# SHORT-TERM STRUCTURED PLAY THERAPY WITH THE LATENCY-AGED CHILD OF DIVORCE

by

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## SUMMARY

The purpose of this study was to develop and test the efficacy of a short-term structured play therapy treatment program for latency-aged children of divorce between six and twelve years of age. Following parental divorce latency-aged children often manifest disturbed emotional and behavioural functioning in several areas of their lives including issues such as self-image problems and poor academic functioning. In many instances, problems are acute and necessitate effective help in a relatively short time. Several play therapy modalities exist for children with some focusing on problems stemming from divorce. However, due to their complex, unstructured and lengthy nature, most of the treatment programs reviewed were relatively ineffective for most social workers. Increasingly families have little time and/or limited financial resources to commit to long-term therapy. A literature review showed a clear need for a shorter, less complex treatment program to solve the problem of limited finances and time constraints of parents seeking help for their children.

A seven-stage, short-term structured play therapy program was developed for this study, including a pre-and post-treatment assessment, which focused on the main areas of dysfunction prominent among latency-aged children of divorce. The program was implemented by treating a female latency-aged child from a divorced family.

The findings showed that the short-term structured play therapy program developed for this study appears to be effective in dealing with necessary and important psychological tasks facing children of divorce. The treatment program worked effectively with a

female latency-aged child and facilitated psychological and emotional movement in a relatively short period of time. For social workers specialising in child play therapy the treatment program will be easy to use since all activities are clearly structured and explained with materials utilised in the sessions easy to obtain. As such, it could be a necessary and effective addition to the social work profession.

Key terms: Latency-aged; divorce; child therapy; play therapy; short-term play therapy; structured play therapy; cognitive-behavioural play therapy; child-centered play therapy; play techniques; single-system design; intervention research; child assessment.

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"I declare that **Short-term Structured Play Therapy with the Latency-aged Child of Divorce** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references."

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Catharina Venter DATUM

# TABLE OF CONTENTS

## CHAPTER ONE

### ORIENTATING INFORMATION



## CHAPTER TWO

### LITERATURE REVIEW OF DIVORCE AND THE LATENCY-AGED CHILD (SIX TO TWELVE YEARS OLD)

## CHAPTER FIVE

### RESEARCH FINDINGS

## CHAPTER SIX

### CONCLUSIONS AND RECOMMENDATIONS

# List of Figures and Tables

# CHAPTER ONE

## ORIENTATING INFORMATION

### INTRODUCTION

The increasing prevalence of divorce in the westernised world and its impact on families, especially children, necessitates increased attention by the social work profession. This study will focus on the development of a short-term structured therapy program for latency-aged children between six and twelve years of age.

### 1.1 PROBLEM STATEMENT

Divorce is a life crisis of enormous proportion that marks the start of a painful process of change, including major changes in the unit of the family system (Pledge 1992:158). Several studies have indicated that children and adults going through divorce have a higher incidence of psychological problems with the evidence suggesting that parental divorce is associated with lowered well-being among both young children and adult children of divorce (Amato 1993:23; Veevers 1991:101-102).

Divorce rates all over the world are rising. In South Africa the divorce rate for all races was 29 878 divorces per year during 1994 out of a population of approximately 40 million. Among white South Africans divorce rose from 35 per thousand marriages in 1935, to 173 per thousand in 1992. This affected nearly 40 000 children (South Africa Central Statistical Service 1994). In other developed countries in the West the same picture unfolds. In the United States there are now more than a million divorces per year (Cohen, Hagan, Coleman & Foy 2002:1019; Guttman 1993:168).

Children are particularly at risk for the changes that come about in the family system following divorce. According to Wallerstein and Kelly (1980:54), divorce involves

profound loss, including losses such as the family home, neighbourhood and school. Many children find the task of absorbing these losses tremendously difficult. The extensive longitudinal study of Wallerstein and Kelly (1980:54) found that a significant number of children at every age were not able to find their way back to an age appropriate agenda of development after the turmoil of divorce. The researchers theorised that divorce added developmental tasks to the normal growing up of children. Research showed that mastering all these developmental tasks is harder for children of divorce (Guttman 1993:149-155). A meta-analysis of 92 studies found that when compared to children of intact families, children of divorced parents function on a lower level on various psychological, social and cognitive measures (Amato & Keith 1991:26-40). Amato (1993:23) concluded that parental divorce is associated with negative outcomes for children in the areas of academic achievement, conduct, psychological adjustment, self-esteem and social relations.

It is especially the latency-aged child, between six and twelve years of age who is at risk for the development of academic, emotional and behavioural problems. Late elementary school children of divorce are rated less well adjusted (Hodges, London & Colwell 1990:64-76). Early latency age children (ages six to eight) have the greatest difficulty understanding and dealing with the consequences of divorce, often manifested through behavioural problems and pervasive sadness. Late latency-aged children (ages nine to twelve) have more defences against the stressful experience of divorce but exhibit symptoms of anger, fear, depression and loneliness with up to one fourth of children suffering moderate to severe symptoms (Wallerstein & Kelly 1976:261-265; 1980:45-51). Early latency-aged children seem to be at particular risk because defence mechanisms are not fully developed, so they face numerous social and physiological changes such as progressing from elementary and middle school to high school as well as the onset of puberty. Studies have shown the strongest negative reaction to divorce, particularly loss of self-esteem, was experienced by children aged seven to thirteen (Wadsby & Svedin 1993:114, 131). If latency-aged children, prior to entering adolescence and high school, do not receive counselling and help with pervasive and crippling emotional and behavioural problems due to parental divorce their further

development through adolescence and later adult functioning might be adversely affected.

Paediatricians Cohen et al (2002:1019) found that as a result of the emotionally traumatic nature of divorce often marked by extended periods of rancour and disagreement between parents, it is imperative that those children receive counselling. Children must understand that they are not the cause of, and cannot be the cure of, the divorce.

Therapy with children presenting with various psychological, emotional and behavioural problems emerged as early as 1905 with Sigmund Freud's treatment of the boy "Little Hans" (Freud 1905:39-72). Play was directly incorporated as a recognised form of treatment for psychological and emotional problems in children during 1919 (O'Connor 2000:11). Anna Freud and Melanie Klein worked extensively with children and play techniques in the 1930s (Freud 1965:9-24; Klein 1984:139-169). Since this early emergence of therapy with children and the incorporation of play in the therapeutic process, various new theoretical play therapy models have developed over time:

- Strategic Family Play Therapy (Ariel in O'Connor & Braverman 1997:368-394);
- Release Therapy (Levy 1938:387-390);
- Active Play Therapy (Solomon 1938:479-497);
- Relationship Therapies (Rank 1998:78-82);
- Client-Centred Play Therapy (Axline 1969:25-28);
- Filial Therapy or Child Relationship Enhancement Family Therapy (VanFleet 1994:2);
- Theraplay (Jernberg & Booth 1999:13-26).

The problem addressed in this study is the need to provide a cost-effective, short-term structured play therapy program specifically aimed at children of divorce. This study is limited to the development of a therapy program for young children between the ages of six and twelve years (latency-aged) who present with adaptation problems after divorce such as: aggression, depression, acting-out behaviour and poor interpersonal relationships with others and their families. The criterion for participation in this program is a limiting

factor because at least one parent has to participate in every session of the therapy with the child. The study is also limited to a Caucasian/Western socio-cultural context. The study makes use of a white, Afrikaans-speaking, female child in the single-case research design. Theraputic work with children from other socio-cultural contexts would probably use different metaphors. However, if the program in its current format shows positive results treating children of divorce from the Caucasian/Western socio-cultural context, it might hold promise for other groups and future research could focus on the adaptation of the model for other socio-cultural contexts. The term child in this study is used to refer to the above group of children. The male form of address, he, is sometimes used in this study to refer to both male and female children.

## 1.2 MOTIVATION FOR THE STUDY

The social worker deals extensively with families, many of whom are involved in the painful process of separation or divorce. Many of these families include children who manifest debilitating symptoms of emotional, behavioural and academic problems following the break-up. Therapy is highly indicated for these children and the social worker can contribute significantly to the practice of social work and the future well being of such children but they need a practical and useful approach to do so.

However, while theoretical approaches to play therapy with children have increased exponentially over the last decades and its value positively indicated, many treatment programs are too broad or comprehensive in nature. It is then left to individual social workers to adapt general approaches of play therapy to specifically suit the needs of the children of divorce. Many social workers lack the skill and training to do so effectively. Others have limited time to meet with families and need a play therapy program that can be implemented in a relatively short period. Therefore, a need exists for a cost-effective, short-term structured play therapy program specifically designed to address the needs of latency-aged children of divorce.

## 1.3 THERAPEUTIC APPROACHES FOR CHILDREN OF DIVORCE

Three main umbrella theoretical models, psychoanalytic, humanistic, and cognitive-behavioural, tend to dominate both the literature and clinical practice of play therapy.

Concerning the effects of divorce, psychoanalytical theorists acknowledge the sequelae of broken relationships and marriages as possible causes of behavioural difficulties that stem the development of the child. They see divorce as posing serious challenges to the developing psyche of children, who, depending on their psychic strength or vulnerability, often incessantly yearn for the parents' reunion (Gavshon 1990:232-233). These children pose a greater risk for possible development of psychopathology (Freud 1965:50-51).

Cognitive Behavioural Play Therapy has been used effectively to treat children presenting with specific diagnoses such as selective mutism, encopresis and phobias, as well as children who have experienced life events and traumas such as divorce (Knell in O'Connor & Braverman 1997:81).

