the research process, understand what the main findings were and how the theoretical framework was integrated into the analysis. Wilson and Maclean (2011:562) further say that research results should be clearly supported by data so themes and categories developed should fit the data and sufficient examples of evidence be provided. The researcher should also be able to report a clear rationale for how and why they arrived at the labels and categories used. This is aided by keeping comprehensive and organised notes during analysis.

Triangulation is the use of multiple methods to collect data and obtain information in an attempt to find agreement in the results from the different data and information and provide a more valid analysis (Wilson & Maclean, 2011:562). For the purposes of this study a combined research approach and literature control were the methods used to collect data and obtain information.

Finally the researcher used reflexivity to recognise the part her own subjectivity may have played in analysis and how this may have influenced analysis. According to Wilson and Maclean (2011:562) reflexivity is an important process in evaluation of research results and involves the researcher acknowledging how their subjectivity may have influenced the analysis. As was mentioned in 1.5 subjective and contextual factors that were reflected upon are a) A relationship already exists between the interviewer (researcher) and the interviewee, b) the researcher has a personal interest as a student busy with her M Diac (in play therapy) degree. The researcher maintained awareness of these factors throughout the research process and of how these may bias the results. A colleague familiar with a gestalt approach to play therapy agreed that the themes developed from the qualitative data were relevant. Finally the data revealed new information to the researcher.

#### **4.5. DATA GATHERING PROCEDURE**

The research procedures that were followed for gathering data will now be described. Firstly the quantitative data gathering procedure will be described followed by a description of the qualitative data gathering procedure.

##### **4.5.1 Quantitative data gathering procedure**

The sampling frame used was the emailing list drawn up by the CCYFS of all students who have recently qualified in the degree M Diac (play therapy). This sampling frame comprised a list of eighty three possible candidates for participation in the research study. An email was sent to each person on the emailing list asking them if they would be willing to participate in the research study. Out of the eighty-three emails, eight emails failed to be delivered, five were returned as the receiver being out of office and twenty six emails were not replied to, which left forty-four replies.

Total	No reply	Out of office	Delivery failed	Replied	Total
83	26	5	8	44	83

*Table 4.1*

Next an email was sent to the forty-four practitioners who replied confirming they would be willing to take part in the research study. From these forty-four those who were currently practicing were invited to participate in the research study. The results of this email revealed that twenty-three were currently practicing and so fitted the criteria to be included in the research population and twenty-one were not currently practicing.

Total	Currently practicing	Not practicing	Total
44	23	21	44

*Table 4.2*

The total sample population therefore consisted of twenty-three practitioners all of whom were invited to take part in this empirical study. The sample population was small and consisted of respondents practicing in a diversity of geographical and environmental locations. According to Strydom and Venter (2005:199-200) involving the whole population when the population is small ensures representation and accuracy and counters non-responses and so improves validity. Covering letters (refer to appendix E) and informed consent forms (refer to appendix F) were emailed to these twenty-three practitioners explaining the duration, purpose and procedures of completing the questionnaire and informing respondents of their right to refuse to participate and withdraw anytime without prejudice.

Twenty-one practitioners agreed to participate and sixteen members of the sample population completed and returned the questionnaires. This represents 69.5% of the sample population and is known as the response rate. In the opinion of Wilson and Maclean (2011:274) the response rate can be increased by sending out follow up reminders. For the purposes of this study two follow up reminders were sent to the practitioners who had not yet responded. These reminders were sent out six days after and again eleven days after the date the questionnaire was mailed.

The response rate Wilson and Maclean (2011:274) further say represents the percentage of people in the sample who complete the survey and indicates how much bias might be in the final sample of respondents. Non-respondents may differ greatly to those who responded thus results of research would not represent the whole population under research. For this study the total population has been included as the population is small. The response rate as indicated was 69.5%, and a high response rate such as this according to Wilson and Maclean (2011:274) increases the likelihood of the results not being influenced by biases.

#### **4.5.2 Qualitative data gathering procedure**

Qualitative data was collected using the Skype interview method. Initially participants were contacted via email and asked to participate in the research study. A covering letter explaining the purpose of the research and containing the interview schedule was attached to the email (refer to appendix G). Both participants contacted agreed to participate and were then each emailed a consent form (refer to appendix H) which both participants signed and returned. According to Wilson and Maclean (2011:201-203) participants need to be informed by the researcher of any sensitive issues that will be discussed and participants need to know that they can stop participating in the research process when they want to without any detriment to them also their confidentiality needs to be assured.

A date and time were arranged to conduct the interviews and at the appointed time the researcher contacted the participant via Skype. The researcher had earlier gained permission from the participants to record the interviews and confirmed permission to record the interview before beginning. For both of the interviews poor internet connection prevented the video call facility being used and so only verbal communication was possible. This did not prevent the collection of relevant data as interviews were conducted to gain opinion and not to understand a specific behaviour of participants therefore an observation of non-verbal responses was not essential. A Sony clear voice cassette recorder was placed next to the lap top speaker to record the interviews. The interviews took a half hour to complete. The researcher then transcribed the data and emailed it to the participants in order for them to validate and request removal of any data from the interview. Once the participants had approved the interview data the researcher began the process of Thematic Analysis.

#### **4.6. PROCESSES OF ANALYSING QUANTITATIVE AND QUALITATIVE DATA**

The statistical processing of the quantitative data will now be described and discussed following the thematic analysis of qualitative data, which will be described and discussed.

##### **4.6.1 Quantitative Data: The Questionnaire**

Descriptive statistics were used to summarise and describe the data, each question / item was analysed individually with the intention of describing that item. The researcher scored the completed questionnaires. Data was captured in an electronic data base and data entries were verified and validation checks were performed. Responses in the different response categories for each question were coded and summarised using frequency counts and percentages. As the first step in creating frequency distributions data was numerically coded and a code sheet created for each item to define the numeric codes used to identify response categories. The assignment of numbers does not imply any quantitative ordering of the values but is arbitrary and done to enable analysis and the creation of descriptive statistics. According to Bordens and Abbott (2011:136) calculating the mean, mode and medium is meaningless when using a nominal scale of measurement as the value of variables differs qualitatively and not quantitatively.

According to Gavin (2008:67) descriptive statistics provide a summary that may enable comparisons across groups and variables of interest, but descriptive statistics only concerned with examining one set of measures such as is the case with this study, rather than a comparison of more sets is called univariate analysis. Gavin (2008:151) further says results of univariate analysis should be reported as statistical tables and charts. The results of this study are presented graphically in Chapter five. Only aggregate results were reported, no data was disclosed in individual form.

According to Bordens and Abbott (2011:260) reporting results in this way protects the privacy and confidentiality of the respondents.

#### **4.6.2 Qualitative Data: The Interviews**

The researcher used Thematic Analysis to analyse the qualitative data collected in the interviews. In the opinion of Wilson and Maclean (2011:552-553) this technique is useful for inexperienced researchers and is flexible and not associated with any particular epistemology or theoretical framework, so the results can be interpreted within the Gestalt philosophical approach. Wilson and Maclean (2011:552) further say there is very little agreement on how to conduct thematic analysis and present a guide by Braun and Clarke consisting of two phases that the researcher followed to analyse the qualitative data. These phases will now be discussed in relation to this study

##### *4.6.2.1 Thematic Analysis*

In phase one the researcher read and re-read the data to become familiar with the data and initial ideas and thoughts arising from the reading of the data were noted. From these notes the researcher began to systematically code data by noting relevant or interesting features of the data, these were highlighted in the transcript then further notes made. The researcher then collated all the codes and sorted them into themes and sub-themes, which were then used by the researcher to create a thematic map used as a visual aid that assisted the researcher with the next phase of thematic analysis.

In phase two the researcher then reviewed and refined the themes by looking back at the coded data relating to a theme to ensure it fitted the theme and formed a consistent pattern. Where data did not fit the theme and pattern, it was re-assigned. Those themes that were found to not reflect the data were either dropped or new themes were created which did reflect the data. These new themes were then defined and named.

According to Gavin (2008:277) in order to address the reflective nature of qualitative research and reduce the input of bias the data should be analysed in conjunction with someone who does not necessarily share the same viewpoint as the researcher and who is objective as the results do not directly affect them. For the purposes of this study the researcher asked a colleague working from the approach of psychoanalysis and experienced in providing supervision to identify themes. Results of thematic analysis were compared and aligned and finally the results were written up and are presented in chapter five.

## **4.7. SUMMARY**

This chapter dealt with the design and methodology of the empirical research process conducted for the purposes of this study. A brief reiteration of the research designs was followed by focusing on the compilation and choice of the two sample populations. The survey questionnaire and structured interview schedule were then described and discussed as well as the data collection and data processing methods used.

The following chapter will deal with the results of the empirical study. Results from the survey will be presented in completely anonymous summaries such as statistical tables and charts as according to Gavin (2008:151) presenting results of research in this way protects the privacy and confidentiality of the respondent. Themes emerging from the qualitative data will be discussed and data from both the surveys and structured interviews will be merged during the discussion of the results within the context of the gestalt field perspective to provide a more holistic description to answer the research question.

## CHAPTER FIVE: RESULTS OF EMPIRICAL RESEARCH

### 5.1 INTRODUCTION

In the previous chapter an outline was given of the designs and methodologies applied to conduct empirical research. In this chapter the results of the empirical study are reported and discussed. Firstly the results of the questionnaires will be presented as graphs with a written description for each item. Secondly the results of the interviews will be presented as themes and lastly a discussion of the merged findings will be presented within a gestalt field perspective.

### 5.2 QUESTIONNAIRE RESULTS

Before the results of the data collected from the questionnaires are presented and described in 5.2.2.1-5.2.2.21 survey completion statistics are reported in Table 5.1. Survey completion statistics are reported for the number of questionnaires sent out, the number of questionnaires not returned and the number of questionnaires returned and completed.

#### 5.2.1 Survey completion statistics

**Table 5.1**

Questionnaires sent out	Questionnaires not completed	Questionnaires completed	Response rate
23	7	16	69.5%

#### 5.2.2 Descriptive Statistics of the measuring instrument

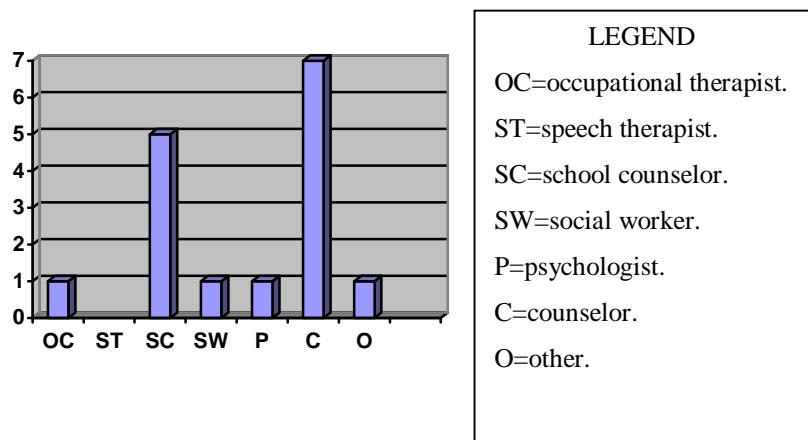
The descriptive statistics of the survey questionnaire will now be presented as graphs and discussed. Univariate analysis was conducted thus, each item was analysed individually.

##### 5.2.2.1 Fields in which gestalt play therapy is practiced

Respondents were asked to indicate in which field they practiced gestalt play therapy.

Figure 5.1 represents the data collected for question 1. This question was answered by all of the sixteen respondents. Figure 5.1 indicates that practitioners recently qualified and currently practicing the gestalt play therapy approach are working in a variety of fields. The results show that one respondent (6.25%) is an Occupational therapist, five respondents (31.25%) are School Counsellors, one respondent (6.25%) is a Social Worker, one respondent (6.25%) is a Psychologist, and seven respondents (43.75%) are Counsellors. One respondent (6.25%) marked the ‘Other’ response category and wrote the following; [private capacity].

**Figure 5.1 FIELDS IN WHICH GESTALT PLAY THERAPY IS PRACTICED**



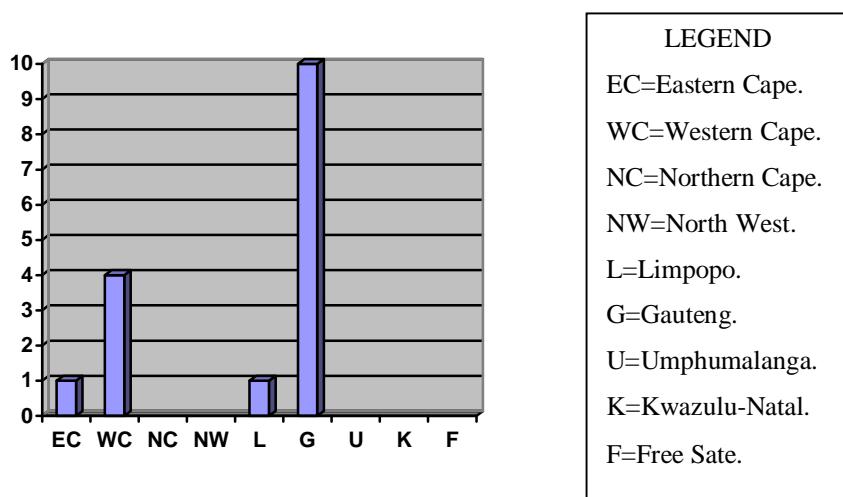
**Figure 5.1**

These results indicate that gestalt play therapy is an approach, which is used by practitioners working with children in a number of professions. Joyce and Sills (2007: vii) are of the opinion that the skills and techniques of the gestalt approach are applicable to all fields of therapeutic practice. Gestalt therapy theory is not a theory of humankind it is a philosophy of life within which according to Joyce and Sills (2007:167) there are a variety of therapeutic styles (phenomenology, dialogue, experiential) allowing practitioners the freedom to develop their own style of gestalt therapy in order to suit their personality, beliefs and field of therapeutic practice. The development of gestalt therapy theory has been influenced by ideas from a diversity of schools of thought from physics to holism to feminism to Hasidism to Aristotelian and Buddhism (Bowman, 2005:4) to name a few.

#### 5.2.2.2 Geographical locations in which gestalt play therapists practice

Respondents were asked to indicate in which geographical location in South Africa they practiced gestalt play therapy.

**Figure 5.2 GEOGRAPHICAL LOCATIONS IN WHICH GESTALT PLAY THERAPISTS PRACTICE**



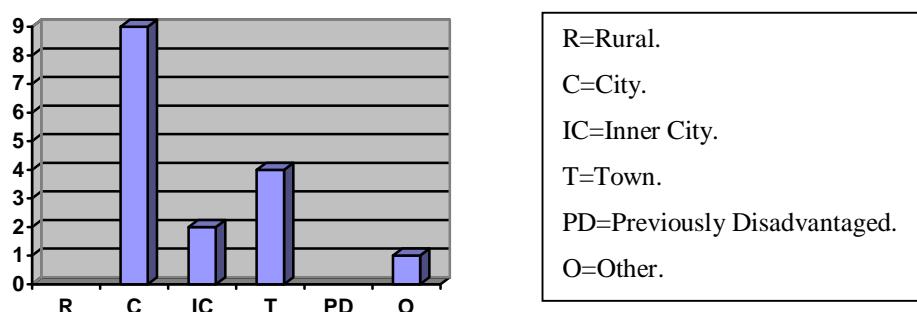
**Figure 5.2**

Figure 5.2 represents the data collected for question 2. This question was answered by all 16 respondents. The data in figure 5.2 shows that the majority (62.5%) of recently qualified play therapists working from a gestalt approach, who took part in this research study practice in Gauteng. Four respondents practice in the Western Cape (25%), one in the Eastern Cape (6.25%) and one in Limpopo (6.25%). These results indicate that recently qualified play therapists working from a gestalt approach are widely spread throughout South Africa. The results shown in figure 5.2 were expected because at the time of the study training in South Africa for an M Diac degree in play therapy from a gestalt approach only took place in Gauteng and the Western Cape. These results indicate that recently qualified play therapists working from a gestalt approach residing in areas geographically distant from training centers may find themselves isolated from colleagues and supervisors working from a gestalt approach and may not be able to meet their need for supervision based on a gestalt approach. As was referred to in 3.1 in the opinion of Corey (2005:340), Hawkins and Shohet (2007:28-29) Neukrug (2007:233) and Van der Westhuizen (2009:111) therapists who are not having supervision can begin to experience stress and burn out due to feeling ‘stuck’ and becoming rigid in their approach and can be likely to harm their client.