Child-centred play therapy is most widely used with children below ten years of age, but positive results have been obtained with ten to fourteen year old children, especially those children who are developmentally delayed due to emotional trauma (Landreth & Sweeney in O'Connor & Braverman 1997:25-26). In addition, this approach is uniquely suited for working with children from different socio-economic levels and ethnic backgrounds. Significant positive changes were reported in self-acceptance as well as with academic learning problems (Bills 1950:146-148; Crow 1989:56; Kot 1995:63; Raskin and Rogers in Corsini & Wedding 1989:130). Regarding the involvement of parents, equally positive results have been reported (Bratton 1994:84-92; Landreth & Sweeney in O'Connor & Braverman 1997:26).

Shortcomings in the treatment approaches with children of divorce, fully discussed in chapter three, include the following:

- Complex programs that are difficult to understand;

- Group and school-based programs that exclude the parents;
- Individual programs that exclude the parents;
- Individual programs that have to be adapted on the spot by the ingenuity or instinct of the therapist;
- Play therapy techniques that are difficult to interpret or need extensive experience and years of training to comprehend;
- Unstructured and non-directive approaches that leave the direction and focus of treatment to the child;
- A lack of focus on present problems in the functioning of the child and present problems in the relationship with the parent;
- Programs that are too lengthy and take place over too many sessions leading to a pre-mature and large dropout rate from therapy.

The available literature shows a need for improved delivery and availability of mental health services for children (Roberts & Hinton-Nelson in Roberts 1996:1-2) with a need for specific and effective programming for particular settings or problems such as divorce (Stolberg & Gourley in Roberts 1996:87). In light of the above, the present study has relevance and can make a significant contribution to the social work profession by developing a short-term, structured play therapy treatment program specifically aimed at young children from divorced families.

## 1.4 AIM AND OBJECTIVES OF THE INVESTIGATION

### 1.4.1 The Aim of the Investigation

To develop a short-term, structured play therapy program focused on latency-aged children of divorce.

### 1.4.2 The Objectives

- To compare the newly developed treatment program with the existing literature.

- To test the newly developed treatment program by treating a latency-aged child of divorce.
- To make available to social workers a practical, short-term, structured treatment program uniquely focused on the latency-aged child of divorce.

## 1.5 ASSUMPTIONS UPON WHICH THE INTERVENTION MODEL IS BASED

- The therapist dealing with the child of divorce can benefit from a treatment program specifically designed to treat the child of divorce that includes the parents.
- Therapists can more effectively and comprehensively treat primary emotional and behavioural problems if they have access to a structured play therapy program that focuses specifically on problem areas.
- This treatment program can assist the therapist and the family struggling with the psychological consequences of divorce to deal with the problem effectively and over a relatively short period of time, making it more affordable and cost-effective for all.

## 1.6 THEORETICAL FRAMEWORK OF THE STUDY

The theoretical approach of this study has four main characteristics, namely client-orientated, developmental, cognitive-behavioural and short-term structured approach.

- Client-orientated

  The focus is first on the person and then on the presenting problem. Clients, or children, are seen as having inherent potential to grow and develop. The goal of this approach is to empower the child to grow and fulfil that inherent potential. A stance of unconditional positive regard and acceptance of the person, child or family drives the therapy. Empathy, respect, warmth, congruence, genuineness and self-disclosure are the main elements that facilitate the therapy process. As such, it is the aim of the examiner to develop a treatment program that effectively addresses both the need of the child and the setting or context within which he or she lives.

- Developmental

  This approach incorporates a solid base of applied developmental psychology, which enables the examiner to distinguish between the normative developmental tasks and problems that face individuals over their life span and the more serious social-emotional problems stemming from non-normative emotionally traumatic events, such as divorce. As such, it takes into account the normative stages, tasks and crises during the life of the child. The treatment program developed aims to address and aid the child and his family to deal effectively with abnormal reactions to divorce and separation in order to restore normative, healthy development.

- Cognitive-behavioural

  From a cognitive-behavioural viewpoint, the therapist understands that an individual's thinking influences how they act, and how they act influences how they think. The behavioural viewpoint regards problematic behaviour as learned or conditioned and can therefore be unlearned with new behaviours learned in its place. The development of a short-term, structured treatment program aimed at the young child of divorce views change as partly a process of re-education and relearning, where new behaviours and patterns are reinforced to help the child to restore and achieve normative developmental goals.

- Short-term structured approach

  The unique characteristics of time-limited or short-term, structured play therapy include the selection of a single dynamic focus or central theme that underlies the child's problem, the resolution of which is the principal aim of therapy. The therapy is theme-driven with the central tenet related to the child's problem the sole focus of treatment. This is because the theme represents the reason for the child's cognitive, psychodynamic and interpersonal struggle and leads to difficulty in gaining mastery over his or her environment. This treatment program involves a high level of therapist activity and involvement. The therapist is not viewed as merely a neutral observer and commentator but a coequal and active partner in the play, and therefore the development of a good working relationship between the child and the therapist is

essential. It empowers the child so that regression, dependency and a sense of helplessness are avoided (Peterlin and Sloves 1985:788-792; Sloves & Peterlin 1986:847-851; Sloves & Peterlin in O'Connor & Schaefer 1994:31). Short-term structured play therapy has been found to be highly applicable to latency-aged children and for the treatment of the problems of loss and separation inherent in divorce (Peterlin & Sloves 1985:788-792; Sloves & Peterlin 1986:847-851).

## 1.7 RESEARCH DESIGN

The type of research used in this study is *intervention research*. Rothman and Thomas (1994:4-6) stated that intervention research, as a form of applied research, has three facets:

- Knowledge Development (KD) as a form of applied research provides more information about the understanding and/or solution of practical problems and endeavours to contribute knowledge of human behaviour;
- Knowledge Utilisation (KU) focuses on converting knowledge from theory and empirical research of social and behavioural science to application concepts;
- Intervention Design and Development (D&D) embraces several different approaches that seek to construct a systematic methodology for evolving human service interventions.

According to Rothman and Thomas (1994:19), the strength of *intervention research* is that it is intentionally interventive in focus, and by utilising this approach, new human service interventions may be designed, developed and evaluated. Intervention Design and Development involves a set of steps with interconnected activities that are intended to guide researchers and practitioners to develop innovative interventions for effecting change in problem situations relating to human service. According to Rothman and Thomas (1994:12), the Intervention Design and Development (D&D) paradigm may be conceptualised as a problem-solving process for seeking effective interventive and helping tools to deal with given human and social difficulties with the aim to produce workable human service technology, rather than generalisable knowledge *per se*. It takes

as its original departure a given real-world problem and a practical goal, rather than a hypothesis to be tested or a theory to be explored. The present study specifically includes the aspect of Intervention Knowledge Development (KD). According to Rothman and Thomas (1994:14-15), KD involves learning more about the relevant target behaviour of potential clients and client systems, which in this study involves the reaction of the latency-aged children of divorce, as well as play therapy and therapeutic interventions for children of divorce. Rothman and Thomas (1994:15-16) described several ways in which KD research may be performed in the context of intervention research. For the purposes of this study, KD will be directly joined or incorporated into D&D activity. This includes a phase of conventional KD research methodology with empirical research during the phase of problem analysis and project planning. In this way the conventional research methods of KD will contribute knowledge directly applicable to the phases of the Intervention Design and Development process.

According to Rothman and Thomas (1994:9), an integrated model of Intervention Design and Development has six main phases:

- Problem analysis and project planning;
- Information gathering and synthesis;
- Design;
- Early development and pilot testing;
- Evaluation and advanced development;
- Dissemination.

### 1.7.1 Problem Analysis and Project Planning

According to Rothman and Thomas (1994:9-11), during the analysis and project planning phase, the researcher has four tasks: firstly identifies and assesses key problems; secondly the researcher initiates a broad state-of-the-art review to provide general orientation to the problem; thirdly he or she determines the feasibility of the Intervention Design and Development project and, lastly, the researcher prepares a project plan and sets a developmental goal.

**Identification and analysis of the key problems**: During this researcher's work, the presenting problem of this study became highlighted. Many families in the process of, or who have already experienced a divorce, were referred for help. Several families consisted of latency-aged children who presented with disturbed emotional or behavioural functioning in several areas of their lives. Families generally had limited time or financial and mental health care resources for therapy, and due to the acute nature of the children's problems, they needed constructive and effective help. A literature search identified many modalities of play therapy designed to address problems of children in general and some focused on problems stemming from divorce. However, many of these programs overwhelmed social workers with too much information or were of such a complex nature that they were rendered unusable or not practical for most social workers in practice. Others were unstructured and made it each therapist's responsibility to adopt it on the spot to suit the need of the child. It therefore seems well indicated that the need exists for an effective yet understandable short-term and structured play therapy program that would address the main needs of children going through, or who have gone through, a divorce.

**State of the present social technology**: At this stage, the available therapeutic approaches available to the social worker for the treatment of children of divorce are overwhelming, confusing, too general in nature, too time consuming and mostly unstructured. It often involves only one theoretical approach or includes too wide an array of techniques to be effective and time-economical. Social workers who have the specialised knowledge and skills necessary to interpret the theoretical play therapy approaches and adapt them to the needs of children going through a parental divorce, as well as effective short-term play therapy treatment programs focused specifically on the unique needs of the child of divorce, were in short supply. The available literature within the field was reviewed including literature on general theoretical approaches to therapy and play therapy across different orientations. It confirmed the need within the social work field for a more specialised short-term, effective and structured play therapy approach focused specifically on the needs of children of divorce. The younger school-

age child, generally referred to as the latency-aged child between the ages of six and twelve years, was identified as a unique at-risk group for the development of dysfunctional emotions and behaviours following the break-up of a family through divorce.