#### *5.2.2.3 Demographic areas in which gestalt play therapists practice.*

Respondents were asked to indicate the type of demographic area they practice gestalt therapy in.

**Figure 5.3 DEMOGRAPHIC AREAS IN WHICH GESTALT PLAY THERAPISTS PRACTICE**



**Figure 5.3**

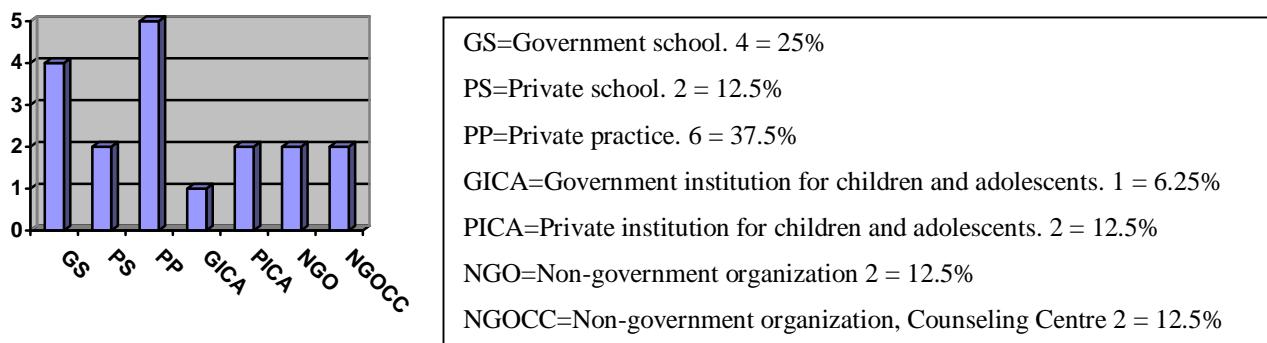
Figure 5.3 describes the data collected from question 3. All sixteen respondents answered this question. The data indicates that nine (which were the majority) of the respondents (56.25%) work in a city environment, two respondents (12.5%) work in an inner city environment and four respondents (25%) work in a town environment. No respondents indicated they worked in Rural or Previously Disadvantaged areas. One (6.25%) respondent completed the ‘Other’ response category and wrote the following, [financially disadvantaged residential suburban area]. The data collected to

answer this question provides information relating to the field of the recently qualified play therapist working from a gestalt approach, but is not useful to draw any further inferences from.

#### 5.2.2.4 Type of work environment in which gestalt play therapists work

Respondents were asked to indicate in what type of work environment they practiced gestalt play therapy

**Figure 5.4 TYPE OF WORK ENVIRONMENT IN WHICH GESTALT PLAY THERAPISTS WORK**



**Figure 5.4**

Figure 5.4 represents the data collected for question 4. All sixteen respondents answered this question. Three of the respondents marked more than one response category and indicated they worked in two separate and different working environments. Of these three respondents two marked 'Government School' and 'Private practice' and one marked 'Private practice' and 'NGO counselling centre'. The data gathered in response to question four indicated that six respondents (37.5%) work in Private Practice, four respondents (25%) work in Government Schools, two respondents (12.5%) work in Private Schools, two respondents (12.5%) work in private institutions for children and adolescents and one respondent (6.25%) works in a Government institution for children and adolescents. Two respondents (12.5%) work in NGO's and two respondents (12.5%) work in NGO Counseling Centers.

These results indicate that recently qualified play therapists working from a gestalt approach are practicing in a variety of work environments. According to Brownell (2005:265) gestalt play therapists working within organisations such as government departments, schools and institutions for children can use the skills of awareness and dialogical relationship building and the concepts of field theory and the paradoxical theory of change to integrate and work successfully within an organisation and not only for therapeutic work. Maurer (2005:238-239) however says that work

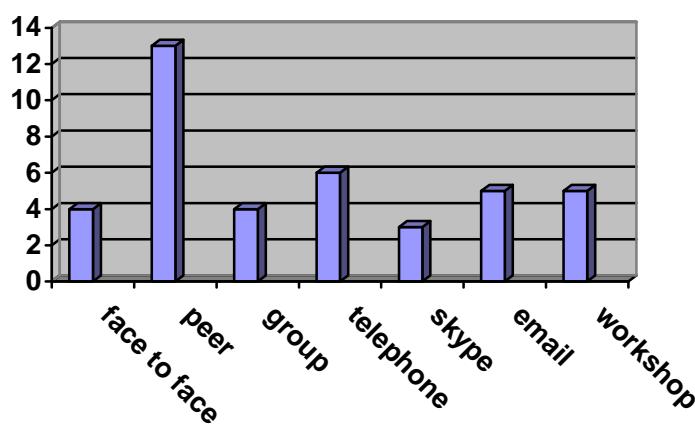
performed in organisations by people such as managers, project leaders or consultants working from the gestalt approach is not and should not be therapy.

#### 5.2.2.5 Availability of gestalt supervision resources in geographical location

In order to answer question five that asked, what types of gestalt supervision resources are available to you in your geographical area? - the data collected from question two was utilised. Question 2 asked in which geographical area in South Africa do you practice gestalt play therapy?

All sixteen respondents answered question five. In the researcher's opinion question five could have provided more informative data if it had been worded differently. An alternative question could have asked; what types of gestalt supervision resources are available within 100kms of your geographic location? And as response categories a list indicating face to face supervision, peer supervision, group supervision, workshops and none could have been used. This question would then have lead into question 6 on the questionnaire. Individual data was disclosed for two respondents who answered question five, compromising their privacy and confidentiality. Thus results are not reported graphically in relation to geographical location but are reported for throughout South Africa.

**Figure 5.5 THE AVAILABILITY OF SUPERVISION RESOURCES BASED ON THE GESTALT APPROACH IN SOUTH AFRICA**



**Figure 5.5**

The results in figure 5.5 indicated that throughout South Africa for the majority of practitioners (81.25%) peer supervision is the most available type of supervision based on a gestalt approach. Following that telephone supervision was the next most available, six respondents (37.5%) indicated they were able to use telephone supervision. Five respondents (31.25%) indicated they were able to make use of workshops and five respondents (31.25%) indicated that supervision via email was available to them. Four respondents (25%) indicated that group supervision was available

to them and four respondents (25%) indicated they were able to make use of face to face supervision. Three respondents (18.75%) indicated that supervision via Skype was available to them and one respondent (6.25%) indicated that no gestalt supervision resources were available to them.

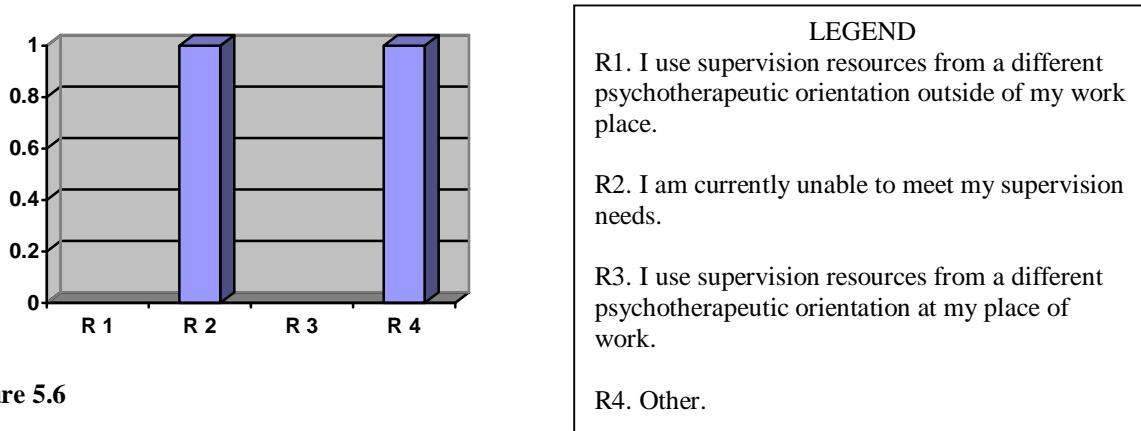
According to Benjamin and Sohnen-Moe (2011) peer supervision is advantageous in that it is cost effective and supportive. As was referred to in 3.2.1 with peer supervision peers generally have the same level of experience and so share common anxieties and issues thus these anxieties and issues can be normalised and several perspectives on an issue explored during peer supervision. Benjamin and Sohnen-Moe (2011) further say that the success of peer supervision depends on two factors; firstly the individual participant's commitment and consistency to attending supervision and secondly the drawing up of a clear and concise contract, stating time, location, frequency, aims and objectives of supervision sessions.

Telephone supervision in the opinion of Singer (2008) and as was referred to in 3.2.1 is useful in that it is accessible, affordable and eliminates traditional barriers to supervision such as geographical distance, time constraints and lack of localised expertise.

#### *5.2.2.6 Use of supervision resources when no types of gestalt supervision resources are available*

The instructions on the questionnaire stated that question six was only to be answered by those respondents who marked response category no 8 for question 5. Question 5 asked respondents 'What types of gestalt supervision resources are available in your geographical area'. Response category 8 indicated 'No types of gestalt supervision resources available in geographical area'. Only one respondent marked the 'No types of gestalt supervision resources available in geographical area'.

**Figure 5.6 USES OF SUPERVISION RESOURCES WHEN NO TYPES OF GESTALT SUPERVISION ARE AVAILABLE**



**Figure 5.6**

One respondent (6.25%) marked both the ‘Currently unable to meet supervision needs’ response category and the ‘Other’ response category writing as follows; [I find I have a need to unload my own experience of therapy sessions and share with the teacher who referred the child. This helps but is not sufficient as I cannot discuss confidential matters, also only some teachers have insight (into the therapy process). Sometimes I phone a colleague or specialist in another area of expertise].

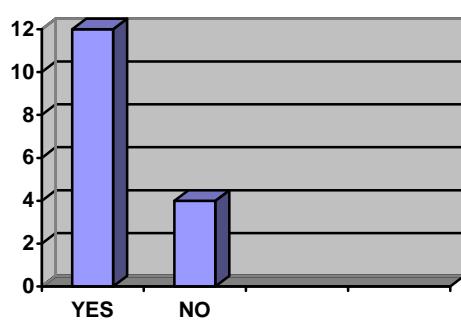
The National Health Services Department of Psychology (2005) and the HPCSA (2008) recommend that a practitioner who cannot source supervision from the perspective of their own psychotherapeutic approach should seek supervision from a related psychotherapeutic approach. As was referred to in 3.3 Ray (2004:30) and Yontef (1997:159) are of the opinion that supervision should fit the therapy process and the supervisor should be trained in and have a sound knowledge of the specific orientation of the supervisee.

After conducting the literature review the researcher is of the opinion that less experienced practitioners require support from more experienced practitioners working from the same therapeutic approach whereas more experienced practitioners can benefit from attending supervision activities from different psychotherapeutic approaches as they have developed a sound understanding and capability in their own theoretical approach and so can successfully integrate techniques and ideas from other psychotherapeutic approaches, which may be beneficial to specific cases.

#### *5.2.2.7 Current ability to make use of gestalt supervision resources*

Respondents were asked to indicate whether they were able to make use of supervision resources based on the gestalt approach. All sixteen respondents answered this question.

**Figure 5.7 ARE YOU CURRENTLY ABLE TO MAKE USE OF GESTALT SUPERVISION RESOURCES**



**Figure 5.7**

Figure 5.7 shows the results from question 7. Twelve respondents (81.25%) answered yes to question 7 and four respondents (25%) answered no. This indicates that the majority of practitioners

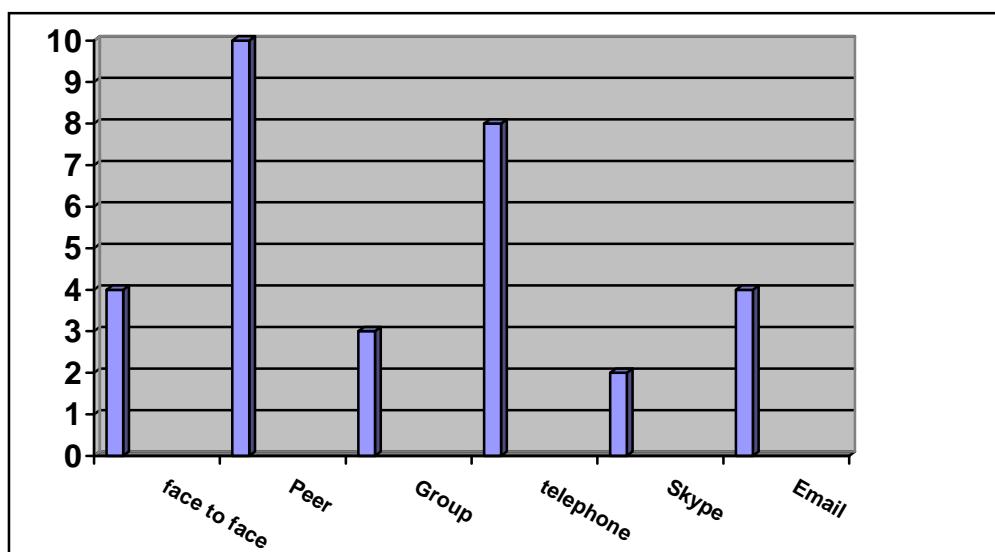
are able to make use of some type of supervision based on a gestalt approach. Given the geographically distant locations of the practitioners working from a gestalt approach this result is seen as a positive indicator that recently qualified play therapists working from a gestalt approach are making an effort to source and use supervision based on a gestalt approach.

Those respondents who answered yes to question 7 were asked to continue with questions 8-10. All Twelve respondents who answered yes to question 7 answered question 8.

#### 5.2.2.8 Gestalt supervision resources used to meet supervision needs

Respondents were asked to indicate which gestalt based supervision resource/s do they use to meet a supervision need.