**Feasibility**: After attending several advanced training courses in child therapy, the researcher worked with numerous divorced families who had children manifesting emotional and behavioural problems. This work confirmed the need of families with children for effective, short-term play therapy specifically focused on the needs of the child of divorce. It emphasised that a new intervention program can significantly enhance the available resources of the social worker working with such families as well as the unique needs of children during and following divorce.

**Developmental goals**: The goal was to develop a short-term, structured play therapy program focused specifically on the needs and typical areas of dysfunction manifested by younger children, ages six to twelve years old, going through parental divorce by using a compilation of existing techniques and approaches. The pilot program was to be tested for its applicability on a latency-aged child using a Single-Case (N=1) Experimental Design (Lundervold & Belwood 2000:92-103).

### 1.7.2 Information Gathering and Synthesis

During this phase the researcher identifies and selects relevant existing types and sources of information applicable to the delineated developmental task, including empirical research and technology; identifies relevant information sources; establishes retrieval procedures; gathers, processes and synthesises information data leading to the formulation of conclusions.

The main source of information for this study of intervention development mainly consists of the customary sources of information used for Knowledge Development (KD). This includes a phase of conventional KD research methodology with empirical

research during the phase of problem analysis and project planning. A comprehensive literature study will be conducted on the effects of divorce, particularly on the latency-aged child, as well as play therapy and other therapeutic interventions for children of divorce.

### 1.7.3 Design

This is the part of the process where the researcher identifies design problems and intervention requirements, specifies the boundaries of the domain of the D&D, determines design participants, selects a D&D site, formulates an initial intervention or other innovation model and initiates procedures for the study.

Here the researcher selects evaluation methods and carries out systematic evaluation. The efficacy of this treatment program was evaluated by using a Single-Case (N=1) Experimental Design. This experimental design has been developed specifically for evaluation in practice settings (Lundervold & Belwood 2000:92-103). Single-Case (N=1) designs offer a scientifically credible means to objectively evaluate practice and conduct clinically relevant research in practice settings.

### 1.7.4 Early Development and Pilot Testing

During this phase the researcher creates a limited operational model of the intervention for trial use, plans and implements a field-test followed by a revision of the intervention. A seven-stage, short-term, structured play therapy program with a pre-treatment and a post-treatment stage was developed focusing on the main areas of dysfunction prevalent among young children of divorce, including bonding with parents, anger manifestation, accepting the divorce and understanding the concept of different homes and families. The seven-stage model with a pre-treatment and post-treatment stage can include as many sessions as would be necessary to treat the child and take place between seven and eighteen sessions. The program makes use of different play therapy techniques currently in use but combines them in practical sessions focusing on specific themes.

The theoretical model for this study is anchored in cognitive-behavioural theory, client-centred theory and dynamic elements gleaned from psychoanalysis, as well as short-term structured play therapy. The program was implemented in practice treating a latency-aged child who went through a parental divorce.

### 1.7.5 Evaluation and Advanced Development

There are typically two generic phases to this design: baseline and treatment. The baseline evaluation for this study consisted of a comprehensive pre-treatment assessment of the child in his or her social context utilising the adapted model for assessment of the child of divorce (Venter 1999). Continuous evaluation of the child will take place throughout the different treatment stages. This study will also include a post-treatment assessment utilising the Venter (1999) adapted assessment of the child of divorce.

### 1.7.6 Dissemination

This is the phase where the researcher assesses the needs and points of access of potential clients and then revises the innovation as necessary.

## 1.8 CLARIFICATION OF CONCEPTS

A comprehensive discussion of key concepts is presented in chapter four.

## 1.9 RESULTS OF THE STUDY

In chapter six the results of the study will be discussed in depth, including a section on the relativity of the outcome of the study. A specific section of this study focuses on its limitations, areas for future research, suggestions on how the treatment program can be improved and the applicability of this treatment program for the profession of social work.

## 1.10 PRESENTATION OF THE DATA

The dissertation consists of the following sections:

- Chapter one contains the orientating introduction;
- Chapter two presents a theoretical background and literature review of divorce and the effects on latency-aged children between six and twelve years;
- A literature review of the history and theory of play therapy is presented in chapter three;
- Chapter four provides a detailed description of the play therapy program developed for this study;
- Chapter five discusses the findings of the newly developed treatment program after treating one child of divorce utilising a single-case study research design for evaluation;
- Conclusions and recommendations are discussed in chapter six.

# CHAPTER TWO

## LITERATURE REVIEW OF DIVORCE AND THE LATENCY-AGED CHILD (SIX TO TWELVE YEARS OLD)

### INTRODUCTION

The literature review in this chapter falls under the first facet of Rothman and Thomas's (1994:9-13) Intervention Research Model, Knowledge Development (KD), and includes step one and two of their model, which deals with the state of the present social technology as well as a review of available technological information and resources. Typically during this phase of the research model available literature within the field of study is reviewed while incorporating findings from other fields of study. The review of the literature focuses on divorce, its effect on children and an integrative perspective of child development between the ages of six and twelve years (latency-aged children), as well as the effects of divorce on children of this age group.

### 2.1 DIVORCE

#### 2.1.1 Divorce as a Process

Research in recent decades indicates that divorce is a complex personal and multidimensional social phenomenon, a drawn-out psychological and social process that occurs over a long period of time (Guttmann 1993:51). The process of divorce begins before physical separation and continues long after it; however, it is difficult to pinpoint its actual start and conclusion, as well as its overall effect on the people involved. There is significant consensus among studies that divorce is not a single event, but rather a multidimensional process that takes place over various stages (Wallerstein, Corbin & Lewis in Hetherington & Arasteh 1988:197).

Bohannan (1970:34) identified six stages, namely emotional divorce, legal divorce, economic divorce, co-parental divorce or physical divorce, community divorce and psychological divorce.

Emotional divorce: The first stage is referred to as emotional divorce, where one or both partners become disenchanted with the marriage. They become critical of one another and of their relationship, the relationship starts to disintegrate and at least one of the partners reduces his or her emotional investment in the relationship. During this phase the couple will ignore rather than confront their deteriorating relationship. Typical feelings experienced during this stage include despair, anguish, disillusionment, disbelief, shock, loss and low self-esteem. Typical actions that take place during this stage include avoiding the issue, denial, quarrelling and withdrawal on a physical and emotional level, pretence and the seeking of advice.

Legal divorce: Legal divorce is the second stage and formalises the marital breakdown. Typical feelings involve depression, detachment, anger, self-pity and hopelessness. Typical actions during this stage include seeking legal advice, threatening and bargaining, and the distribution of valued possessions, which is a painful experience. According to Bohannan (1970:34-37), most western legal systems have proven insensitive to the needs of the divorcing family and do not provide the right structure for the orderly and socially approved discharge of emotions that are elicited during the emotional divorce.

Economic divorce: Economic divorce is the third stage and concerns the financial arrangements, custody arrangements, filing for legal divorce and if it did not occur previously, separating physically.

Co-parental divorce or physical divorce: The fourth stage is referred to as co-parental divorce, or physical divorce, which revolves mainly around physically moving apart as well as any custody and access issues. The term co-parental divorce reflects the notion

that parents divorce each other but not their children, even though typically only one of them will be granted the right of custodial parent. This stage includes grieving, mourning and informing relatives and friends. Typical feelings include relief, loneliness and vindictiveness. According to Bohannan (1970:36), the most enduring pain of divorce is likely to come from this stage.

Community divorce: The fifth stage is the community divorce. This stage concerns the changes in the family and network of friends that come about due to moving to another town. Tasks involved are finalising the divorce and undertaking activities such as moving and enrolling in new schools, as well as stabilising new lifestyles and daily routines. Typical feelings include indecisiveness, optimism, regret, resignation and curiosity.

Psychological divorce: The sixth and final stage in the process of divorce is psychological divorce, mainly involving individual autonomy. The tasks to be dealt with include the resynthesis of identity, becoming comfortable with the new lifestyle, completing the emotional process of divorce, helping the children accept the finality of their parents' divorce and continuing the relationship the former spouse. It involves the separation of self from the personality and the influence of the ex-spouse. This stage poses the greatest challenge for personal growth and development, and is perhaps the most constructive element of the divorce process. Typical feelings experienced include acceptance, self-confidence, self-worth, wholeness, independence and autonomy.

This model can serve as an aid to researchers and clinicians to sort out a complex process into manageable and understandable segments and to organise the major sources of difficulty the divorced family faces.

### 2.1.2 Divorce as a Life Crisis

Divorce is also viewed as a life crisis of enormous proportion, signalling the end of a relationship, emotionally, legally, socially and sexually. Divorce has been found to not

only lead to bereavement, but also to loss in other areas of life (Pledge 1992:152-153). It marks the start of a painful process of change, including loss of a family system as an identifiable unit (Pledge 1992:158). Faust and McKibben (in Sussman 1999:475-499) identified a number of life areas influenced by divorce including loss and crises of identity, self-image, self-worth, lifestyle and aim-in-life. In a comparative study between divorced and married people, a higher incidence of psychological problems occurred among divorced people, including depression, alcoholism, psychotic disorders, suicide and psychosomatic ailments (Veevers 1991:101-102).