**Figure 5.8 GESTALT SUPERVISION RESOURCES USED TO MEET SUPERVISION NEEDS**



**Figure 5.8**

Figure 5.8 represents the data collected to answer question 8. This data indicated that four respondents (30.76%) were able to make use of face to face supervision. Ten respondents (76.9%) indicated they were able to use peer supervision and three respondents (23%) indicated they were able to use group supervision. Eight respondents (61.5%) indicated they were able to use telephone supervision, two respondents (15.3%) indicated they were able to use Skype for supervision and four respondents (30.76%) indicated they were able to use email supervision. As in figure 5.5 the data shown in figure 5.8 indicates that peer supervision was the most utilised and telephone supervision the next most utilised type of supervision resource and Skype the least most used type

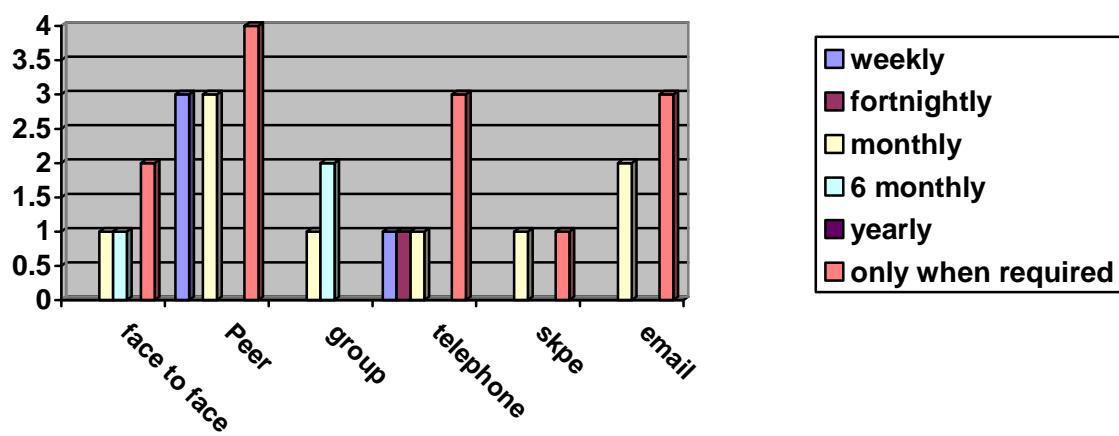
when recently qualified play therapists working from a gestalt approach experienced a need for supervision.

The researcher however wonders if the process of supervision based on a gestalt approach can be successfully implemented during telephone supervision. According to Yontef (1997:147) the supervision process mirrors the therapeutic process in most respects. The difference between these two processes according to Yontef (1997:150) is that supervision has an end goal that is ensuring the gestalt therapist works in the best interests of the client.

#### *5.2.2.9 Type and frequency of supervision from a gestalt approach*

Respondents were asked to indicate the type and frequency of gestalt orientated supervision resources utilised.

**Figure 5.9 TYPES AND FREQUENCY OF GESTALT SUPERVISION RESOURCES UTILISED**



**Figure 5.9**

Figure 5.9 presents the data collected for question 9. All twelve respondents answered this question.

The respondents indicated that they make use of the following types of supervision based on a gestalt approach:

**Face to face supervision:** One respondent (8.3%) indicated using face to face supervision on a monthly basis and one respondent (8.3%) indicated using face to face supervision on a six monthly basis. Two respondents (16.6%) indicated they made use of face to face supervision only when they felt it was required due to a problem having already arisen and thus not on a regular basis.

**Peer supervision** was used by three respondents (25%) on a weekly basis and three respondents (25%) on a monthly basis, four respondents (33.3%) made use of peer supervision only when they felt it was required.

**Group supervision** was used by one respondent (8.3%) on a weekly basis and by two respondents (16.6%) on a six monthly basis.

**Telephone supervision** was used by one respondent (8.3%) on a weekly basis, by one respondent (8.3%) on a fortnightly basis and by one respondent (8.3%) on a monthly basis. Three respondents (25%) indicated they only made use of telephone supervision when they felt it was required.

**Supervision via Skype** was used by one respondent (8.3%) on a monthly basis and by one respondent (8.3%) only when they felt it was required.

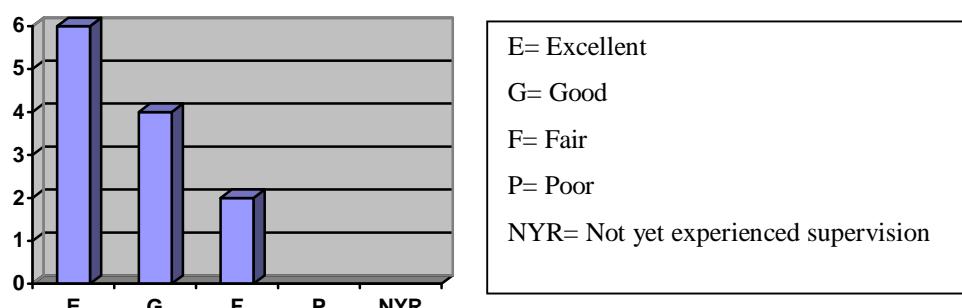
**Supervision via email** was used by two respondents (16.6%) on a monthly basis and by three respondents (25%) only when they felt it was required.

The results presented in figure 5.9 indicate that nine respondents (75%) attended some form of supervision on a monthly basis, unfortunately the amount of hours spent attending supervision is not known. The EAGT (newsletter 15, 2009) and GANZ (2011) both recommend ten hours of supervision based on a gestalt approach in a twelve month period. Feedback from a pilot study conducted in 2008 -2009 by the Norwegian Association members of EAGT raised the question of ten hours being adequate and also asked how practitioners living far from other gestalt practitioners can fulfill their supervision requirements. The researcher was unable to source the final results of this pilot project. The results show that several of the respondents indicated they used a type of supervision only when they felt it was required due to a problem having already arisen. This behaviour according to Ray (2004:30) is common practice for recently qualified play therapists and can be problematical and unethical as the problem has already occurred and may already have compromised the therapist professionally and may have been detrimental to the child's psychological health.

#### 5.2.2.10 Rating the experience of gestalt supervision

Respondents were asked to indicate how they rated their experience of gestalt orientated supervision.

**Figure 5.10 RATING OF EXPERIENCE OF GESTALT SUPERVISION**

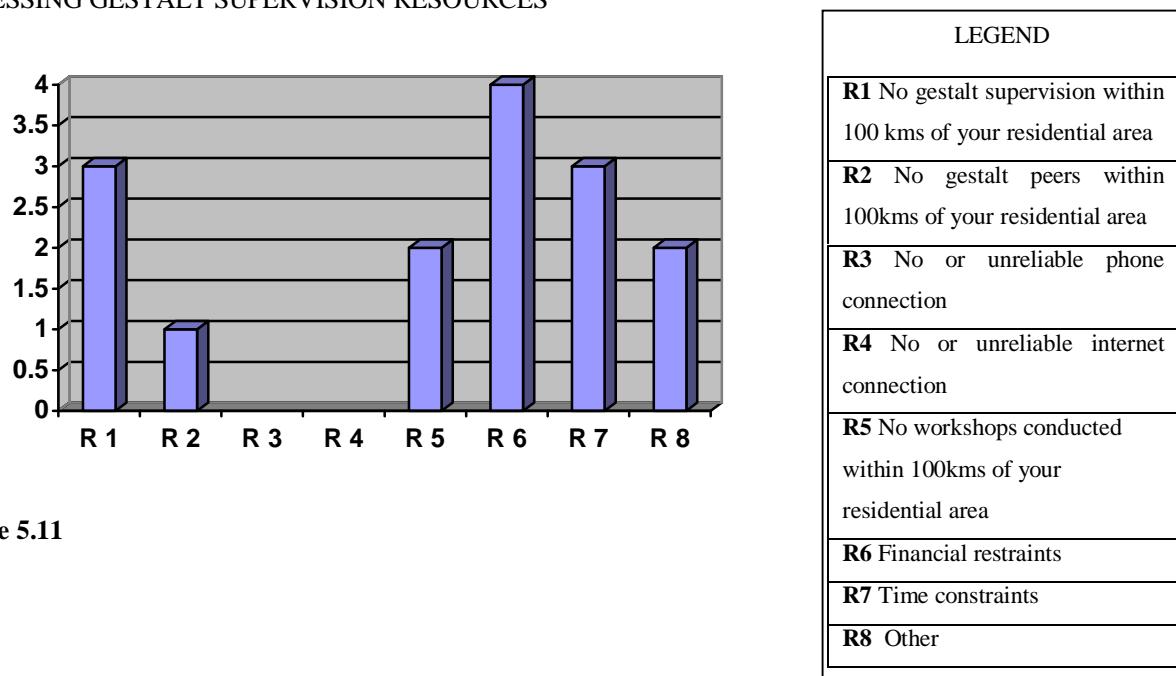


**Figure 5.10**

Figure 5.10 indicates that of the twelve respondents who had experienced gestalt supervision, six respondents (46.15%) rated their experience as excellent, four respondents (30.76%) rated their experience as good and two respondents (15.38%) rated their experience as fair. No respondents rated their experience as poor. These results are an indication that those recently qualified play therapists working from a gestalt approach that are receiving supervision based on a gestalt approach have had a positive experience. As was referred to in 3.2 in the opinion of Hawkins and Shohet (2007:15-16, 36-40) a positive experience of supervision encourages practitioners to attend supervision on a regular basis, whereas a negative experience discourages practitioners to seek further supervision.

#### *5.2.2.11 Factors preventing access to gestalt supervision*

**Figure 5.11** FACTORS PREVENTING RECENTLY QUALIFIED GESTALT PLAY THERAPISTS FROM ACCESSING GESTALT SUPERVISION RESOURCES



**Figure 5.11**

Six respondents answered question 11. Three respondents (50%) marked no gestalt supervision within 100kms, one respondent (16.6%) marked no gestalt peer supervision within 100kms, three respondents (50%) marked no workshops within 100kms, three respondents (50%) marked financial constraints as preventing them from having supervision from a gestalt approach and three respondents (50%) marked time constraints as preventing them having supervision from a gestalt approach. Two respondents (33.3%) marked the 'Other' response category and wrote 1. [I only know one gestalt play therapist in my area and she experienced burn out, so I have had no supervision for at least eight months. I used to have supervision once a week. I am working in

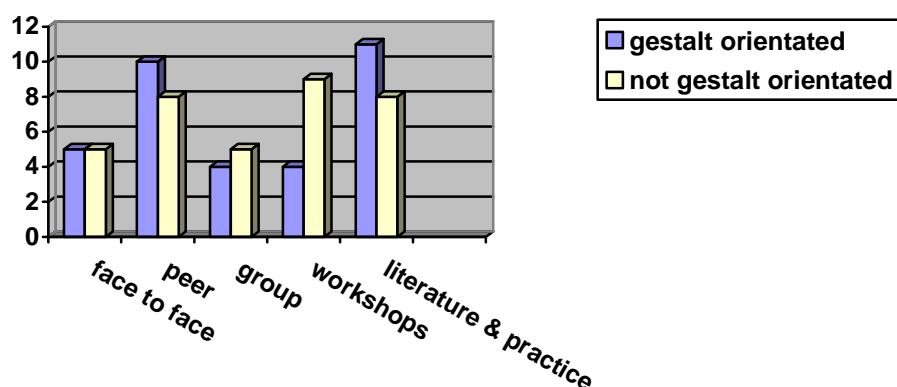
private practice and it is expensive and time consuming to travel and pay for supervision on a weekly basis. So I read or phone a colleague in another field]. 2. [Unreliable and irregular feedback if supervision is requested].

The results presented in figure 5.11 indicate that geographical distance from supervision resources based on a gestalt approach places financial and time constraints on recently qualified play therapists working from a gestalt approach, which prevent them from accessing supervision based on a gestalt approach. No respondents indicated they had no or unreliable phone and internet connections, which suggests these methods, may be ones they could utilise in the future to address their supervision needs. In 3.2.1 Mulhauser (2011) highlights the fact that online supervision can take place independent of geographic location, thus greatly decreasing time and financial restraints for the practitioner. Mulhauser (2011) is further of the opinion that supervision via email is advantageous in that the most words can be communicated in the least time and so an email can include dense information. Conversely according to Mulhauser (2011) email communication presents no opportunity for instant clarification or feedback as in face to face supervision. Thus creating an email which clearly presents the problem can be time consuming and awaiting a response could mean the supervision process falls behind the therapeutic process. In the researchers opinion supervision via Skype can provide supervision, which is independent of geographical location and that allows for the communication of dense information and for instant clarification and feedback.

#### *5.2.2.12. Acquiring and practicing new therapeutic skills*

Respondents were asked to indicate what type/s of supervision they used to acquire and practice new therapeutic skills.

**Figure 5.12 METHODS OF ACQUIRING AND PRACTICING NEW THERAPEUTIC SKILLS**



**Fig. 5.12**

Figure 5.12 presents the data collected for question 12. All sixteen respondents answered this question. Figure 5.12 indicates that five respondents (31.25%) are able to acquire and practice new therapeutic skills in face to face supervision based on a gestalt approach and five respondents (31.25%) utilise face to face supervision with a practitioner working from another psychotherapeutic approach. Ten respondents (62.5%) indicated that they take part in peer supervision with practitioners working from a gestalt approach and eight respondents (50%) indicated that they take part in peer supervision with practitioners working from another psychotherapeutic approach in order to acquire and practice new therapeutic skills. Four respondents (25%) indicated that they took part in group supervision based on a gestalt approach and five respondents (31.25%) indicated that they took part in group supervision based on different psychotherapeutic approach other than gestalt in order to acquire and practice new therapeutic skills. Four respondents (25%) indicated that they were able to attend workshops based on a gestalt approach and nine respondents (56.25%) indicated that they attended workshops based on another psychotherapeutic approach other than gestalt to acquire and practice new therapeutic skills. Eleven respondents (68.75%) indicated that they read literature about gestalt and practiced what they had read in their working environment and eight respondents (50%) indicated that they read literature about a psychotherapeutic approach other than gestalt and practiced what they had read in their working environment. One (6.25%) respondent took the opportunity to comment and wrote [I try to set up peer meetings to discuss gestalt techniques. I speak to other professionals that I work with on a daily basis and consult about cases, they are not gestalt therapists. Financial constraints prevent me from attending a lot of workshops, but I try as often as possible. I try to read a lot and often use the internet to search for answers].

The results of question 12, which are presented in figure 5.12, reveal that 68.75% of recently qualified play therapists working from a gestalt approach read gestalt literature as a method to acquire new skills and practice using these skills within the therapeutic field. Sixty two percent indicated that they used peer supervision to acquire and practice new skills. In the researcher's opinion, practicing new skills acquired from literature within the therapeutic relationship or acquiring and practicing new skills with their peers presents recently qualified play therapists working from a gestalt approach with the same disadvantages. As mentioned in 5.2.2.12 recently qualified therapists and their peers may misunderstand how or when to use a new skill appropriately and questions may be raised for which recently qualified therapists do not have the answer. Benjamin and Sohnen-Moe (2011) are of the opinion that recently qualified therapists may find it beneficial to initially participate in both face to face supervision and peer group supervision. In

order that they may have access to the expertise of an experienced colleague and to support from peers with the same level of experience and who may be encountering similar problems.

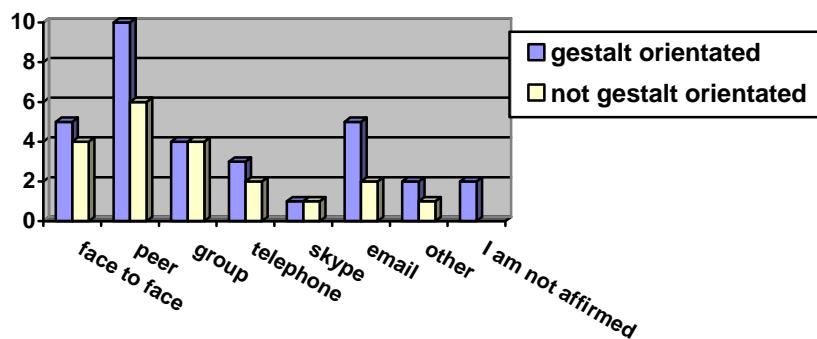
The results also indicate that all sixteen respondents make use of supervision resources based on a psychotherapeutic approach other than gestalt. This result may be due in part to the fact that recently qualified gestalt play therapists work in a variety of fields such as Occupational Therapy and so require supervision based on a psychotherapeutic approach other than gestalt.