Moos (1986:139-176) viewed a crisis as a situation that is unique, rendering typical responses insufficient or inappropriate. The crisis brought on by divorce is unique in that the usual protection (and resources) offered by the nuclear family becomes severely weakened due to its impoverished infrastructure. Moos (1986:148-149) saw the required adjustments brought on by divorce as a series of tasks that need to be addressed. In particular, it is the child of divorce who faces special challenges and tasks beyond the normal tasks of childhood, which increases the burden on their development. Divorce confronts the child with unique perceived threats to his or her psychological well being and development, requiring specific coping tasks. These coping tasks can be conceptualised as hierarchical and follow a particular time sequence, beginning with the critical events of parental separation and culminating at late adolescence or late adulthood (Moos 1986:166-169). Working successfully through these tasks may restore a sense of wholeness and integrity in the individual, providing a realistic perception of love and constancy in human relationships. Wallerstein (in Garmezy & Rutter 1983:281-299) who performed extensive research on the effects of divorce on children sets out specific psychological tasks that need to be dealt with by children.

Task One: Acknowledging the reality of the marital disruption

Various obstacles such as vivid and frightening fantasies of parental abandonment and disaster face the child. The child also has a fear of being overwhelmed by intense feelings of sorrow, anger, rejection and yearning for the original family unit. There is a

powerful need to deny and to defer the reality. During this time many children often deal with lack of parental support (Wallerstein in Garmezy & Rutter 1983:283-285).

Task Two: Disengaging from parental conflict and distress while resuming customary Pursuits

This task involves a dual challenge. Children need to take measures to protect their individual identity and separate life course. They also need to remove the family crisis from its commanding position in their inner world in order to resume their developmental agenda. Achievement of this task lies in managing feelings of anxiety, depression and other conflicting feelings (Wallerstein in Garmezy & Rutter 1983:285-288). Wallerstein and Kelly (1980:54) noted that a significant number of children at every age were not able to find their way back to an age appropriate agenda after the turmoil of the family crisis.

Task Three: Resolution of loss

Divorce causes multiple losses, the most critical of which is the partial or total loss of one parent from the family unit. Other losses include loss of family routines, loss of symbols and family traditions, loss of continuity of the intact family, loss of protective physical presence of two parents and loss of the family home, neighbourhood and school in some instances. The task of absorbing the multiple losses is perhaps the most difficult. This task demands that the child overcome his or her profound sense of rejection, humiliation, perceived unlovability and powerlessness. According to the extensive study of Wallerstein (in Garmezy & Rutter 1983:288-291), the resolution of this task may take many years.

Task Four: Resolving anger and self-blame

According to Wallerstein (in Garmezy & Rutter 1983:291-293), children do not believe in a no-fault divorce. One or both of the parents must have done something to cause the divorce and the children are angry with one or both of them. This anger is likely to be intense and long-lasting. If the anger the child experiences does not subside, it can prevent the child from achieving closure regarding the divorce experience. Anger

appears to diminish as the child gains greater understanding about what is happening. The subsiding of anger and the task of forgiveness correlates with the child's growing emotional maturity. A significant aspect of forgiveness according to Wallerstein (in Garmezy & Rutter 1983:291-293) is related to children's ability to forgive themselves for having wished for a divorce following family conflict or for their failure to restore the marriage.

Task Five: Accepting the permanence of the divorce

The biggest reason according to Wallerstein (in Garmezy & Rutter 1983:293-295), why children have problems accepting the permanence of the divorce is because the parents are available for remarriage. The possibility always exists that the parents will get back together. The age of the child also affects the resolution of this task. The young child has great difficulty letting go of the restoration fantasy, and the child's ability to relinquish the fantasy may also be related to the parents' acceptance of the divorce as permanent. The above is especially relevant when dealing with the young child between six and twelve years of age, the focus group of this study.

Task Six: Achieving realistic hope regarding relationships

The resolution of this task enables the child to incorporate a realistic vision concerning his or her ability to love and be loved. The child needs to learn to take a chance on loving and accept that there are no guarantees in life and in the process come to the realisation that individuals are mortal and all relationships may end. The successful resolution of the last task is highly dependent on the effective resolution of all the preceding tasks (Wallerstein in Garmezy & Rutter 1983:295-299).

### 2.1.3 Divorce as an Idiosyncratic Life Event

Hultsch and Deutsch (1981:216-217) developed a life event framework to understand human living. They described an individual's life as being characterised by transitions, marked by specific life events. Life events are viewed as potential stresses as a result of the changes they might cause in an individual's habitual pattern of life. It might be of a

positive nature, such as marriage, or negative, such as the death of a family member. Hultsch and Deutsch (1981:218-219) classify these life events into three groups:

- Normative, age-graded events: These are biological and environmental events that relate to chronological age. The timing, duration and clustering of these events are similar for many individuals. These include graduation from school, marriage and birth of children.
- Normative, history-graded events: These are cultural events that correlate with historical time. They are perceived as normative because most members of a cohort experience them. This group includes events such as wars, economic depression or political transformations.
- Non-normative life events: These are life events that are idiosyncratic and are limited to a relatively small proportion of the population. These events are not related to the individual's life stage or to historical time. Losses are a main example of such events.

Divorce, from this perspective, is therefore a non-normative life event and the people involved are not necessarily prepared for the consequences of such an event. As a result of what is happening to the parents, children of divorce are faced with a non-normative, idiosyncratic life event. This adds additional tasks and challenges to their normal developmental tasks of growing up. Research has shown that due to added developmental tasks the child of divorce must endure, in addition to growing up in general, mastering regular developmental tasks is more difficult for them (Guttman 1993:149-155). The following section elaborates on this research.

## 2.2 THE CHILD OF SIX TO TWELVE YEARS OLD (LATENCY-AGED) AND THE EFFECTS OF DIVORCE

### 2.2.1 Latency-Aged: A Developmental View of the Child of Six to Twelve Years Old

The Random House dictionary defines *latency* as the stage of personality development extending from about four or five years of age to the beginning of puberty, during which

time sexual urges, lie dormant (Random House Unabridged Dictionary 1993 sv "latency"). However, to characterise this stage in development as latent, by any definition, diminishes the cognitive, social and emotional advancement of this period. Cincotta (in Austrain 2002:69) referred to this age category rather as middle years of development, reasoning that it is a phase far from dormant. She described this period as a time in which the toddler-turned-preschooler develops the knowledge and skills that serve as the foundation for subsequent cognitive, emotional and social growth. Each child will during this period establish individual strengths that serve as precursors to adolescence and later adult development and relationships. Children during this period of middle childhood or latency typically experience periods of imbalance. There are universal changes such as transitions to school, initially from pre-school to elementary, and later from elementary into high school, as well as individual crises that may occur such as divorce, death or illness. For some children these events can present difficulty, whereas for others they can serve as stimuli for growth.

### 2.2.2 The Effect of Divorce on Latency-aged Children

More than one million children all over the world experience parental divorce or separation every year (Guttmann 1993:168). An increased awareness of the effects of divorce and separation on children, and their reaction to it, has led to many attempts by social scientists since 1960 to study the impact of divorce on children.

Several major studies have dominated the research in the field, focusing continued attention on the impact of parental divorce on children. Amato and Keith (1991:26-40) performed a meta-analysis of 92 studies and found that when compared to children of intact families, children of divorced parents function on a lower level on various psychological, social and cognitive measures. They also determined that studies indicate parental divorce is associated with negative outcomes in the areas of academic achievement, conduct, psychological adjustment, self-esteem and social relations. The age of the children at the time of divorce has a significant effect on the children's psychological and social adjustments and on their relationships with both parents.

The study of Hodges et al (1990:64-76) with late elementary school children showed that children of divorce are rated less well adjusted. There has been a growing body of literature on the effects of stressful life events on physical and physiological development in children. In particular, parental separation and divorce has been identified as a source of stress in a child's life (Hodges et al 1990:75-77; Spigelman, Spigelman & Englesson 1994:174; Wood & Lewis 1990:93-94).

However, it can still not be stated with absolute certainty that divorce has any single, broad-reaching and long-lasting effect on all children. It is also uncertain what factors associated with the divorce experience account for the negative effect. According to Guttman (1993:159-162) variables such as socio-economic status, measure of support systems, parenting and family relationships account for some of the variables. Others are accounted for by personal characteristics such as age, gender, and temperament. According to the meta-analysis of studies of children of divorced families by Amato and Keith (1991:29), the child's level of development appears to be the single most consistent variable predicting children's reaction to divorce, with latency-aged children at a high level of risk for the possible development of emotional and behavioural problems.

Some of the most significant work in the field came from the research of Wallerstein and Kelly (1974:479-504; 1975:600-616; 1976:256-269; 1980:65-80 and 1985:545-553). They conducted the largest, longitudinal, non-clinical study to date. Their approach enabled them to separate short-term form long-term effects of divorce. It was also one of the first studies to not only look at the overall impact of divorce, but also to examine the interaction between a child's reaction to divorce and developmental status. Their study included data collected on 60 families with 133 children ranging in age from two and a half years to eighteen years of age. In addition to clinical interviews shortly after the separation, families were recruited for follow-up evaluations at one year to eighteen months post-separation, five years post-separation, and ten years post-separation. At the time of the initial separation, Wallerstein and Kelly (1980:45-51) noted reactions of anger, sadness and anxiety on the part of most of the children. Specific ways in which

these feelings manifested and the child's ability to deal with them constructively varied significantly with the child's age.

Findings showed that early latency-aged children (ages six to eight years) had the greatest difficulty understanding the extended consequences of divorce, and age appropriate defences did not hold up (Wallerstein & Kelly 1975:608-609; 1976:261-263). Anxiety among early latency children was expressed as acute fears concerning separation from parents, as well as sleep problems. Anger was evidenced in the form of irritability and temper tantrums. The most striking response to parental separation among the early latency group was pervasive sadness.