The results for attendance of workshops to acquire and practice new skills revealed that 25% of the respondents indicated they made use of gestalt workshops and 56.25% indicated they made use of workshops from a psychotherapeutic approach other than gestalt. These results indicate a lack of available workshops related to the practice of play therapy from the gestalt approach.

#### *5.2.2.13 Methods of receiving affirmation as a play therapist working from the gestalt approach*

Respondents were asked to indicate how they were affirmed in their ability as a play therapist working from a gestalt approach.

**Figure 5.13 METHODS OF RECEIVING AFFIRMATION AS A PLAY THERAPIST WORKING FROM A GESTALT APPROACH**



**Figure 5.13**

Figure 5.13 presents the data collected for question 13. All sixteen respondents answered question 13. The data indicated that five respondents (31.25%) were affirmed in face to face supervision with a colleague working from a gestalt approach and four respondents (25%) were affirmed in face to face supervision with a colleague working from a psychotherapeutic approach other than gestalt. Ten respondents (62.5%) indicated they were affirmed by their peers trained in a gestalt approach. Four respondents (25%) indicated they were affirmed in group supervision based on a gestalt approach and four respondents (25%) indicated they were affirmed in group supervision based on a psychotherapeutic approach other than gestalt. Three respondents (18.75%) indicated they were

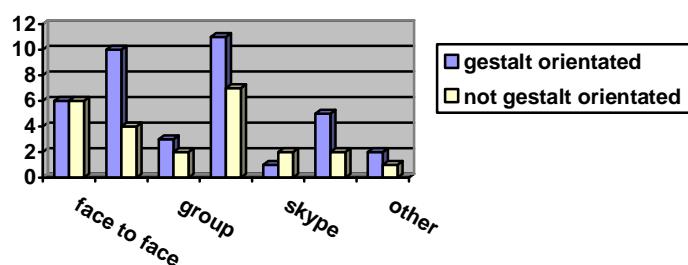
affirmed by telephoning a colleague trained in a gestalt approach and one respondent (6.25%) indicated he / she was affirmed by phoning a colleague trained in a psychotherapeutic approach other than gestalt. One respondent (6.25%) indicated he/she was affirmed by a colleague trained in a gestalt approach and one respondent (6.25%) indicated that he / she was affirmed by a colleague trained in a psychotherapeutic approach other than gestalt. Five respondents (31.25%) indicated they were affirmed through email contact with a colleague trained in a gestalt approach and two respondents (12.5%) indicated they were affirmed through email contact with a colleague from a psychotherapeutic approach other than gestalt. Two respondents (12.5%) indicated that they were not affirmed in their ability as a gestalt play therapist. Three respondents (18.75%) marked the 'Other' category but only two respondents gave a written response, which included the following 1. [Feedback from parents and teachers. Own trust and relationship with God and own intuition]. 2. [In my practice I am affirmed by the improvement noticed in my clients according to observation and standard monitoring and evaluation procedures]. The results of question 13 indicate that only two respondents (12.5%) were not able to meet their need for affirmation and the majority of respondents were able to meet their need for affirmation in some manner.

Those recently qualified play therapists working from a gestalt approach who, do not have an opportunity for positive interactions related to their abilities as a play therapist risk perceiving themselves as incapable of facilitating positive growth in their clients and may even cease working as play therapists. According to Joyce and Sills (2007:96) it is important for the therapist to be affirmed and have a sense of success and these authors are of the opinion that affirmation can be gained in supervision.

#### *5.2.2.14 Supervision resource(s) used when confronted by a dilemma within the child / therapist relationship*

Respondents were asked to indicate which supervision resources they used when confronted by a dilemma within the child / therapist relationship.

**Figure 5.14** METHOD OF SUPERVISION USED WHEN CONFRONTED BY A DILEMMA



**Figure 5.14**

Figure 5.14 presents the data collected for question 14. All sixteen respondents answered this question. When confronted by a dilemma six respondents (37.5%) indicated they were able to make use of face to face supervision based on a gestalt approach and six respondents (37.5%) indicated they were able to make use of face to face supervision with a practitioner working from a psychotherapeutic approach other than gestalt. Ten respondents (62.5%) indicated they had made use of supervision with peers trained in a gestalt approach and four respondents (25%) indicated they used supervision with peers trained in a psychotherapeutic approach other than gestalt. Three respondents (18.75%) indicated they took part in group supervision based on a gestalt approach and two respondents (12.5%) indicated they took part in group supervision based on a psychotherapeutic approach other than gestalt. Eleven respondents (68.75%) indicated they had used telephone supervision with a colleague trained in a gestalt approach and seven respondents (43.75) indicated they had phoned a colleague from a psychotherapeutic approach other than gestalt. One respondent (6.25%) indicated using Skype to interact with a colleague trained in a gestalt approach and two respondents (12.5%) indicated they had used Skype to interact with a colleague trained in a psychotherapeutic approach other than gestalt. Five respondents (31.25%) indicated they emailed a colleague working from a gestalt approach and two respondents (12.5%) indicated they emailed a colleague working from a psychotherapeutic approach other than gestalt. Three respondents (18.75%) marked the ‘Other’ response category but only two wrote comments, which included the following 1. [Internet searches and books]. 2. [Internet, hard copy books and workshops].

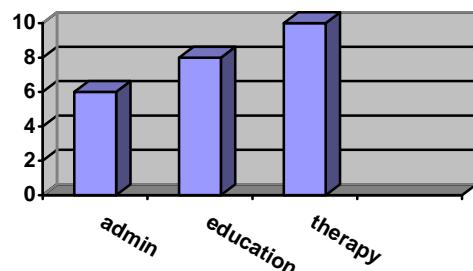
A dilemma within the child / therapist relationship suggests a situation that needs to be addressed timorously. The results reveal that 68.75% of respondents used telephone supervision when faced with a dilemma within the client /therapist relationship. As was referred to in 3.2.1 the telephone is a quick and direct method of receiving supervision and so useful to address a dilemma almost immediately (Singer 2008). Peer supervision was used by 62.5% of the respondents; contact with peers could have been made over the telephone. In the case of a dilemma within the client / therapist relationship, as mentioned previously 3.2.1 and 5.2.2.12, peers may offer support but not have the experience or knowledge to provide beneficial supervision to their colleague. Almost half of the respondents (43.75%) indicated they phoned a colleague working from a psychotherapeutic approach other than gestalt. The dilemma here is that another approach may address therapeutic relationship dilemmas differently to a gestalt approach. A psychoanalyst for example may recommend the gestalt play therapist explores the clients past as opposed to working in the here and now, or offer an interpretation of behaviour rather then facilitating an increase of awareness. As was referred to in 3.3 supervision from a gestalt perspective is a here and now process that explores the

contact boundary between the therapist and client system for the purpose of enabling the therapist to become more creative and fully alive in the session (Starak, 2001).

#### 5.2.2.15 Area(s) of supervision where support is currently required

Respondents were asked to indicate in which areas of supervision they currently required support.

**Figure 5.15** AREAS OF SUPERVISION WHERE SUPPORT IS CURRENTLY REQUIRED



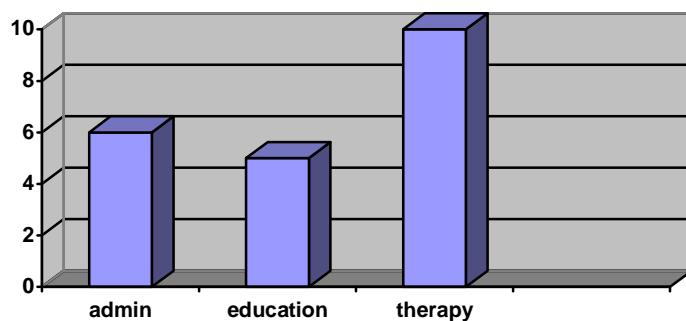
**Figure 5.15**

Figure 5.15 presents the data collected to answer question 15. All sixteen respondents answered question 15. The question required the respondents to mark the appropriate response(s). Ten respondents (62.5%) indicated they required supervision to address issues related to the therapeutic process. Eight (50%) indicated they required supervision to provide further education and six (37.5%) indicated they required supervision to address administration queries. These results will be discussed together with the results from question 16 that follows.

#### 5.2.2.16 Area(s) of supervision in which a need for supervision is most experienced

Respondents were asked to indicate the area/s of supervision where they currently experienced the most need for supervision.

**Figure 5.16** AREA OF SUPERVISION WHERE A NEED IS MOST EXPERIENCED



**Figure 5.16**

Figure 5.16 presents the data collected for question 16. All sixteen respondents answered this question. Respondents were required to mark the appropriate response(s). Ten respondents (62.5%) indicated they required supervision to address issues related to the therapeutic process. Five

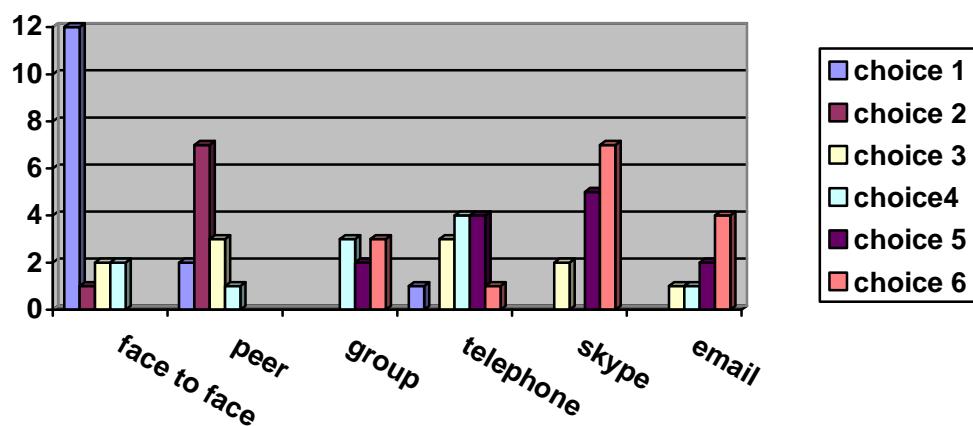
respondents (31.25%) indicated they required supervision to address further education. Six respondents (37.5%) indicated they required supervision to address administrative queries.

The data presented in figures 5.15 and 5.16 indicates that 62.5% of recently qualified gestalt play therapists experience the most need for supervision related to the area of actual therapeutic work. Recently qualified practitioners according to Corey (2005:29, 31) initially benefit from discussing work related anxieties and exploring reactions to clients and increasing self awareness. Aveline (2007:537) is of the opinion that recently qualified play therapists can benefit from practicing therapeutic skills and techniques in supervision without risking harming their client. The focus in supervision according to Yontef (1997:150) varies depending on the therapist's level of experience. As was referred to in 3.2 according to Yontef (1997:150), Starak (2001) and Aveline (2007:536) there are three areas of focus in supervision, which are administration, education and therapeutic work. These authors go on to say that the area of focus in supervision changes as therapists become more experienced.

#### *5.2.2.17 Preferred type of supervision resource*

Respondents were asked to indicate their order of preference in relation to the different types of supervision resources based on the gestalt approach.

**Figure 5.17 PREFERENCES OF TYPE OF GESTALT SUPERVISION RESOURCE**



**Figure 5.17**

Figure 5.17 represents the data collected to answer question 17. All sixteen respondents answered this question. Figure 5.17 shows that:

**Face to face supervision** was rated by twelve respondents (75%) as the most preferable choice of supervision, by one respondent (6.25%) as second choice of supervision, by two respondents

(12.5%) as third choice of supervision and by two respondents (12.5%) as fourth choice of supervision.

**Peer supervision** was rated by two respondents (12.5%) as the most preferable choice of supervision by seven respondents (43.75%) as second choice of supervision, by three respondents (18.75%) as third choice of supervision and by one respondent (6.25%) as fourth choice of supervision.

**Group supervision** was rated by three respondents (18.75%) as the fourth most preferable choice of supervision, by two respondents (12.5%) as fifth choice of supervision and by three respondents (18.75%) as sixth choice of supervision.

**Telephone supervision** was rated by one respondent (6.25%) as the most preferable choice of supervision, by three respondents (18.75%) as third choice of supervision, by four respondents (25%) as fourth choice of supervision, by four respondents (25%) as fifth choice of supervision and by one respondent (6.25%) as sixth choice of supervision.

**Supervision via Skype** was rated by two respondents (12.5%) as their third choice of supervision, by five respondents (31.25%) as their fifth choice of supervision and by seven respondents (43.75%) as their sixth choice of supervision.

**Supervision via email** was rated by one respondent (6.25%) as third choice of supervision, by one respondent (6.25%) as fourth choice of supervision, by two respondents (12.5%) as fifth choice of supervision and by four respondents (25%) as sixth choice of supervision.

Face to face supervision was indicated as being the most preferable type of supervision and Skype as being the least preferable type of supervision. Peer supervision was rated by only two practitioners as being their preferable type of supervision. Results from questions 5, 8, 12, 13 and 14 indicate that peer supervision is the type of supervision mostly available to the majority of recently qualified play therapists working from the gestalt approach in South Africa and face to face supervision is available to 25%.

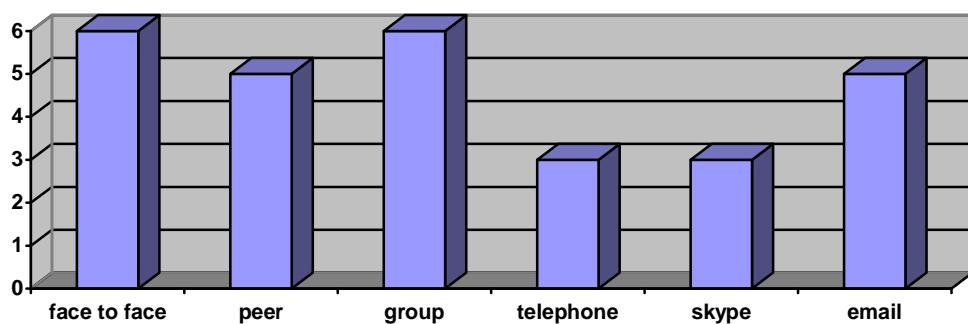
These results indicate a lack of qualified supervisors to provide supervision particularly face to face supervision from the gestalt approach. As was referred to in 3.2 Starak (2001), Neukrug (2007:222), and the HPCSA (2008:9) describe face to face supervision as a one to one relationship in which a senior and more experienced member of a profession offers support to and enhances the skills of a lesser experienced member of the same profession in order to enhance the professional skills of that person thus ensuring a quality service to clients. According to Ray (2004:29-30) recently qualified play therapists, regardless of the theoretical approach they work from are very “concrete and dependant” and in need of specific skills and feedback in the supervisory relationship particularly

with regard to creating the therapeutic relationship. Ray (2004:29-30) further says that in face to face supervision the supervisor can role model the therapeutic relationship.

#### 5.2.2.18 Types of supervision practitioners would use if they were available

Respondents were asked if specific types of supervision based on the gestalt approach were available and accessible to them to indicate which type/s they would use.