Late latency-aged children (ages nine to twelve years) were considerably more realistic in their understanding of divorce and appeared more organised and mobilised than the younger children. The feeling that most clearly separated them from the early latency group was their conscious, intense anger, which was object-directed and clearly articulated. Anxiety was also significantly present, with one-quarter manifesting fears of being abandoned or forgotten by their parents. Some children in this age group developed somatic symptoms, with depression being expressed as feelings of loneliness, including a feeling of powerlessness and inability to influence the family's decisions (Wallerstein & Kelly 1976:264-265).

At the twelve-month to eighteen-month follow-up, feelings of anxiety had decreased significantly for all age groups, with only one-fifth remaining so, without necessarily being accompanied by improvement in parent-parent and parent-child relationship. In contrast to anxiety, feelings of depression and anger were still dominant, especially among the late latency-aged children between nine and twelve years old. One fourth of all children remained very angry and depressed, suffering moderate or severe developmental regression. Significant sex differences were also noted that will be addressed later.

At the five-year mark, feelings of unhappiness were higher than they had been at the eighteen-month follow-up, with 37% of all children at that time seen as moderately or severely depressed. Even the group of 29% who were seen as doing moderately well experienced residual anger, depression and neediness that demanded significant amounts of attention and energy from caregivers, hampering full development of their potential (Wallerstein & Kelly 1980:211).

Confirming the above findings, research indicated that normally social awareness and self-awareness increase significantly during the latency stage of development. Consequently, children experiencing divorce in early latency may be aware of their anger but may fail to integrate it with their feelings of loyalty and fear. Clinical and quantitative reports on the short-term effects of parental divorce highlight the latency-aged child's conflict between anger and loyalty (Guttmann 1993:179-182). The ability to integrate conflicting feelings does not increase in late latency, although the understanding of these feelings does increase. Since the latency-aged child is actively involved in identifying with parents, the hurt experienced from a sense of rejection by the departing parent is all the more intense (Guttmann 1993:179). The departure of the parent is experienced as a personal rejection.

While the pre-school child shows extreme dependency on a primary parent, the latency-aged child has developed beyond this stage. An increased responsiveness to broader family dynamics and a willingness to actively manipulate post-divorce relationships to achieve the firm familial identity that is necessary to differentiate the self from the peer group is present (Wallerstein & Kelly 1980:77). Latency-aged children however, are vulnerable to isolation and alignment with one parent and alienation from the other, as a result of their capacity for directed anger and active involvement in family dynamics. Studies such as those of Hess and Camara (1979:92-95) have shown that the children who are most severely vulnerable to loss of self-esteem, depression and impaired behaviour and performance at school are those who are isolated.

The presence of interpersonal conflict is an important factor influencing the latency-aged child's adaptation to negative, short-term effects of the divorce. If the divorce is accompanied by the denigration of one parent by another and/or loss of contact with one parent, the negative effects are heightened for this age group (Guttmann 1993:180).

Wallerstein and Kelly (1980:165) observed in the case of pre-schoolers that gender plays a role in vulnerability to parental separation. Boys consistently were reported as displaying acting-out behaviour and were perceived as aggressive and aversive. Due to the father's absence, boys' vulnerability seems to be enhanced, particularly due to the disruption in gender identification and in the development of Erikson's sense of industry. The boys' perception of the father's rejection may tip the balance between industry and inferiority in the direction of the latter (Guttmann 1993:151). In studies such as those of Wallerstein and Kelly (1980:38-39), it was found that a lack of information, communication and understanding regarding the causes of divorce would increase the likelihood of negative short-term and possibly of negative long-term effects.

#### 2.2.2.1 Short-term Effects

**a. Behavioural reactions**

In the studies that specifically identified latency-aged children, boys were reported to express a greater degree of anger and stress than girls (Guttmann 1993:180). In their study that differentiated the responses of younger and older latency-aged children, Wallerstein and Kelly (1980:65-71) described the younger group as overwhelmed by sadness and anxiety against which they could muster no defence. They also found a group of young latency-aged boys able to mobilise and express their anger. Most boys displaced their anger onto teachers and siblings, although some of them directly and overtly blamed their mothers for making the father leave. It is possible that these young latency-aged children's fears of abandonment and feelings of vulnerability would be increased by direct expression of anger, resulting in the displacement onto others.

Several other studies documented by Guttmann (1993:181) confirmed the findings of displaced anger, especially among boys. Boys who experienced divorce during young latency age reported higher levels of aggression than those who experienced it during pre-school years, and their targets of aggression were also reportedly outside the family.

McDermott (1968:1426-1428) suggested a hypothesis that those children who were ultimately referred for treatment were those who inhibited their anger in all settings and did not act out. This study found that boys of separated or divorced families who expressed their anger in a school setting recovered their equilibrium within a short period, whereas the more severely disturbed children were those who passively regressed. Unlike younger children who feared their own anger and questioned their ability to control it, the latency-aged children who acted out used their anger as a defence against underlying feelings of helplessness. According to Wallerstein and Kelly (1980:74), older latency-aged children responded to their feelings of anger with less anxiety.

Latency-aged children exhibited higher blame-behaviour. Some of them directly and overtly blamed their mothers for making the father leave, or they blamed both parents (Guttmann 1993:182). Their attempts to put the divorce in perspective, or at least to achieve a sense of intellectual control, may be a reason for attributing blame to one or both of the parents. The findings may suggest that latency-aged children are more vulnerable to familial alignments, as well as being sensitive to broader family dynamics. This trait contrasts with the more egocentric sensitivity of pre-schoolers to changes in the relationship with whichever parent assumes care and control of the child after the marital separation.

In the study by Santrock and Warshak (1979:124) that examined the moral development of pre-adolescent boys, teachers rated boys of separated or divorced families as less considerate of others, less accepting of blame and more likely to get into trouble in and out of school. Wallerstein and Kelly (1980:232-234)

hypothesised that the stark anger of older children was the result of failed attempts to achieve a sense of control. In younger and latency-aged children, anger was vented as a defence against regression. Those children who were older at the time of divorce expressed anger as a reaction to feelings of powerlessness and confusion. Another hypothesis is that the increased levels of aggression in latency-aged boys was a response to increased use of power and assertion by the divorced mother, as she attempted to assume the role of disciplinarian in her family (Guttmann 1993:182).

**b. Emotional reactions**

Wallerstein and Kelly (1980:65-66) studied 57 children between the ages of six and twelve. Sadness and grief that could not be fended off by fantasy or denial were the most pervasive response by children six to eight years old. Being without either the primitive defences available to young pre-schoolers or the more sophisticated cognitive and behavioural defences that emerge in older children, these early latency-aged children were described by the researchers as being fully conscious of their grief and therefore more vulnerable. Sadness appeared to be associated with a marked longing for the absent parent and was a unique characteristic to this age group. This was expressed in fantasies of deprivation of toys or food, so that some children compulsively overate or sought to acquire toys and other objects such as animals. The researchers hypothesised that this yearning resulted from acute fears of regression. Aggression was directed towards the custodial parent or mother, as the children's longing for the father expressed itself by an inhibition of aggression towards him. Typically children attempted to remain loyal to both parents, although the tendency of both parents to actively enlist their children as allies against their ex-spouse intensified the children's sadness and lowered their ability to confide in and be supported by either parent. Neither younger nor older latency-aged children, unlike the pre-schoolers, reported feeling responsible for their parent's divorce.

Wallerstein and Kelly (1980:72-73) described the older latency-aged group's reactions to the early stages of divorce as a layering of responses. At the time of the divorce children in this age group were able to mobilise passive defences such as denial and coping, as well as more active strategies such as seeking support from others. By vigorously endeavouring not to think about the divorce or try to understand it, this group provided such an effective cover for their true feelings that only after several clinical interviews were the researchers able to gain access to their true feelings of loss, rejection and helplessness (Wallerstein and Kelly 1980:73-74). Feelings of anger, on the other hand, were clearly directed, expressed and articulated. They described this coping pattern as the most pervasive and unique characteristic of the late latency-aged children.

Oppawsky (1997:162:165) in a study with latency-aged children and depression following divorce of parents pointed out that characteristic to latency-aged children who suffered intensely from love/hate ambivalence was the use of the ego defence mechanism, reaction formation. In this defence mechanism feelings are split and hate is suppressed. This leads to the reaction formation in which the surface feeling is the exact opposite of the hate feeling that lies underneath. This defence prevents some children from voicing overt anger or making negative remarks about their parents' behaviour. The excessive use of this defence may lead to overt politeness, compliant and emotionally restricted behaviour and the onset of depression.

In a study by Wadsby and Svedin (1993:114,131) the reaction to divorce and the self-image of children was investigated. Children aged seven to thirteen years old showed the strongest negative reaction. The study found that 25% of psychiatric symptoms appeared or intensified at the time of divorce.

**c. Family relationships**

When divorce has the effect of isolating children from their parents, the result may be a significant diminution of children's self-esteem. Jenkins and Smith

(1993:143-158) examined changes in children's behaviour as a function of parental divorce. One hundred-and-thirty nine children were followed up from a previous study, covering seven years. Children were first seen when they were between six and seven years of age. At this point children in disharmonious homes already showed more behavioural problems than children did in harmonious homes, with boys showing a tendency to be more affected by disharmony than girls. Following divorce, the same tendency continued, with children of divorced families showing higher levels of disturbance than children did in harmonious homes. Disturbed behaviour included self-blame, worry and preoccupation with parental separation, with more than half of the children pretending it did not happen.