**Figure 5.18 TYPES OF SUPERVISION PRACTITIONERS WOULD USE IF THEY WERE AVAILABLE**



**Figure 5.18**

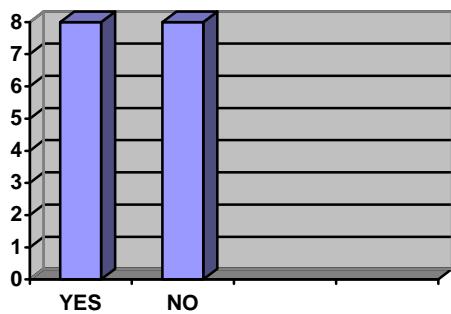
Only ten out of the possible sixteen respondents answered question 18. Non-response could be due to the fact that question 18 is very similar to question 17 and respondents may have felt they had provided the information in question 17. However Figure 5.18 shows that six respondents (60%) indicated they would use face to face supervision, six respondents (60%) indicated they would use group supervision, five respondents (50%) indicated they would use peer supervision, five respondents (50%) indicated they would use email for supervision purposes, three respondents (30%) indicated they would use telephone supervision and three respondents (30%) indicated they would use Skype for supervision purposes.

Figure 5.18 indicates that face to face supervision and group supervision are the two types of supervision respondents would make most use of if they were available. Telephone supervision and supervision via Skype are indicated by respondents as the two types of supervision they would make least use of if they were available. Nelson, Nicter and Henriksen (2010) conducted a study to compare face to face supervision with online supervision via Skype, the results of this study indicated there was no significant difference in the perception of the quality of 'live' face to face and online face to face supervision, each was perceived as equally satisfactory.

#### *5.2.2.19 Training received in gestalt supervision*

Respondents were asked to indicate whether they had received any training in gestalt orientated supervision. All sixteen respondents answered this question.

**Figure 5.19 PRACTITIONERS WHO HAVE / HAVE NOT RECEIVED TRAINING IN GESTALT ORIENTATED SUPERVISION**



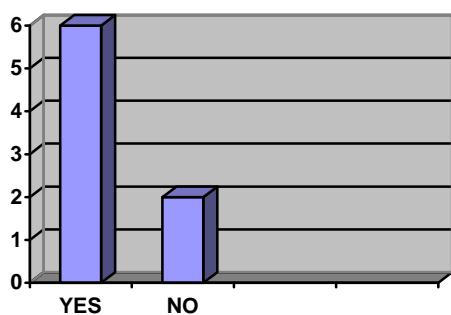
**Figure 5.19**

Figure 5.19 indicates that eight respondents (50%) have received training in gestalt supervision and eight respondents (50%) had not received training in gestalt supervision. The results of Questions 19, 20 and 21 will be discussed together following the presentation of the data collected to answer question 21.

#### *5.2.2.20 Practitioners providing supervision based on a gestalt approach*

Respondents were asked to indicate whether they provided gestalt orientated supervision.

**Figure 5.20 PRACTITIONERS WHO PROVIDE GESTALT ORIENTATED SUPERVISION**



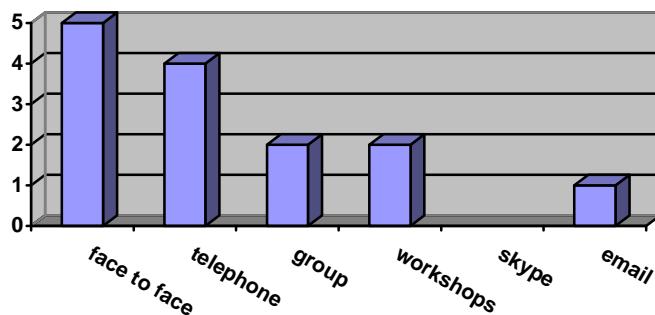
**Figure 5.20**

Figure 5.20 represents the data collected to answer question 20, all eight respondents who answered yes to question 19 also answered question 20. Figure 5.20 indicates that six respondents (75%) do provide supervision based on a gestalt approach.

#### *5.2.2.21 Types of supervision provided*

Respondents were asked to indicate what type/s of gestalt orientated supervision they provided.

**Figure 5.21 TYPES OF GESTALT ORIENTATED SUPERVISION PROVIDED**



**Figure 5.21**

Figure 5.21 indicates that five of the practitioners provide face to face supervision, four provide telephone supervision, two provide group supervision and two provide workshops, one provided email supervision and none provided supervision via Skype.

All sixteen respondents answered question 19 and 50% percent indicated they are trained in supervision based on a gestalt approach. Results of questions 20 and 21 revealed that six (75%) of the eight respondents who are trained in gestalt based supervision offer a variety of types of supervision. This is seen as a positive indicator for the future provision of gestalt based supervision revealing that gestalt play therapists who have completed their training are going on to train as supervisors based on a gestalt approach and are offering a variety of types of supervision services to fellow gestalt play therapists. A comparison of the geographical location data and the data related to training as a gestalt based supervisor revealed that 50% of those trained in gestalt based supervision were working in Gauteng and 50% were working in Western Cape. Indicating a lack of supervision resources based on the gestalt approach outside of these areas.

The quantitative data obtained from this study was indicated and described above. The literature review and results from survey data were used to develop a structured interview schedule to collect qualitative data. The researcher will continue with a discussion on the qualitative data obtained in the following section.

## **5.3 QUALITATIVE DATA RESULTS (Interviews and open-ended survey questions)**

Following the process of thematic analysis previously described (in point 4.6.1.1), four themes emerged from the qualitative data, which are as follows:

- Lack of supervision resources.
- Advantages and disadvantages of peer supervision.
- Supervision requirements.
- Networking.

These themes and sub-themes will now be described and compared with findings in the literature and examples from the transcriptions and responses to open-ended survey questions will be provided.

### **5.3.1 Theme one: Lack of supervision resources**

Participants indicated that currently there is a lack of supervision resources based on the Gestalt approach. The results of the survey questionnaire concur with this theme and show this is particularly for those practicing outside of the Western Cape and Gauteng areas. Comments from the participants with regards to this matter were as follows:

- “...there is a big need for a gestalt supervision system and I think because there isn’t play therapists turn toward peer supervision”.
- “....there is not enough qualified play therapists that have completed their degree to give supervision to other play therapists”.
- “...I think they need to say we do not have enough gestalt supervisors...”
- “...sometimes when you are working in isolated areas there isn’t a gestalt person but someone who has experience with play therapy would be helpful”.

Melnick and March Nevis (2005:110) as was referred to in 1.2 are of the opinion that supervision is seen as being particularly important for play therapists working from a gestalt approach because a) they use their self as part of the genuine contact needed to build a trusting client / therapist relationship; b) they are required to be continually aware of their own and of the child’s awareness process and c) to relate dialogically they need to be authentic, practice inclusion and remain present, these skills can be practiced in supervision.

Examples of written responses given by survey questionnaire respondents indicating the lack of supervision resources are as follows:

- I find I have a need to unload my own experience of therapy sessions and share with the teacher who referred the child. This helps but is not sufficient as I cannot discuss

confidential matters, also only some teachers have insight (into the therapy process). Sometimes I phone a colleague or specialist in another area of expertise.

- I only know one Gestalt therapist in my area and she experienced a burn out, so I have had no supervision for at least eight months. I used to have supervision once a week. I am working in private practice and it is expensive and time consuming to travel and pay for supervision on a weekly basis. So I read or phone a colleague in another field]. 2. [Unreliable and irregular feedback if supervision is requested.

#### *5.3.3.1 Sub-theme: Supervision Training and Program development*

From the data it seems evident that there is a need for the development of a program aimed at providing training in supervision based on a gestalt approach. However the data indicates that due to the varying levels of experience of students, the training program if it is to be effective needs to be conducted after students have completed their training and have gained more experience in practicing play therapy based on a gestalt approach. In this regard participants mentioned the following:

- “....also they [play therapists working from a gestalt approach] need to have enough hours in which they have worked under a supervisor before they can train as supervisors themselves”.
- “But I think the challenge with the master’s program is all students are not at the same level and do not have the same experience it is difficult to train everybody to go out and become supervisors”.
- “.....again I say that not everyone who has the degree can become a supervisor”.
- “....there needs to be some competency framework to work within in order for play therapists to qualify as supervisors”.
- “I think there is a big need for a qualified gestalt supervision system”.

Training and qualifying in a therapeutic approach does not mean therapists are immediately able to provide supervision based on that approach. In the opinion of Yontef (1997:159) supervisors are required to have an in-depth knowledge of theoretical concepts and be experienced in therapeutic work. This is because supervisors impart knowledge, facilitate the practicing and learning of skills, oversee the clinical and professional development of supervisees and ensure supervisees are working legally, ethically and professionally as therapists. The evidence from the data further concurs with opinion in the literature in that, as referred to in 3.3, due to the growing numbers of therapists working from a gestalt approach there is an increasing need for the development of a

framework of supervision based on the gestalt approach (Resnick & Estrup, 2000:121; Starak, 2001).

### **5.3.2 Theme two: Peer supervision**

Peer supervision as referred to in 3.2.1 is a type of supervision, which takes place amongst peers (Hawkins & Shohet, 2007:24; Benjamin & Sohnen-Moe, 2011). Peers in this instance are defined as colleagues who have the same level of theoretical and practical experience in play therapy from a gestalt approach. In the opinion of the participants there are advantages and disadvantages of recently qualified play therapists working from a gestalt approach in attending only peer supervision. In this regard the participants made the following comments:

- “I think the disadvantage is that you are not able to get maybe as in-depth experience and knowledge from a newly experienced person such as a peer”.
- “.... in terms of support a lot of pros but I think maybe in terms of expertise it may be a negative”.
- “....the peer is generally at the same level of qualification and experience, then I think that there will be difficulties just in terms of grasping the complexities of some of the cases I think with a more experienced person you are able to work more with the complexity of the case....”
- “I think the advantage [of peer supervision] is that usually the peer is readily available and there is usually no cost involved .....

It would appear from the data that the main advantages and disadvantages of peer supervision are related to the fact that peers generally have the same level of experience particularly in relation to theoretical knowledge and case experience. Thus peers can empathise and support one another but do not have the in-depth theoretical knowledge and lack the experience to deal with complex cases. Hawkins and Shohet (2007:24) and Benjamin and Sohnen-Moe (2011) refer to the disadvantage of lack of experience and level of theoretical knowledge (refer to 3.2.1) and further add the disadvantage that peer supervision may not be disciplined enough to focus on discussing needs arising from the therapeutic setting. Benjamin and Sohnen-Moe (2011) are of the opinion that it is beneficial for recently qualified therapists to have both individual face to face supervision to address complex cases and supervision with peers to receive support. Ray (2004:29-30) as referred in 5.2.2.17 is also of the opinion that recently qualified therapists will benefit most from initially being in face to face supervision.

### **5.3.3 Theme three: Supervision requirements**

In South Africa as in many countries throughout the world as referred to in 1.1 practicing therapists are ethically required to ensure their own continued professional development and as referred to in 3.2 to ensure they work in a manner, which serves the best interests of their clients. Attending regular and ongoing supervision is suggested as one way of addressing both of these ethical issues. With regards to this the participants made the following comments:

- “.....if they have a lot of experience they would need less supervision.....but still even so some may have a lot of experience they cannot have less than one supervision contact a month, they need supervision”.
- “I think the less experienced play therapist needs more than once a month..... I would say two to three hours a week and that would be individual supervision”.
- “....I think when [gestalt] play therapists have regular contact with a supervisor the supervisor would know when to become more involved with a supervisee who was struggling with a case”.
- “....in an ideal situation weekly face to face supervision would be the requirement”.
- “...but supervision should be ongoing .....

The data indicates that both the less and the more experienced play therapist working from a gestalt approach require and can benefit from regular and ongoing supervision. Yontef (1997:160) describes supervision as an ongoing process, which changes and develops as the supervisee gains in experience as a therapist. According to Corey (2005:21, 29, 31) as referred to in 1.2 supervision provides less experienced therapists with an opportunity to discuss their feelings of anxiety in relation to work and to practice skills and techniques.

#### *5.3.3.1 Sub-theme: supervision via Skype*

Skype is a relatively new technology that allows people to view one another while having a conversation over the internet. Thus according to Mulhauser (2011) communication via Skype has the advantage of providing face to face supervision despite geographical distance between supervisor and supervisee (refer to 3.1). In this regard the participants were of the opinion that:

- “. ....when there is no-one close enough to provide face to face supervision I think your best option is to use Skype”.
- “I use Skype with all my students in Gauteng if I cannot have face to face supervision with them”.
- “...I think it [Skype] can be a very useful tool for the purpose of supervision”.
- “...I think a negative .....is a bad connection or there is break up”.

Data revealed the participants had utilised the Skype facility and found it to be useful for providing face to face supervision when geographical distance prevented actual face to face contact. However, the success of the contact making is very dependant on the internet connection working optimally. As was referred to in 5.2.2.18 Nelson et al (2010) conducted a study to compare face to face supervision with online supervision via Skype. The results of this study by these authors indicated there was no significant difference in the perception of the quality of ‘live’ face to face and online face to face supervision, each was perceived as equally satisfactory.

### **5.3.4 Theme four: Networking**

Recently qualified play therapists working from a gestalt approach practice throughout SA and so can often be isolated from other play therapists working from a gestalt approach and from supervision resources based on a gestalt approach. A network could provide a forum where play therapists could exchange information, contact and experience. In this regard the participants made the following comments:

- “I think it is probably to try and find others who are qualified [as play therapists] and link up with them”.
- “...link up more with others and in that way you find out who is more qualified and who is more experienced”.
- “....but ideally if you are looking for someone with a gestalt play therapy background then I think it is to network with these people in order to find the solution to address supervision needs”.
- “Number one I think there needs to be more networking between the therapists that are qualified”.

#### *5.3.4.1 Sub-theme: Self support*

Practitioners in almost all psychotherapeutic disciplines are ethically required to be responsible for ensuring their own professional development (Neukrug, 2007:233). With regard to this the participants made the following comments:

- “.....we are professionals and we have to take responsibility and look about to see where there are people I can use for supervision”.
- “...with regard to your qualifications as a gestalt play therapist one should actually seek out and be in some sort of supervision”.

The results from the data would appear to indicate that recently qualified play therapists working from a gestalt approach in South Africa need to network with one another and work together and

alongside play therapy organisations in order to market themselves and increase their awareness of one another and of what their particular qualifications and experiences are. Neukrug (2007:233) as was referred to in 3.2 is of the opinion that it is the responsibility of the therapist to seek supervision. In the opinion of Joyce and Sills (2007:95) play therapists trained in and working from a gestalt approach need to be capable of healthy self support, they need to be aware of when they are experiencing a difficulty within the therapeutic relationship and know how, when and from where to seek supervision (refer to 1.1).

#### **5.4 DISCUSSION OF MERGED DATA RESULTS**

Proponents of the gestalt field perspective are of the opinion that people, events, and in the case of this study research results can only be understood within the context of the field. As discussed in 2.2.3 five principles describe the gestalt field, which are the principle of organisation, the principle of contemporaneity, the principle of singularity, the principle of changing process and the principle of possible relevance. The principle of organisation states that meaning is derived from taking into account the whole situation and not from viewing a few facts in isolation. The principle of relevance states that all aspects of the organism / environment field are potentially relevant because all come together to form the whole. Therefore, the quantitative data results, qualitative data results and literature review have been merged in order to provide a more holistic understanding of the results.

For the purposes of this study the field comprises of recently qualified play therapists working from a gestalt approach in South Africa and who were trained by the CCYFS. Results from the survey reveal that recently qualified play therapists working from a gestalt approach are practicing throughout South Africa within a variety of disciplines, professions and work environments. In the opinion of interview participants this result could be due in part to the fact that students who are trained by the CCYFS in a gestalt approach to play therapy come from a diversity of backgrounds, disciplines and professions and often return to their original discipline or profession once they have qualified.