In a study by Brown, Eichenberger, Portes and Christensen (1991:90-92) with 95 children of divorce and their custodial parents, children of divorce were found to be emotionally healthy when family roles were maintained and divorced parents resolved their differences in ways that modelled coping skills and reduced post-divorce conflict. It supports previous research that parents' post-divorce adjustment has a positive effect on family stability and would have a significant impact on child adjustment (Wallerstein & Kelly 1980:198-205). Research data (Kurtz & Derevensky 1993:88-91) however, suggested a lack of social support between family members from homes in which divorce has occurred, therefore minimising children's available coping resources at a time when enhanced social support is essential. Research indicated that children frequently reported needing a family structure and protection. Children yearned for clear guidelines concerning moral behaviour, thus placing central importance on the family function for healthy post-divorce adjustment.

**d. School performance**

Although most of the children seemed to recover from their academic decline a year after the divorce, a noticeable decline in both school performance and the

ability to relate to peers was shown in late latency-aged children (Wallerstein and Kelly 1980:267-274).

In a comprehensive analysis of 58 studies concerning parental absence and academic achievement by Hetherington, Camara and Featherman (in Spence 1983:220-267), it was found that those children in single-parent families receive lower grades and a lower achievement rating from teachers. Several studies already mentioned have reported that especially boys consistently manifest diffused expressions of various forms of anger in school settings (Kurtz & Derevensky 1993:78-79; Wallerstein and Kelly 1980:271-272). The failure of these children to separate their feelings from everyday functioning may subsequently interfere with their academic performance.

During a study in eight schools conducted in Chile by Roizblatt, Rivera, Fuchs, Toso, Ossandon and Guelfand (1997:53-55), the researchers found a significant association between repeating a grade, a worse academic outcome and being a child of divorce. Children of divorce showed a higher estimated relative risk of failing and of having a lower mark than that of children from non-divorced families.

In conclusion, the negative short-term effects of divorce on the latency-aged children would seem to be related to certain important factors. These factors include the child's ability to understand the divorce, the behaviour, adaptation and parenting style of the custodian parent and the behaviour of the other, non-custodian parent. Any withdrawal reaction of the parents towards the child seems to be damaging.

#### 2.2.2.2 Long-term Effects

The studies reviewed show that most latency-aged children can recover relatively soon, between one and two years, from most of the behavioural, emotional and school performance symptoms of dysfunction. Children who do not recover to pre-divorce

levels of functioning, or who do not regain functioning on their developmental level, are associated with continued inter-parenting hostility, inadequate parenting from the remaining parent and insufficient contact with the custodial parent. Groups of late-latency children who had deteriorated in follow-up studies one year and longer after the first study presented with depression and loss of self-esteem (Guttmann 1993:188). Wallerstein (in Garmezy & Rutter 1983:272; 1985:117-121) presented a grim picture of the long-term outcomes for children who were overtly angry with both divorcing parents during late latency.

In their five-year follow-up study, Wallerstein and Kelly (1980:232-234) identified a group of intensely angry adolescents. This group consisted of late latency-aged boys aged nine to twelve years old, in the early mourning stage of the divorce, and who, at that stage, had been described as characteristically angry during the decision stage of the divorce. These researchers reported that even the children who were moderately angry during latency age grew even angrier as they moved into adolescence. They hypothesised that the anger of the divorce was heightened by the characteristic rebelliousness of adolescence. The behaviour of the now angry male adolescents in the follow-up study was antisocial and self-destructive. Their conduct consisted of explosive temper outbursts, rejection of parents, delinquencies, school failure and truancy. The most severe acting out occurred among boys who had initially been angry with both parents, as was to be expected from the severity of the short-term effects of blaming both parents and the subsequent isolation and withdrawal from the family. Among this group, fewer females than males were found to be disturbed and angry five years following divorce. Increased sexual activity and promiscuity were the predominant behavioural manifestations among girls who manifested long-term effects of divorce. The researchers hypothesised that females may perceive this type of acting-out behaviour as more hostile and rejecting of parents than failure at school, and therefore it is also a result of anger. Hetherington (1979:853) hypothesised regarding this behaviour that disturbances in heterosexual behaviour were due to the lack of opportunity of females to interact with adult males.

In a study of ten-year-old children who had experienced divorce during latency-aged, Kurdek and Berg (1987:716-718) found that children's divorce adjustment was significantly related to internal locus of control and a high level of interpersonal understanding. The adjustment of girls was significantly higher than that of boys. These researchers also reported that adjustment to the divorce was also positively related to the custodial mother's adjustment, time spent alone with the non-custodial parent and low inter-parent conflict. They found factors such as the degree of environmental change, social status, frequency or regularity of visitation or phone contact with the non-custodial parent more significantly related to divorce adjustment. Kurdek and Berg (1987:712-713) hypothesised that the children's level of interpersonal knowledge and degree of internal locus of control would be the most powerful predictors of long-term adjustment. They confirmed earlier findings that girls were significantly more accepting of divorce than boys and felt less negatively about loss of contact with the father and disruption of their peer group.

The findings of the reviewed studies suggested that boys may indeed be more vulnerable to the negative effects of parental separation and the subsequent disruption of interpersonal relationships. This could be due to boys possibly having less well-developed capacities for interpersonal reasoning than girls. The data further suggested that children with the most highly developed capacity for interpersonal understanding will feel less externally controlled and will consequently feel less anger and harbour less blame than those having limited interpersonal knowledge. Increased interpersonal knowledge coming with maturity seems incapable of mitigating anger and blame in the face of the apparently enduring quality of such attitudes in children who are the angriest and most blaming in the early stages of divorce. It is as though the absolute and judgmental explanation for the divorce developed during latency had become the child's entrenched defence against helplessness and confusion. The resulting cognitive rigidity appears in turn to impair cognitive development, as measured by academic performance (Guttmann 1993:187). Krakauer (1992:161-165) conducted a study with late latency-aged children aged nine to twelve years old. Her findings suggested that children of divorce see both of their parents as significantly more possessive than children from

intact families, and further suggested the possibility of undue parental demands on children of divorce.

Although studies described a negative long-term outcome for children who were angry and rejecting of parents following divorce, not all latency-aged children were angry and rejecting at the time of the divorce, nor did all latency-aged children become acting-out adolescents. It would seem that, although divorce has serious harmful effects on some children, there are some children who adjust well. Some variables that appear to explain differences in children's post-divorce adjustment include the following:

- Age at the time of the divorce;
- Gender;
- Locus of control;
- Parents' and children's social support networks;
- The relationship between the residential parent and the child;
- Changes in the standard of living;
- Instability in the post-divorce environment;
- Level of parental adjustment after divorce;
- The quality of continuing relationship with the non-custodial parent;
- Interpersonal conflict (Lengua, Wolchik & Braver 1995:26; Schwartz 1992:324-328).

## 2.3 SUMMARY

Pre-school children are relatively vulnerable to the short-term crisis effects of divorce and they demonstrate more acute and global reactions than older children. Pre-school boys are particularly more vulnerable than females. Girls seem to have recovered more rapidly.

Latency-aged children are more vulnerable to isolation and alignment with one parent and alienation from the other as a result of their capacity for directed anger and active involvement in family dynamics. They may deny the reality of separation or divorce because it represents a threat to their sense of security and well being. Those slightly

older may indulge in magical thinking in order to reunite the family, or they may feel that they have failed to keep the family together and experience guilt over their own inadequacy. Although they can comprehend the concrete details of the family break-up, it is still difficult to understand the relationships among those details. In addition, this age group has concrete memories of family togetherness that become painful as they conflict with the current reality.

The cumulative picture that emerges from the evidence suggests that parental divorce is associated with lowered well being among children (Amato, 1993:23). However, not all children were angry and rejecting at the time of the divorce, nor did all children later become acting-out adolescents. It would seem that although divorce has serious harmful effects on some children, there are others who adjust well. Amato (1993:23) stated that the effects of divorce appear to be subtle and involve changes in children's relationships with mothers, fathers, siblings and other family members.

# CHAPTER THREE

## HISTORY AND THEORY OF PLAY THERAPY

### INTRODUCTION

This section of the study also falls under the first facet of Rothman and Thomas's (1994:9-13) Intervention Research Model, Knowledge Development (KD), which includes step one and two of their model, a review of the state of the present social technology and available technological information and resources Play therapy has mainly been dominated by three approaches: psychoanalytic play therapy, client-centred play therapy and cognitive-behavioural modalities. Each has a unique view of personality and child development with its own approach to play therapy. Several programs utilizing these theories specifically aimed at children of divorce are reviewed for their relevancy and practicality to the social work profession and the short-term structured play therapy treatment program for latency-aged children of divorce developed for this study.

### 3.1 HISTORY OF CHILD PSYCHOTHERAPY

Sigmund Freud was the first therapist who formally attempted child psychotherapy. In his historic work of 1905 he wrote about his attempts to alleviate the phobic reaction of a five-year-old patient, Little Hans (Freud 1905:39-72). However, he worked indirectly with the child, advising the boy's father of ways to resolve Hans's underlying conflicts and fears. It was many years before therapists would formally attempt working directly with children. This first documented case of Freud working with a child, however, formed an important basis for later developments in child therapy (Cosico-Berge 2001:44).

Other early developments include the work of Clifford Beers, who in 1908 founded the mental hygiene movement that would later lead to the establishment of child guidance clinics in the USA (Richardson 1989:45-57). Play was not directly incorporated into child therapy until 1919 when Hug-Helmuth used it as an essential part of child analysis (O'Connor 2000:11). Behaviour therapy with children emerged as early as the 1920s with Mary Cover Jones's work treating childhood fears and phobias in young children. Her work concluded with the treatment of a three-year-old patient who successfully overcame his phobia of haired objects (Jones 1924:308-315). Anna Freud and Melanie Klein, both prominent psychoanalysts in their time, wrote extensively in the 1930s on how they adapted traditional psychoanalytic approaches for the treatment of children. They became part of a group, later referred to as psychodynamic therapists, who modified techniques and underlying theoretical models of psychoanalysis for uses in child therapy. The primary goal of their approach was to help children work through difficult trauma by fostering insight. Although from the same school of thought, Anna Freud and Klein differed significantly in their approach to child psychotherapy (Freud 1965:9-24; Klein 1984:139-169).

In 1928, Anna Freud used play as a way of gaining the cooperation of children in therapy. Her work attempted to build the classic therapeutic alliance, a cornerstone of psychoanalysis, where the work of analysis is accomplished once the healthy aspects of the patient's personality join forces with the analyst to work against the patient's unhealthy self. Freud realised that most children do not come to therapy voluntarily. Parents usually bring them, and in addition, classical techniques of free association and dream analysis did not relate easily to children. She used play, seen by her as a natural medium for the child, to overcome resistance and maximise the therapeutic alliance, although she minimised direct interpretation of play in therapy (Freud 1965:28-36).

Klein's work, on the other hand, proposed using play as a direct substitute for the child's verbalisations, believing that the child's play is a direct reflection of his or her fantasy life. She felt that children's verbal skills were insufficiently developed to express the complex thoughts and affect they experienced. In Kleinian therapy, direct and constant

interpretation of the child's play became the key. In addition, where Freud thought that analysis was most appropriate for neurotic children, Klein's thought was that any child, from the most normal to the most troubled, could benefit from her approach to play therapy (Klein 1984:199-209).

The work of Anna Freud and Klein led to the development of a variety of theoretical models under the heading of psychodynamic therapies, but it also provided an impetus for the development of numerous other child therapy theories and techniques. This led to a rapid increase of different types of child therapy approaches between 1930 and 1950 in reaction to various aspects of psychoanalysis. In addition, new theoretical models developed and existing models were modified to better suit children who could not benefit from typical psychoanalytic play therapy. Using psychoanalytic theory as a basis, a more goal-orientated approach called structural therapy developed in the late 1930s. It would later serve partly as the basis for a contemporary strategic family play therapy (Ariel in O'Connor & Braverman 1997:368-394). An approach called *Release Therapy*, developed by Levy (1938:387-390), emerged as a treatment for children who experienced traumatic events, although in this approach there was no set pattern of play. The therapist provided the child with very few toys other than those the therapist thought useful to rework the emotionally charged traumatic event. Based on the notion of Freud's repetition compulsion, the rationale behind this approach was that given security, support and the right materials, a child could replay a traumatic event until able to assimilate its associated negative thoughts and feelings. During this same period, Solomon (1938:479-497) developed what he called *Active Play Therapy*. It was aimed at helping impulsive and acting-out children to play out their anger and fear. Hambridge (1955:605-608) expanded the structured approach of Levy by being more direct in setting up the specifics of the play setting. She directly re-created the traumatic or anxiety-provoking situation that negatively affected the child as a middle phase of therapy after she established a solid relationship with the child.

An approach called *Relationship Therapies* also developed in the 30s using the work of Rank as a basis. Rank emphasised the importance of birth trauma in human development

and its relationship in the later development of behavioural and emotional problems (Rank 1996:78-82; 1998:127). He emphasised the patient-therapist relationship and the immediate behaviour of the here and now rather than focusing on the typical psychoanalytic issues of transference and examination of past events. Taft, Allen and Moustakas (Moustakas 1997:5-6) specifically adapted the principles of Rank into their Relationship Therapy approach for use in play therapy with children and developed an approach that is now highly controversial, even regarded as dangerous. They blamed birth trauma for the inability of some children to form deep, positive relationships and for the development of separation-anxiety behaviour such as clinging and over-dependency. The reasoning behind their approach was that the child would use the secure relationship established in therapy where he or she felt more free and secure to explore interpersonal situations and to individuate sufficiently to overcome presenting problems. In structured play they re-enacted the birth of the child with pillows and blankets. The child's struggle would trigger an emotional release of repressed anxiety and supposedly lead to behavioural change.

During the 1940s Carl Rogers developed the client-centred approach to therapy with adults (Rogers 1951:3-231). Virginia Axline modified his theoretical concepts and principles for specific use with children (Axline 1969:25-28). Her non-directive approach proposed that children naturally strive for growth. In the emotionally disturbed child this natural striving is repressed and uncultivated. Client-centred play therapy therefore aims to facilitate natural, self-improving growth in a child. In a warm and accepting therapeutic relationship, the therapist explores and reflects the child's feelings, focusing on symbolic themes and observed behaviour while avoiding direct interpretation of play. This process facilitates insight, allowing children to solve their own problems and develop the ability to initiate further change.

Bixler's work in 1949, "Limits Are Therapy", introduced a movement where the enforcement of limits was considered the primary change agent in therapy. These limits included rules such as no destruction of property by a child, no hurting of the therapist, no removal of toys from the playroom and no staying beyond the time limit of the

therapy. The reasoning behind this approach was that children struggling with acting-out behaviour can no longer trust adults in their lives and therefore they constantly test relationships with adults. Limit setting encourages the child to express negative feelings in acceptable ways without harm to and reprisals from others (Bixler 1949:1-3).

The importance of the involvement of parents or caretakers in the therapeutic process was emphasised from very early on in the play therapy movement. Sigmund Freud's early approach to Little Hans with the incorporation of the father in therapy was the early beginnings of what later would become known as *Filial Therapy*, where parents act as the primary change agents with their own children (Schaefer 2003:7-8). The term Filial Therapy was used to specifically refer to the later work of Bernard Guernrey (1964:305-308). Filial Therapy is also known today as *Child Relationship Enhancement Family Therapy* (VanFleet 1994:2). Already in 1949 Baruch (O'Connor 2000:49) advocated planned play sessions to enhance parent-child relationships, and in 1959 Moustakas (1997:15-17) described therapeutic interventions and the values of play therapy that included the parents of the child. According to O'Connor (2000:49), the filial approach quickly became a growing trend and has gained more importance in play therapy over the last decade. Another approach involving parents is *Developmental Play Therapy* founded by Brody around 1978 (Brody 1993:7-8). This method advocated utilising physical contact and some boundaries with the child. In addition, Jernberg and Booth (1999:13-26, 147-170) developed an influential approach called *Theraplay*, also involving parents. Working from a similar premise as the above approaches, this theory held the view that early caretaker-child interactions during the first few years of a child's life are primarily responsible for later psychological wellness. Instituting such interactions at a later stage of therapy with the child involving the parent or caretaker is seen as equally health producing and as possibly being able to reverse earlier damaging experiences.

During the 1960s, there was a resurgence of behavioural approaches with children in therapy. This ranged from classical and instrumental conditioning principles to incorporating an understanding of the impact of interactional forces of constitutional factors, as well as past learning history with the environmental variables in which the

child functions (Bandura 1969:3-62). In this approach therapists view children as active determinants of behaviour and responses and use cognitive-behavioural therapy techniques to teach children new and more adaptive behaviours. In the recent 1980s and 1990s, the rise of managed care in mental health settings demanded treatment efficiency and economy, thereby stimulating a brief model of cognitive-behavioural intervention focusing on symptom relief and the child's quick return to baseline behaviour in conjunction with pharmacotherapy (Carr in Bond & Dryden 2002:207-237).

## 3.2 THEORIES OF PLAY THERAPY

Three theoretical models of play therapy namely psychoanalytic, humanistic and cognitive-behavioural, tend to dominate both the literature and clinical practice of therapy, although the number of theoretical models of play therapy has grown exponentially over the last few decades. In addition, an approach referred to as developmental play therapy has also become influential and prominent. Although the list of specific approaches to play therapy is lengthy, for the sake of this study the review of theoretical approaches will include only those approaches germane to the short-term structured play therapy program developed for this research. These include the psychoanalytic, humanistic and cognitive-behavioural theoretical models, as well as a review of structured time-limited play therapy. These will be reviewed and discussed with a specific focus on their relation to child counselling and play therapy.

### 3.2.1 Psychoanalytic Therapy

Sigmund Freud is called the father of psychoanalysis and also the grandfather of child therapy. He was born in 1856 and died in 1939, having lived and worked mainly in Vienna (Thompson & Rudolph 1992:185). Since its modest inception in the 1920s, psychoanalytic play therapy has served an important role in the development of child analysis. This approach to child therapy evolved as an extension of Freud's adult psychoanalysis and was established by Anna Freud, his daughter, and her followers (O'Connor & Braverman 1997:46). Psychoanalysis includes theories about the

development and organisation of the mind, the instinctual drive of humans, the influences of the external environment and the importance of the family and the attitudes of society. As such it has proven exceptionally helpful to therapists, teachers and parents in understanding children's behaviour (Thompson & Rudolph 1992:186-205).

**a. View of Human Nature**

The psychoanalytic theory of personality and its view of human nature are based on a number of fundamental principles of which the most important is psychic determinism and unconscious mental processes. Psychic determinism assumes that mental events are not random, haphazard, accidental or unrelated phenomena, but rather that mental life is a continuous manifestation of cause-related relationships. Freud reasoned that thoughts, feelings and impulses result from antecedent or past experiences in the life of the individual. A fundamental assumption of Freud was that a main connection between current mental experience and past events could be established. Although many of these past events are stored or repressed into a person's unconscious, they have an effect on human nature and even on physical activity.