In the opinion of Bowman (2005:4) and Joyce and Sills (2007:167) the development of gestalt therapy theory has been influenced by ideas from a diversity of schools of thought and comprises a variety of therapeutic styles which give practitioners the freedom to develop their own style of therapy to suit their personality, beliefs and field of therapeutic practice (refer to 5.2.2.1). Often the discipline or profession the recently qualified play therapist working from a gestalt approach practices in requires the practitioner to have knowledge in and supervision from a theoretical

approach other than gestalt. This in conjunction with the lack of supervision resources based on the gestalt approach could in part explain the survey results indicating that all respondents make use of supervision resources based on a theoretical approach other than gestalt.

According to interview participants it is important that during training students become thoroughly embedded in a gestalt approach and initially only take part in supervision from a gestalt approach. Results from the survey data indicate that 75% of recently qualified play therapists working from a gestalt approach are able to make use of some type of supervision resource based on a gestalt approach. Of those respondents who had received supervision based on a gestalt approach 50% of respondents rated the experience as excellent, 16% as good and 33% as fair.

The principle of contemporaneity states that choice of behaviour is determined by how a person perceives a situation at that specific moment in time. Perception is affected by associated memories, expectations for the future and the current situation. Conversely perception of the present field in turn affects how the past or future is perceived. According to Hawkins and Shohet (2007:15-16, 36-40) a positive experience of supervision at the beginning of therapist's careers leads to therapists continuing with supervision, whereas a negative experience can deter therapists from seeking further supervision (refer to 3.2). This opinion supports the gestalt perspectives belief that humans co-create one another through their interactions. According to Joyce and Sills (2007:96) it is important for the therapist to be affirmed and have a sense of success and these authors are of the opinion that affirmation can be gained in supervision.

The survey data revealed that for the majority (81.25%) of recently qualified play therapists working from a gestalt approach, peer supervision is the type of supervision resource most available to them. This data indicates a lack of supervisors qualified in a gestalt approach who could provide various types of supervision based on a gestalt approach. Analysis of the qualitative data concurs with the opinion of Benjamin and Sohnen-Moe (2011) and Hawkins and Shohet (2007:24) which is that peer supervision can provide an opportunity for positive interaction between peers, which would facilitate them co-creating one another positively. Conversely peer supervision cannot address complex issues arising within the therapeutic relationship and peers cannot provide one another with in-depth theoretical information or teach advanced skills.

According to Ray (2004) recently qualified play therapists require face to face supervision with a supervisor trained in the theoretical approach of the play therapist. Recently qualified play therapists working from a gestalt approach initially require supervision to practice dialogical

contact making and therapeutic techniques. The dialogical relationship and therapy techniques can be modeled by the supervisor in supervision (Ray, 2004:29-30). This opinion is supported by the survey data, where 62% and 52% of the respondents indicated they experienced the most need for supervision in relation to the client / therapist relationship and practice of therapeutic skills respectively.

The majority (82%) of respondents indicated that face to face supervision would be their preferred choice of supervision and only 12.5% of respondents indicated peer supervision as their preferred choice of supervision. The data indicated that face to face supervision based on a gestalt approach is currently available to 25% of recently qualified play therapists working from a gestalt approach. These results once again indicate a lack of supervisors trained in a gestalt approach.

Research by Nelson et al (2010) concluded that the Skype facility can provide a useful alternative to 'live' face to face supervision, particularly when supervisors and supervisees are geographically distant from one another. Interview participants indicated in the data that they had used Skype to conduct face to face supervision based on a gestalt approach and had indeed found it to be a useful tool. However, they also indicated that the quality of the internet connection greatly affected the quality of the contact. Only (12.5%) of recently qualified play therapists working from a gestalt approach rated Skype as their preferred choice of supervision method and 30% indicated they would use Skype if the facility was available to them.

Therapists as were referred to in 1.1 are ethically required to seek out their own supervision in order to continue working in the best interests of the children who are their clients. In addition to this play therapists working from a gestalt approach are responsible for maintaining their capability for self support and be aware of their own need for supervision and of how to utilise the environment to address that need. Results from the survey indicate that currently recently qualified play therapists working from a gestalt approach are attending some type of supervision based on a gestalt approach on a monthly basis. This result indicates that they are making an effort to meet their responsibility and requirement for supervision. The EAGT (newsletter 15, 2009) and GANZ (2011) recommend ten hours of gestalt-based supervision in a twelve month period this would indicate attending supervision on a monthly basis. However, feedback from a pilot study conducted in 2008 -2009 by the Norwegian Association members of EAGT raised the question of ten hours in a twelve month period being adequate. In the opinion of interview participants recently qualified play therapists working from a gestalt approach should ideally attend face to face supervision based on a gestalt approach on a weekly basis.

Overall the results from the merged data indicate a lack of qualified supervisors trained in and working from a gestalt approach. In order to address this lack interview participants suggest networking and the development of a program to train qualified play therapists working from a gestalt approach in supervision based on a gestalt approach. Results from question 19, 20 and 21 of the survey questionnaire revealed that 50% of respondents had received training in supervision based on a gestalt approach and of those that had received training 75% provided gestalt based supervision. This would indicate that some form of training is available. Interview participants recommend the establishment of a framework for supervision based on a gestalt approach, in order to provide regulation, registration and training.

The principle of singularity states that every human beings experience and field is unique. As revealed by interview participants the diversity and uniqueness of the fields and the different levels of experience of students entering training, does not permit training in supervision to take place within the Master's course. Thus, interview participants suggest the development of a program to train supervisors to work from a gestalt approach. This program could then be made available to play therapists working from a gestalt approach once they had qualified. The University of South Africa (2012) requires that therapists be registered with the HPCSA for a minimum of three years before they can apply to be accredited to provide supervision to interns. In the opinion of the researcher this provides an acceptable guideline to indicate how much experience play therapists working from a gestalt approach require before they can train as supervisors.

The principle of changing process states that the field is in constant flux, no field remains constant. The mutually reciprocal interaction between the organism / environment fields is a continuous process. This process co-creates change in the organism / environment field moment by moment continually. Participation in this study will have brought increased awareness to recently qualified play therapists working from a gestalt approach as to how they are meeting their needs for supervision and to interview participants in connection to the provision of supervision resources based on the gestalt approach. Therefore, changes in the field in the researcher's opinion will have already begun to take place due to this research study.

#### **5.4 SUMMARY**

In this chapter the results from the empirical study were described and discussed. Quantitative data was presented in graph form and qualitative data in the form of themes. Following the presentation of data a discussion from the gestalt field perspective in relation to the merged quantitative and

qualitative data results was presented. Chapter six will conclude this research study by evaluating and summarising the research process and results of the research.

## **CHAPTER 6: CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS**

### **6.1 INTRODUCTION**

The previous chapter described and discussed the results obtained from the empirical study. This chapter is the concluding chapter of this research study and represents the culmination of the entire research process. The aim of this chapter is to demonstrate to what extent the study has achieved the aims and objectives set out to answer the research question. To this end an evaluation and summary of the research process will be presented, which will be followed by a summary of the findings. Finally the conclusions, recommendations and limitations of this study will be set out.

### **6.2 RESEARCH QUESTION, AIM AND OBJECTIVES OF THE STUDY**

After formulating the problem that was identified for this study, the researcher formulated the following research question to guide the study: what supervision resources are available to recently qualified play therapists working from a gestalt approach in South Africa?

However, in order to answer the research question the researcher had to formulate an aim and specific objectives.

#### **6.2.1 Aim**

The aim for this research study was to use combined qualitative and quantitative research methods to explore and describe what supervision resources are available to recently qualified play therapists working from a gestalt approach. The objectives set out to achieve the aim of this research study will now be evaluated to determine whether the research question has been answered.

#### **6.2.2 Objectives**

- To conduct a literature review on gestalt therapy theory, gestalt field theory and supervision from a broad as well as a gestalt perspective.

This objective was achieved and the result of the literature review can be found in Chapters two and three of this study. Chapter two explained a gestalt play therapy approach and process and Chapter three described supervision from a broad and gestalt perspective. The researcher also used the literature review to identify themes for developing items for the survey questionnaire.

- To collect quantitative data using the survey design. A questionnaire was sent via email to recently qualified play therapists in South Africa working from a gestalt approach in order to collect quantitative data to describe their current supervision resources.

This objective was achieved. The researcher compiled a survey questionnaire of a structured nature comprising of twenty-one questions. This questionnaire was completed by 69.5% of the research population and collected data, which described the current availability of supervision resources.

- To analyse the quantitative data by means of descriptive statistics the results of which are presented as tables and graphs.

This objective was achieved and the results of the analysis are presented and discussed in 5.2.2.1 to 5.2.2.21. The researcher analysed the raw data manually using univariate analysis. Each question and response category was coded by the researcher and frequency distributions created for each response. Tables and graphs were then created to describe the data.

- To collect qualitative data using the instrumental case study design. Skype interviews were conducted with key informants in order to gain their expert opinion in relation to the results obtained from the data collected from the questionnaires that were completed by the respondents.

This objective was achieved. The researcher used the literature review and results of the questionnaire to compile a structured interview schedule. This structured interview schedule was conducted with two key informants experienced in gestalt therapy theory and in providing supervision from a gestalt approach.

- To analyse the qualitative data following the guidelines for using the thematic analysis method set out by Braun and Clarke (in Wilson & Maclean, 2011:552-553).

This objective was achieved. The researcher conducted thematic analysis on the qualitative data collected from the interviews and opened ended questions in the survey questionnaire. Themes arising are discussed in 5.3.

- To verify analysed qualitative data with relevant literature in order to validate the trustworthiness of the collected data

This objective was achieved as can be seen in the discussion of themes in 5.3.

- To draw conclusions and make recommendations for The Centre for Child Youth and Family Studies training play therapists in South Africa to work from the gestalt approach.

Conclusions, recommendations and limitations of this research study are discussed following the summary of research results in this chapter.

In the researchers opinion based on the discussion in 6.2.1 the stated research objectives have been successfully met throughout the research process.

### **6.3 SUMMARY OF RESEARCH RESULTS**

Results from the questionnaire data indicated that 75% of respondents are able to make use of some type of supervision based on a gestalt approach. Results indicate that the types of supervision resources based on a gestalt approach available to recently qualified play therapists working from a gestalt approach in South Africa are as follows; peer supervision is available to 81.25%, telephone supervision is available to 37.5%, email supervision is available to 31.25%, workshops are available to 31.25% group supervision is available to 25%, face to face supervision to 25% and 18.75% have access to supervision via Skype. These results will now be discussed in relation to peer supervision, face to face supervision and Skype supervision.

The majority (81.25%) of respondents indicated they use peer supervision. This result could be due in part to the lack of face to face supervision. Results indicate that only 12.5% of respondents rated peer supervision as their preferred type of supervision, whereas 82% of respondents rated face to face supervision as their most preferable type of supervision. The data revealed that face to face supervision is available to 25% of recently qualified play therapists working from a gestalt approach and practicing in South Africa. This result indicates a lack of qualified supervisors to provide face to face supervision based on a gestalt approach. In the opinion of interview participants recently qualified play therapists working from a gestalt approach should ideally attend face to face supervision based on a gestalt approach weekly. Interview participants suggest networking and the development of a program to train qualified play therapists working from a gestalt approach to be supervisors working from a gestalt approach.

Overall the results from the merged data indicate a lack of supervision resources based on a gestalt approach for recently qualified play therapists working from a gestalt approach. Geographical distance from supervision resources places financial and time constraints on recently qualified play therapists working from a gestalt approach, which prevent them from accessing supervision based on a gestalt approach.

### **6.4 CONCLUSIONS**

From the research results and literature the researcher was able to draw the following conclusions.

- The availability of supervision resources based on a gestalt approach to recently qualified play therapists working from a gestalt approach is currently not adequate.

- More qualified play therapists working from a gestalt approach need to be trained in supervision based on a gestalt approach.
- A program / course is needed, which is aimed at training qualified play therapists working from a gestalt approach to become supervisors and to provide supervision based on a gestalt approach.
- Recently qualified play therapists working from a gestalt approach would benefit from setting up a system whereby they can network with one another and increase their awareness as to the geographical location of more experienced colleagues and supervisors trained in a gestalt approach.

## **6.5 LIMITATIONS**

The limitations applicable to this study are the following:

- The researcher developed the survey questionnaire as no relevant measuring instrument could be sourced. Although the questionnaire supplied the researcher with data relevant to answering the research question once the researcher began to analyse the data it became apparent that question five was too vague and that questions seventeen and eighteen were too similar so the majority of respondents did not complete question eighteen.
- The researcher was unaware of how small the research population would be when beginning this research, including the whole population of play therapists working from a gestalt approach and trained by the CCYFS since inception would have provided more in-depth data.
- The limited number of literary works concerning supervision from a gestalt perspective detracted from the researcher being able to present an extensive literature review.

## **6.6 RECOMMENDATIONS**

After completing the processes of statistical and thematic analysis and reporting the results of analysis, the researcher was able to generate the following recommendations. One of the main concerns arising from the study was the lack of supervision resources based on a gestalt approach, particularly the lack of supervisors trained in supervision based on a gestalt approach.

The following recommendations are applicable to institutions training play therapists to work from a gestalt approach and to all play therapists working from a gestalt approach and practicing in South Africa.

- It is recommended that a program for training supervisors to work from a gestalt approach be developed and introduced outside of the Master's program.

- It is recommended that play therapists working from a gestalt approach network and increase their awareness of others practicing in gestalt and who offer supervision based on a gestalt approach.
- It is recommended that intervention research be carried out in relation to the design and development of a program to train supervisors to work from a gestalt approach.

## **6.7 FINAL REMARK**

Supervision is a necessary requirement for therapists. Attending supervision ensures therapists are working competently and ethically and that therapists are continually growing professionally and personally. Both more experienced and recently qualified therapists require supervision throughout their careers. Recently qualified therapists benefit most from attending supervision based on their own theoretical approach, specifically face to face supervision. This is because they experience the most need in supervision in relation to the client / therapist relationship, the therapeutic process and the practice of therapeutic techniques.

During face to face supervision the supervisor can model the dialogical relationship, increase the therapist's awareness in relation to issues arising in therapy and further educate the therapist concerning theoretical concepts and techniques. Recently qualified play therapists working from a gestalt approach can particularly benefit from attending supervision based on a gestalt approach as they are important tools, which is used throughout the therapeutic process. Supervision provides a safe place for the supervisor and supervisee to explore possible and actual counter transference issues that are / may preventing dialogical contact. Also they are especially trained to work with children and children are considered a 'special' population as they are vulnerable, thus it becomes particularly important they ensure they are continually acting in the best interests of the children who are their clients.

The results of this study indicated a lack of supervisors providing supervision based on a gestalt approach. This result is concerning as literature reveals that therapists who do not attend supervision may face adverse consequences such as, burn out, being disciplined for unethical behaviour and may ultimately leave the profession.

## REFERENCE LIST

- Andersson, L. 2008. Psychodynamic Supervision in a Group Setting: Benefits and Limitations. *Psychotherapy in Australia*. [Electronic] 14 (2):36-41. Available: <http://www.psychotherapy.com.au/Groupsupervision>
- Arkava, M.L. & Lane, T.A. 2005. Beginning social work research, in, A. L. Woldt & S. M. Toman (eds.). *Gestalt Therapy. History, Theory, and Practice*. London: SAGE
- Aveline, M. 2007. The Training and Supervision of Individual Therapists, in W. Dryden (ed). *Dryden's Handbook of Individual Therapy*. London: SAGE.
- Benjamin.B. & Sohnen-Moe, C. 2011. Peer Supervision and Clinical Supervision Groups Provide Therapists with a Safe Harbor and Forum for Professional Development. Excerpted and adapted with permission from *The Ethics of Touch*. [Electronic] 41 (4a). Available: <https://sohnen-moe.com/articles/mtj-vol41-4a.php>
- Blom, R. 2006. *The Handbook of Gestalt Play Therapy. Practical Guidelines for Child Therapists*. London: Jessica Kingsley Publishers.
- Bordens, K. S. & Abbott, B. B. 2011. *A Process Approach. Research Design and Methods*. 8<sup>th</sup> ed. New York: McGraw-Hill
- Bowman, C.E. 2005. The History and Development of Gestalt Therapy, in A. L. Woldt & S. M. Toman (eds.). *Gestalt Therapy. History, Theory, and Practice*. London: SAGE
- Brownell, P. 2005. Gestalt Therapy in Community Health, A. L. Woldt & S. M. Toman (eds.). *Gestalt Therapy. History, Theory, and Practice*. London: SAGE
- Burkard, A.W., Johnson, A.J., Madson, M., Pruitt, N., Tadych-Contreas, D., Kozlowski, J.M., Hess, S.A. & Knox, S. 2006. Supervisor Cultural Responsiveness and Unresponsiveness in Cross-Cultural Supervision. *Journal of Counseling Psychology*. [Electronic], 53(3). Available: <http://dx.doi.org/10.1037/0022-0167-53.3.288>

Burkard, A., Knox, S., Hess, S.A. & Schultz, J. 2009. Lesbian, Gay and Bi-sexual Supervisees Experiences of LGB-Affirmative and Non-affirmative Supervision. *Journal of Counseling Psychology*. [Electronic], 56(1). Available: <http://dx.doi/10.1037/0022-0167.56.1.176>.

*Collins English Dictionary*. 2003. S.v. ‘resource’ Glasgow, UK: Harper Collins.

Corey, G. 2005. *Theory and Practicing of Counseling and Psychotherapy* 7<sup>th</sup> ed. Belmont: Brooks/Cole.

Council for Counsellors in South Africa. 1995. *Regulations. Annexure B*. Sinoville, South Africa.

Delport, C.S.L. 2005. Quantitative data-collection methods, in De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2005. *Research at Grass Roots: For the Social Sciences and Human Service Profession*. 3rd ed. Pretoria: Van Schaik.

De Vos, A.S. 2005. Qualitative Data Analysis and Interpretation. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport. C.S.L., *Research at Grassroots: For the Social Sciences and Human Service Professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik.

Fleming Crocker, S. 2005. Phenomenology, Existentialism, and Eastern Thought in Gestalt Therapy in A.L. Woldt & S.M. Toman (eds). *Gestalt Therapy, History, Theory and Practice*. London: SAGE

Flick, U. 2009. *An Introduction to Qualitative Research* 4<sup>th</sup> ed.. London: SAGE

Fouché, C.B. 2005. Qualitative research designs, in De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Profession*. 3rd ed. Pretoria: Van Schaik.

Fouché, C.B. & Delport, C.S.L. 2005. Introduction to the research process. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport. C.S.L., *Research at Grassroots: For the Social Sciences and Human Service Professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik.

Fouché, C.B. & De Vos, A.S. 2005. Problem Formulation. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport. C.S.L., *Research at Grassroots: For the Social Sciences and Human Service Professions*. 3rd ed. Pretoria: Van Schaik.

GANZ (Gestalt Australia and New Zealand). Supervision [Online] 2012. Available:  
<http://www.ganz.org.au>

Gavin, H. 2008. *Understanding Research Methods and Statistics in Psychology*. London: Sage

Goodwin, C.J. 2005. *Research in Psychology; Methods and Design*. 4<sup>th</sup> ed. New York: Wiley.

Gupta, K. updated and expanded by Sleezer, C. M. & Russ-Eft, D. F. 2007. *A practical guide to needs assessment*. 2<sup>nd</sup>. ed. San Francisco: Pfeiffer.

Harris, J. B. 2002. An Introduction to Gestalt Therapy [Online], Available:  
<http://www.mgc.org.uk> intro to gestalt.

Hawkins, P. & Shohet, R. 2006. *Supervision in the Helping Professions*. 3<sup>rd</sup> ed. Maidenhead: Open University Press.

Health Professions Council of South Africa. 2008. Guidelines for good practice in the Health Care Professions. Ethical and professional rules of the Health Professions Council of South Africa as promulgated in Government Gazette R717/2006. Booklet 2. [Online]. Available:  
<http://www.hpcsa.co.za>

Hughes, G. 2010. About Supervision and Consultation. Gestalt Psychotherapy (Cardiff and Penarth). 11-11-10. [Online] Available: <http://www.psychotherapycardiff.co.uk/aboutsupervision>

Joyce, P. & Sills, C. 2007. *Skills in Gestalt Counseling and Psychotherapy*. London: SAGE.

Kirchner, M. 2000. Gestalt Therapy Theory: An overview. *Gestalt!* [Electronic] 4(3). Available:  
<http://www.g-gej.org/4-3/theoryoverview> [5-12-09]

Kruger, D.J., De Vos, A.S., Fouché, C.B. & Venter, L. 2005. Quantitative data analysis and interpretation, in De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. 2005. *Research at Grass Roots: For the Social Sciences and Human Service Profession*. 3rd ed. Pretoria: Van Schaik.

Maurer, R. 2005. Gestalt Approaches with Organisations and Large Systems, in A.L. Woldt & S.M. Toman (eds). *Gestalt Therapy, History, Theory and Practice*. London: SAGE.

McBride, D.M. 2010. *The Process of Research in Psychology*. Los Angeles: SAGE

*Merriam Webster Dictionary*. [Online] 2012. S.v. ‘resource’. Available [www.merriam-webster.com/dictionary/resource](http://www.merriam-webster.com/dictionary/resource). 13-08-11

Melnick, J. & March Nevis, S. 2005. Gestalt Therapy Methodology, in A.L. Woldt & S.M. Toman (eds). *Gestalt Therapy, History, Theory and Practice*. London: SAGE.

Mulhauser, G. 2011. Considering Online Supervision? Some Facts Worth Thinking About... Counseling Resource. Mental Health Library. [Electronic], Available <http://counsellingresource.com/lib/therapy/service/Online-therapy-history>

National Health Services Department of Psychological Therapies. Supervision Review, September 2005.

Nelson, J. A., Nicther, M., & Henriksen, R. [Online] (2010). *On-line supervision and face- to-face supervision in the counseling internship: An exploratory study of similarities and differences*. Retrieved from [http://counselingoutfitters.com/vistas/vistas10/Article\\_46.pdf](http://counselingoutfitters.com/vistas/vistas10/Article_46.pdf)

Neukrug, E. 2007. *The World of the Counselor. An Introduction to the Counseling Profession*. 3<sup>rd</sup> ed. Belmont: Thomson Brooks/Cole.

Oaklander, V. 1997. The Therapeutic Process with Children and Adolescents. *Gestalt Review* [Electronic] 1(4). Available <http://www.gisc.org/gestaltreview>

Parlett, M. 1991. Reflections on Field Theory. *The British Gestalt Journal*, [Electronic] 1: 68-91. Available <http://www.elementsuk.com/libraryofarticles/fieldtheory.pdf>

Parlett, M. 2005. Contemporary Gestalt Therapy: Field Theory. In Woldt, A.L. & Toman, S.M. (eds). *GESTALT THERAPY. History, Theory and Practice*. London: SAGE.

Parlett, M. and Denham, J. 2007. Gestalt Therapy. In Dryden, W. (ed). *Dryden's Handbook of Individual Therapy*. London: SAGE.

Philippson, P. 2005. A Map of Gestalt Therapy. Manchester Gestalt Centre. Available  
<http://www.123webpages.co.uk/user/index>

Play Therapy International, 2008. *A definition of play therapy* [Online]. Available:  
<http://www.playtherapy.org/playtherapydefinition1.html>

Punch, K. 2006. *Developing Effective Research Proposals*. 2<sup>nd</sup> ed. London: SAGE.

Ray, D. 2004. Supervision of Play Therapy. *Journal of Professional Counseling: Practice Theory and Research*. [Electronic], 32: (2): University of North Texas. Available:  
[http://www.questia.com/library/.../journal\\_of\\_professional\\_counseling/supervisionofbasicandadvancedskills](http://www.questia.com/library/.../journal_of_professional_counseling/supervisionofbasicandadvancedskills)

Resnick, R.F. & Estrup, L. 2000. Supervision: A Collaborative Endeavor. *Gestalt Review*. [Electronic] 4 (2):121-137. Analytic Press. Available:  
<http://www.gisc.org/gestaltreview/documents/supervision-Acollaborativeendeavorpdf>

Reynolds, C. 2005. Gestalt Therapy With Children in A. L. Woldt & S. M. Toman (eds). *Gestalt Therapy, History, Theory and Practice*. London: SAGE. 153-178.

Rosnow, R.L. & Rosenthal, R. 2005. *Beginning Behavioral Research. A Conceptual Primer* 5<sup>th</sup> eds.. New Jersey: Pearson.

Schoeman, J.P. 2006. *Advanced Course In Play Therapy*. Course Notes. Wellington: Centre for Play Therapy and Training.

Schoeman, J.P. 2007. *Play Therapy. An Important Skill in Child Therapy*. Course Notes. Wellington: Centre for Play Therapy and Training.

Schoeman, J.P. 2011. E-mail to J.P. Schoeman [Online], 3 Feb. Available E-mail: [playaway@vodamail.co.za](mailto:playaway@vodamail.co.za).

Silverman, D. 2006. *Interpreting Qualitative Data. Methods for Analysing Talk, Text & Interaction*. 3<sup>rd</sup> ed. London: Sage.

Singer, J. 2008. *Phone Supervision. Parts I II III*: Interviews with S. Feuerman and M. Groman. LIFE@UNI Socialworkpodcast.blogspot.com/..../phone-supervision. [Electronic], Available <http://www.lifeatuni.com/academics/socialwork/client.php>

Sohnen-Moe Associates . Excerpted and adapted with permission from *The Ethics of Touch*. [Electronic] Available <http://www.gestaltuk.com/indepth/gestalt-self>

Spagnuolo Lobb, M. 2005. Classical Gestalt Therapy Theory, in A.L. Woldt & S.M. Toman (ed). *Gestalt Therapy, History, Theory and Practice*. London: SAGE. 21-40

Starak, Y. 2001. Clinical Supervision: A Gestalt –Humanistic Framework. *Gestalt!* 5(1). Last updated 11/23/03. Available: <http://www.g-gej.org/5-1/supervisioneng>

Strydom, H. 2005. Sampling and sampling methods, in De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at Grass Roots: For the Social Sciences and Human Service Profession*. 3rd ed. Pretoria: Van Schaik.

Strydom, H. & Delport, C.S.L. 2005. Information collection: document study and secondary analysis. In De Vos, A.S. Strydom, H., Fouche, C.D. & Delport. C.S.L., *Research at Grassroots: For the Social Sciences and Human Service Professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik.

Strydom, H. & Venter, 2005. Sampling and sampling methods. In De Vos, A.S. Strydom, H., Fouche, C.D. & Delpot, C.S.L., *Research at Grassroots: For the Social Sciences and Human Service Professions*. 3<sup>rd</sup> ed. Pretoria: Van Schaik.

*The Concise Oxford Dictionary*. [Online] 1995. S.v. ‘resource’ Oxford: Clarendon Press Available: <http://www.thefreedictionary.com/resource>

*The American Heritage Dictionary*. [Online] 2009. S.v. ‘resource’. Boston, Massachusetts: Houghton Mifflin. Available: <http://www.thefreedictionary.com/resource>

UNISA BPsych, Accreditation Program 2012. [Online]. Available: <http://www.unisa.ac.za/contents/faculties/humanities>

Van Beekum, S. 2007. Supervision as a Metamodality and a Multiarea Activity. Supervision TAJ.pdf. *Transactional Analysis Journal* [Electronic] Vol. 37, no 2 April 2007. pgs 140-148. Available: <http://www.acissydne.com.au/pdf/2007supervisionTAJ.pdf>

Van Der Westhuizen, M. 2009. A Survey on the Presence of Work Engagement and Well Being amongst Gestalt Play Therapists in South Africa. Dissertation Feb 2009. [Online]. Available: [http://uir.unisa.ac.za/.../2871/dissertation\\_%20vd/\\_westhuizen](http://uir.unisa.ac.za/.../2871/dissertation_%20vd/_westhuizen)

Wadel, I. 2009. *European Association for Gestalt Therapy*. Issue no 15. Dec 2009. [Online]. Available: <http://www.eagt.org>.

Wilson, S. & Maclean, R. 2011. *Research Methods and Data Analysis for Psychology*. London: McGraw-Hill.

Woldt, A.L. & Toman, S.M. 2005. (eds) *Gestalt Therapy: History, Theory and Practice*. London: Sage.

Yontef, G. 1993. Awareness, Dialogue and Process: Essays on Gestalt Therapy. New York: *Gestalt Journal Press*. [Electronic] Available: <http://www.gestalt.org/yontef>

Yontef, G. 1997. Supervision from a Gestalt Perspective, in C.E. Watkins, jnr (ed). *Handbook of Psychotherapy Supervision*. New York: John Wiley and Sons inc. 147-163.

Yontef, G. 2002. The Relational Attitude In Gestalt Therapy Theory And Practice. *International Gestalt Journal*. [Electronic] 25(1):15-35. Available: <http://www.g-gej.org/9-2/relationalgestalt>

Yontef, G. Gestalt Therapy Theory of Change, in A.L. Woldt and S.M. Toman, 2005 (eds). *GESTALT THERAPY, History, Theory and Practice*. London: SAGE. 81-100.

## **APPENDIX A**

### **QUESTIONNAIRE**

**There are 21 questions in this questionnaire the completion of which takes a maximum of 15 minutes.**

**Please complete and return this questionnaire before 30<sup>th</sup> April 2012. Thank you.**

**Please read the instructions for answering each question carefully**

**Please mark questions 1 – 4 with an X next to the statement most applicable to you.**

**1. In which field do you practice as a Gestalt play therapist?**

OCCUPATIONAL THERAPY	
SPEECH THERAPY	
SCHOOL COUNSELOR	
SOCIAL WORKER	
PSYCHOLOGIST	
OTHER	

If you marked OTHER please specify below in which field you work

**2. In which geographical area in South Africa do you practice Gestalt play therapy?**

EASTERN CAPE	
--------------	--

WESTERN CAPE	
NORTHERN CAPE	
NORTH WEST	
LIMPOPO	
GAUTENG	
UMPHUMALANGA	
KWAZULU-NATAL	
FREE STATE	

If you are practicing outside South African borders please specify the country you practice in below.

**3. In what type of environment do you practice Gestalt play therapy?**

RURAL	
CITY	
INNER CITY	
TOWN	
PREVIOUSLY DISADVANTAGED	
OTHER	

If OTHER please specify below

**4. In what type of work environment do you practice Gestalt play therapy?**

GOVERNMENT SCHOOL	
PRIVATE SCHOOL	
PRIVATE PRACTICE	
GOVERNMENT INSTITUTION FOR CHILDREN AND ADOLESCENTS	
PRIVATE INSTITUTION FOR CHILDREN AND ADOLESCENTS	
OTHER	

If other please specify below

**Please mark questions 5 – 19 with an X next to the answer or answers most appropriate to you and your situation.**

**5. What types of Gestalt supervision resources are available to you in your geographical area? Mark appropriate answer(s) with an X.**

FACE TO FACE	
PEER	
GROUP SUPERVISION	
TELEPHONE	
SKYPE	
EMAIL	
WORKSHOPS	
NONE	

**6. If you answered NONE how do you currently meet your supervision needs?**  
**Please mark the most appropriate statement below with an X.**

I use supervision resources from a different psychotherapy orientation outside of my place of work	
I am currently unable to meet my supervision needs	
I use supervision resources from a different psychotherapeutic orientation at my place of work	
Other	

If OTHER please specify below

#### **7. Are you currently able to make use of Gestalt supervision resources?**

YES	
NO	

If you answered YES please continue with questions 8 – 10 below

If you answered NO please go to question 11

#### **8. If you experience a situation in your work where you have required Gestalt supervision how were you able to meet this need?**

FACE TO FACE	
PEER	
GROUP	
TELEPHONE	
SKYPE	

EMAIL	
OTHER	

If other please specify below

**9. What type of supervision from a Gestalt approach do you receive and how often?**

	weekly	fortnightly	monthly	6 monthly	yearly	Only when required
Face to face						
Peer						
Group						
Telephone						
Skype						
Email						

**10. How would you rate your experience of your Gestalt supervision?**

**Please mark with an X next to the comment that best corresponds to your opinion.**

**In the space below this question please write a few sentences to explain your comment.**

EXCELLENT	
GOOD	
FAIR	

POOR	
I have not yet experienced Gestalt supervision	

**11. What prevents you from having Gestalt orientated supervision?**

**Mark appropriate answer(s) with an X**

No Gestalt supervisor within 100kms of your residential area	
No Gestalt peers within 100kms of your residential area	
No or unreliable phone connection	
No or unreliable internet connection	
No workshops conducted within 100kms of your residential area	
Financial constraints	
Time constraints	
Other	

If OTHER please specify below

**Questions 12 – 19 are to be completed by all participants**

## **12. How do you acquire and practice new therapeutic skills?**

\* Not Gestalt orientated refers to resources related to any other psychotherapeutic discipline. Both columns may be marked if this is appropriate.

	Gestalt orientated	*Not Gestalt orientated
Face to face discussion		
Peer discussion		
Group discussion		
Workshops		
Literature and practice		
Currently no opportunity to acquire and practice new skills		

COULD YOU IN A FEW WORDS/SENTENCES ELABORATE ON YOUR  
ANSWER BELOW

## **13. How are you affirmed (validated and supported) in your ability as a therapist?**

	Gestalt orientated	Not Gestalt orientated
Face to face discussion		
Peer discussion		
Group discussion		
Telephone discussion		

Skype discussion		
Email contact		
Other		
I am not affirmed in my ability as a therapist		

If other please specify below

**14. When confronted by a dilemma within the child/therapist relationship which supervision resource(s) are you able to make use of?**

	Gestalt orientated	Not Gestalt orientated
Face to face discussion		
Peer discussion		
Group discussion		
Telephone discussion		
Skype discussion		
Email contact		
Other		

If other please specify below

**AREAS OF FOCUS IN SUPERVISION CONSIST OF:**

**Administration:** focusing on professional, ethical and legal aspects of therapeutic work.

**Education:** focusing on acquiring knowledge and understanding of theory and techniques and learning and practicing new skills.

**Therapy work:** focusing on understanding issues in a particular child/therapist relationship.

**15. Currently in which area(s) of supervision do you require support?**

Administration	
Education	
Therapy work	

**16. Currently in which area(s) of supervision do you experience a need for supervision the most?**

Administration	
Education	
Therapy work	

**17. What would be your preferable type of Gestalt orientated supervision?**

Use the numbers 1- 6 to mark your order of preference. 1 = most preferable.

**6 = least preferable.**

Face to face	
Peer	
Group	
Telephone	
Skype	
Email	

**18. If the types of Gestalt orientated supervision resources listed below were available and accessible to which types would you use?**

Face to face	
Peer	
Group	
Telephone	
Skype	
Email	

**19. Have you received any training in Gestalt supervision?**

YES	
NO	

If you answered YES please answer the following question

**20. Do you provide supervision based on the Gestalt approach?**

YES	
NO	

If you answered YES please answer the following question

**21. What type of supervision do you provide?**

**Please mark with an X the type(s) below**

Face to face	
Telephone	
Group	
Workshops	
Skype	
Email	

Other	
-------	--

If other please explain below in a few sentences

**Thank you for completing this questionnaire.**

**If you have any additional comments and or ideas to assist in enhancing the supervision resources for therapists working from the Gestalt play therapy approach please add them in the space provided below.**

## **APPENDIX B**

### **INTERVIEW SCHEDULE**

- 1.** How long have you been training play therapists to work from the Gestalt approach?
  
- 2.** How long have you been supervising play therapists working from the Gestalt approach?
  
- 3.** Results from the data indicate that recently qualified play therapists are working in a variety of fields and work environments and so use supervision resources based on a theoretical orientation other than Gestalt. What is your opinion on recently qualified play therapists working from a Gestalt approach utilizing supervision resources from a different theoretical approach?
  
- 4.** Results from the data reveal that 69.2% of recently qualified play therapists utilize peer supervision. (For affirmation, therapy issues, practicing and acquiring new skills) What in your opinion could be the implications (positive and negative) for recently qualified play therapists working from the Gestalt approach using peer supervision as opposed to face to face supervision? (ie face to face supervision with a more experienced colleague).
  
- 5.** Results from the data revealed that 75% of respondents indicated face to face supervision as their preferable type of supervision. The data reveals only 31.25% have access to face to face supervision. Geographical distance places financial and time constraints on practitioners preventing them from accessing Gestalt orientated face to face supervision. What is your opinion on utilising Skype to provide face to face supervision?
  
- 6.** In your experience what supervision requirements should a recently qualified Play Therapist fulfill in order to work competently, professionally and ethically?  
(For example, how often to attend supervision, what type of supervision to use, when to seek supervision).
  
- 7.** What in your opinion could practitioners recently qualified in the Gestalt approach put into place to address their need for gestalt orientated supervision?

- 8.** What in your opinion could the CCYFS put into place to assist those they train in play therapy based on the Gestalt approach to address their future need for Gestalt orientated supervision?

The results of this study are intended to reveal the current strengths and weaknesses of the provision of Gestalt orientated supervision resources for recently qualified Play Therapists working from the Gestalt approach in South Africa. This information it is hoped will be useful for developing strategies to enhance the provision of Gestalt orientated supervision resources in the future and provide play therapists working from the Gestalt approach with some information on how to meet their own need for supervision.

Thank you so much for your time and attention, I hope that you will be available for an interview. If you agree to participate in this interview, I ask that you forward me your agreement and Skype details. I will then forward you the consent form to complete.

Yours sincerely, April Gehle.

**APPENDIX C: Consent form for questionnaire respondents****INSTITUTE FOR CHILD, YOUTH AND FAMILY STUDIES****CONSENT TO PARTICIPATE IN RESEARCH****HUGUENOT COLLEGE****TITLE OF STUDY:**

IDENTIFYING SUPERVISION RESOURCES AVAILABLE TO RECENTLY QUALIFIED PLAY THERAPISTS  
WORKING FROM A GESTALT APPROACH IN SOUTH AFRICA

You are asked to participate in a research study conducted by April Gehle from the Centre for Child, Youth and Family Studies, Huguenot College. The results of the proposed study will contribute to the partial fulfillment of her M Diac (Play Therapy) degree. You were selected as a possible respondent for this study because you were trained by The Institute for Child Youth and Family Studies and you have recently qualified as a play therapist working from the gestalt approach.

**1. PURPOSE OF THE STUDY**

The purpose of this study is to identify the supervision resources available to recently qualified play therapists working from a gestalt approach in South Africa.

**2. PROCEDURES**

If you participate in this study a questionnaire will be emailed to you which you will be required to complete within 30 days of receipt and return via email to the researcher. This questionnaire should take thirty minutes maximum to complete.

**3. POTENTIAL RISKS AND DISCOMFORTS**

There are no envisioned potential risks or discomforts for those participating in this study. The researcher will be available for any respondent experiencing unforeseen discomfort to discuss the issue and refer to a gestalt therapist if required.

**4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

The results of this study will be useful to identify strengths and weaknesses of the current situation and to provide preliminary data for further studies such as developing guidelines and evaluating particular types of supervision. This information could be useful for trainers of play therapists working

from a gestalt approach in South Africa to pass onto their Masters students to equip them for entering the workplace.

## **5. CONFIDENTIALITY**

Any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. To ensure confidentiality your name will be omitted.

## **6. PARTICIPATION AND WITHDRAWAL**

You can choose whether to take part in this study or not. If you volunteer to take part in this study you may withdraw at any time without any consequences of any kind. You may also refuse to answer any questions you do not want to answer and still remain in the study.

### **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact researcher: April Gehle. Tel, 041 3791311 or 0721521351 and Supervisor; Issie Jacobs at; The Centre For Child, Youth and Family Studies Huguenot College. PO Box 16. Wellington. 7654 PH: 021 873 1181.

### **RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your permission at any time and stop participating in the study at any time without any consequences. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

If you have any question regarding you rights as a research subject you can contact the Unit for Research Development.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE
---

The information above was described to me (the participant) by April Gehle in English and I (the participant) am in command of this language. I (the participant) was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study and I have been given a copy of this form.

---

Name of Subject/Respondent

---

Name of Legal Representative (if applicable)

---

Signature of Subject/Participant or Legal Representative

---

Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to \_\_\_\_\_ [he / she] was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

---

Signature of Investigator

---

Date

**APPENDIX D: Consent form for interview participants**

**INSTITUTE FOR CHILD, YOUTH AND FAMILY STUDIES**

**CONSENT TO PARTICIPATE IN RESEARCH**

**HUGUENOT COLLEGE**

**TITLE OF STUDY:**

IDENTIFYING SUPERVISION RESOURCES AVAILABLE TO RECENTLY QUALIFIED PLAY THERAPISTS  
WORKING FROM A GESTALT APPROACH IN SOUTH AFRICA

You are asked to participate in a research study conducted by April Gehle from the Centre for Child, Youth and Family Studies, Huguenot College. The results of the proposed study will contribute to the partial fulfillment of her M Diac (Play Therapy) degree. You were selected as a possible participant for this study due to your expertise in the field of play therapy from a gestalt approach and of supervision from a gestalt approach with the Institute for Child Youth and Family studies.

**The aim of this research study** is to identify the supervision resources available to recently qualified play therapists working from the gestalt approach in South Africa are currently making use of. In order to identify the strengths and weaknesses of the current use and provision of gestalt orientated supervision resources.

**The purpose of these interviews** is to gain more in-depth information and expert opinions on the current provision of gestalt orientated supervision resources for recently qualified play therapists working from the gestalt approach. The data collected from these interviews and information from literature and research will be merged to provide a description of the current availability of gestalt orientated supervision resources for recently qualified play therapists working from a gestalt approach.

**Duration and procedures;** the interview is of a structured nature and comprises of eight open ended questions. The interview will be conducted via Skype by the researcher and will take place at a time which you the participant have indicated will be convenient. The interview is estimated to take approximately thirty minutes to complete.

**Withdrawal from research;** as a participant of this research study you may without any detriment to your self, decline to participate or withdraw from participation at any stage without having to give reason. You may also request that data you provided be destroyed.

**Risks and discomfort;** the researcher foresees no risk or discomfort arising for you as the participant in this research study. The interview will be conducted at your convenience and no personal or sensitive questions will be asked and no deception will be used.

**Confidentiality;** any information that is obtained in connection with this study that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. To ensure confidentiality your name will be omitted and all data collected will be kept under lock and key at the researcher's residence.

Thank you for participating. If you have any questions relating to this research please contact the researcher April Gehle on telephone number 041 3791311, email address [jagehle@hotmail.com](mailto:jagehle@hotmail.com). Or the researchers supervisor Issie Jacobs at

The Centre for Child, Youth and Family Studies.  
PO Box 16. Wellington. 7654  
PH: 021 873 1181.

#### **RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your permission and stop participating in the study at any time without any consequences. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

If you have any question regarding you rights as a research subject you can contact the Unit for Research Development.

I hereby consent voluntarily to participate in this study and I have a copy of this form.

4 September 2012

---

Signature of research participant

---

Date

## **APPENDIX E: Covering letter to questionnaire respondents**

I am a student at The Centre for Child Youth and Family Studies and I am currently completing my dissertation for the Masters degree in Play Therapy based on the gestalt approach.

### Purpose of study

The purpose of this study is to explore how recently qualified play therapists working from the gestalt approach in South Africa are currently meeting their supervision needs. Supervision is an important resource for the recently qualified and more experienced play therapist. Supervisors can assist play therapists with difficult cases, administrative, ethical and legal issues and provide opportunities for further learning. Attending regular supervision can prevent burn out in play therapists and ensure that play therapists are able to work optimally and in the best interests of the children who are their clients.

The goal of supervision in all disciplines of psychotherapy is the protection and growth of the client through facilitating the personal and professional growth of the therapist.

Currently in South Africa the Institute for Child Youth and Family Studies is the only transdisciplinary training institute in South Africa which trains professionals to provide play therapy from a gestalt approach (play therapists). Training programs are conducted in the Western Cape and Gauteng annually. Once training is complete these qualified play therapists disperse to diverse areas throughout South Africa and beyond to work as play therapists from a gestalt approach and become responsible for seeking out their own supervision resources.

Geographical distance, expense and lack of gestalt orientated supervision resources are just some of the challenges faced by these play therapists when seeking supervision. The aim of this study is to identify the supervision resources available to recently qualified play therapists working from the gestalt approach in South Africa. The results of this study will reveal strengths and weaknesses of the current situation and therefore provide information, which will be useful in developing strategies to enhance the provision of appropriate and adequate gestalt orientated supervision resources.

You have been chosen as a respondent for this questionnaire because you are a professional practicing as a play therapist having studied with the Institute for Child Youth and Family Studies and you are currently working in South Africa as play therapist using the gestalt therapeutic process and methodology.

Your name and any identifying information will be kept confidential and excluded from the research study.

Thank you for your time and attention.

Researcher: April Gehle. Ph: 041 3791311. P.O. Box 15289, Emerald Hill, Port Elizabeth. 6011.

Email [jagehle@hotmail.com](mailto:jagehle@hotmail.com)

Organisation: Institute for Child Youth and Family Studies.

Huguenot College PO Box 16 Wellington. 7654

Faculty of Health, North Western University (Wellington), P.O. Box 1083. Wellington 7654.

## **APPENDIX F: Covering letter to interview participants**

Dear

For my research study I am required to conduct interviews with persons knowledgeable and experienced in Gestalt therapy theory and in supervision from a gestalt perspective. Therefore my study leader suggested that I contact you and ask if you would be willing to participate and allow me to interview you for my research study.

Geographical distance and consequent traveling expense make it not possible for me to interview you face to face, so I would like to conduct the interviews via Skype. The Skype facility is free to download and I can forward you the program. Skype to Skype calls are free and I am able to record these calls.

The title of my Dissertation is;

**IDENTIFYING SUPERVISION RESOURCES AVAILABLE TO RECENTLY QUALIFIED PLAY THERAPISTS WORKING FROM A GESTALT APPROACH IN SOUTH AFRICA**

The aim of this study is to identify the supervision resources available to recently qualified play therapists working from the gestalt approach in South Africa. In order to achieve this aim a quantitative empirical research study was undertaken in the form of a questionnaire which was sent to recently qualified play therapists working from the gestalt approach in South Africa. The purpose of this structured interview is to obtain your expert opinion in relation to some of the results obtained from the data collected from the questionnaires that were completed by the respondents.

Yours sincerely April Gehle