Freud (1920:6-7) reasoned that as a result of the repression of past experiences into the unconscious, people often do not understand their own feelings, thoughts, actions and behaviours. This repressed material becomes the focus of psychoanalytic counselling. He postulated that confronting the repressed events during analysis leads to a catharsis and eventual growth in mental development, thus leading to new ways of coping.

According to Freud (1920:20-21), the goal of life, on a very basic and primitive level, is to gain pleasure and avoid pain. In an active effort to keep certain thoughts out of awareness to avoid pain or displeasure, certain mental events or life experiences are barred from consciousness. The process by which certain elements are barred from consciousness is called repression. Freud believed that humans have unconscious motives that drive behaviour; they are essentially evil

and victims of their life and death instincts. He reasoned that unconscious forces such as irrational forces and unconscious motivations determine behaviour and instinctual drives.

The fact that impulses or instincts drive personality is a central concept in Freudian psychoanalysis. Originally Freud referred to these impulses or instincts as *libido,* or sexual energy, a concept he later broadened to include *life instincts,* a source of motivation that not only encompasses *sexual energy* but goes beyond it. Life instincts serve to ensure the survival of the individual and human race and are oriented towards growth, development and creativity. These impulses or instincts include *death instincts,* the aggressive drive, which is viewed as an unconscious wish to die or to hurt oneself or others. Sexual drive or life instinct and aggressive drive are powerful determinants to why people act as they do. Freud also saw events occurring during the first five years of life as critical to adult personality development. He traced the origins of later conflicts, character traits, neurotic symptoms and psychological structure to the crucial events and wishes of childhood and to the fantasies they generate. In effect, Freud (1905:28-33) reasoned that one never gets over one's childhood.

**b. The Structure of the Personality**

Freud (1920:3-8) viewed people as victims of instincts that must be balanced or reconciled with social forces to provide a structure in which human beings can function. To achieve balance within this structure, people need a deep understanding of the forces that motivate their actions. He reasoned that the energy of the three main systems of personality, the id, ego and superego, determine human behaviour. The id, ego and superego are terms Freud ascribed to the different human psychological structures. In spite of seeing personality as having separate segments, he reasoned that personality still functions as a whole.

The id is the biological component and Freud viewed this as the original system of personality. He reasoned that at birth all humans are born with an id. It is

viewed as the primary source of psychic energy and the seat of the instincts. As such it operates blind, demanding and insisting that its needs be met and fulfilled immediately. The id is mainly ruled by the *pleasure principle* that aims to reduce tension, avoid pain and gain pleasure. As such it may manifest as an illogical, amoral drive to satisfy instinctual needs. According to Freud (1920:3-8), it never matures and does not think logically, but only wishes to act towards gratification.

The ego is the psychological component and it serves as the contact with the external world of reality. The ego is seen as the "*executive"* that governs controls and regulates the personality. The ego is also the mediator between the instincts (needs of the id) and the surrounding environment. As such it controls consciousness and exercises censorship. According to Freud (1920:5), it is ruled by the *reality principle*, meaning that it is realistic and logical. As the seat of intelligence and rationality, it checks and controls the blind impulses of the id.

The superego is the social component of personality. The superego is the judicial branch of personality and includes a personal moral code or type of good versus bad and right versus wrong thinking. It represents the ideal of humans and strives for perfection. The superego also represents the traditional values and ideals of society handed down by families and parents. It is the internalisation of standards held by parents and families and regulates the functions of rewards and punishments. According to Freud (1920:5), it also encompasses the feelings of pride and self-love versus feelings of guilt and inferiority.

Freud (1949:25-32) viewed the development of personality as occurring over a succession of five stages, which he referred to as psychosexual stages of development. The oral stage includes the first year of life, the anal stage ranges between the ages of one and three years, the phallic stage between ages three and six years, the latency stage between ages six and twelve years, and the genital stage between twelve and eighteen years old. Each stage is characterised by a specific developmental task. How well a person adjusts to each stage is a critical

part of development. Although his five stages range from birth to adolescence, with the last stage, the genital, beginning in puberty and lasting until senility sets in during old age, Freud reasoned that personality characteristics are established by the age of six.

Another psychoanalytic thinker and early colleague of Freud, Erik Erikson (1963:247-269), brought a particular interest and alternative viewpoint to the forefront of child development with resulting influence on play therapy. His Psychosocial Development theory placed an emphasis on social factors in contemporary psychoanalysis. According to Erikson (1963:270-271), psychosexual and psychosocial growth takes place together, and at each task man faces the challenge of establishing equilibrium between his social world and himself by dealing with a specific developmental crisis or turning point. While classical psychoanalysis is grounded in *id psychology,* which holds that instincts and intra-psychic conflicts are the basic factors that shape normal and abnormal personality, the contemporary psychoanalytic thinking of Jung (1954:167-186) and Erikson (1963:192-194) tends to be based on *ego psychology.* It does not deny the role of intra-psychic conflict but emphasises the striving of the ego for mastery and competence throughout the human life span with an emphasis on continuity in development. However, Erikson reasons that current problems cannot be simply reduced to repetitions of unconscious conflicts from early childhood, although these are acknowledged to play a role. The stages of adolescence, mid-adulthood and later adulthood involve particular crisis and development tasks that must be mastered. It was in particular Erikson's identification of the childhood phases of development that made psychoanalytic thinking relevant to child therapy. These phases during childhood development include:

- Infancy: during the first year where basic trust or mistrust develops;
- Early childhood: between ages one and three where the child develops autonomy or shame and doubt;

- The pre-school phase: between ages three and six where the child develops initiative or guilt;
- The school age: between ages six and twelve where the child learns to be industrious or inferior;
- Adolescence: between ages twelve and eighteen where the child develops a clear identity or role confusion.

Carl Jung (1954:8-35), a former colleague of Freud, also contributed and expanded on traditional psychoanalytic thinking. His positive thoughts and reasoning in particular influenced later development of play therapy with children. His view on personality was more positive and not as deterministic as that of Freud. He placed more focus on individuation or the innate capacity of humans to move towards wholeness and self-realisation (Jung 1961:346). In order to do this, people explore unconscious aspects of their personality, in effect tapping their inner wisdom. Our present personality is determined both by whom and by what we have been and by the person we hope to become. The ultimate goal of human personality development is to achieve individuation, or the harmonious integration of the conscious and unconscious aspects of personality. Classically the goals of the psychoanalytic therapeutic process are to make the unconscious conscious and to strengthen the ego so that behaviour is more based on reality and less on instinctual cravings or irrational guilt. Successful analysis would result in a significant modification of the individual's personality and character structure. The functions and the role of the child therapist is to bring out unconscious material, reconstruct childhood experiences, discuss, interpret and analyse the material and to probe deep into the past to develop a deeper level of understanding. Classically the analyst would help the child to achieve insight, during which process feelings and memories associated with this self-understanding must be experienced (Jung 1961:349-352).

Classic analysts create *transference relationship,* working from a premise that if therapists say little about themselves and rarely share their personal reactions,

whatever the child feels about or expresses to them will largely be the product of feelings associated with other significant figures from the past now transferred onto the therapist. It is also called *projection* and has its origins in unfinished business and repressed situations from the past or childhood. As therapy progresses, childhood feelings and conflicts begin to surface from the depths of the unconscious as clients regress emotionally. The therapist listens and interprets with specific attention to resistance in an effort to uncover the unconscious material. In the process, the client and therapist work through d*efence mechanisms* or reactions of the ego in response to pressure and anxiety. The ego will take measures to protect itself, mainly through these defence mechanisms or unconscious distortions of reality that reduce pain and conflict through automatic habitual responses. Specific, unconscious and adjustive efforts are used to resolve conflict and provide relief from anxiety. Due to transference, the analyst will detect these efforts in the therapeutic process. Exploration of the unconscious material, defences and repeated interpretations of resistance results in a resolution of old patterns and allows a client to grow and make new choices (Harris 1996:23-36).

**c. Psychoanalytic Child Treatment**

Over the years information uncovered during adult psychoanalysis has stimulated a need to gain a greater understanding of the effects of childhood trauma on later adult functioning. By observing the child in development, psychoanalytic theorists laid the foundation for child psychoanalysis, or psychoanalytic play therapy. The work of Anna Freud (1965:1-24) posited the most solid and integrated methodology to access and treat child psychopathology. The methods of her child analysis differed largely from typical Freudian adult psychoanalysis and were based on the developmental stage of the child. According to Anna Lee (in O'Connor & Braverman 1997:47), play therapy, as one tool of child analysis, has emerged as a fundamental technique that has allowed child analysts to recognise and understand internal pressures of child patients.

The goal of psychoanalysis in a clinical setting is to aid people in understanding the nature and origins of their unconscious conflicts. Through the use of free Twenty-two points, plus triple-word-score, plus fifty points for using all my letters. Game's over. I'm outta here.association and the analyst's interpretation of resistance and transference, analysis proceeds from overcoming defences to repressed wishes, memories and fantasies. The process of psychoanalysis aims to increase the patient's self-awareness and capacity for problem solving, which leads to a higher level of psychic organisation (Lee in O'Connor & Braverman 1997:47). According to Lee (in O'Connor & Braverman 1997:54-56), it aims to resolve the fixations, regressions and where possible, developmental deficiencies and deviations that derail the child's normal development. Once these impediments are removed, to the extent of obtaining sufficient relief from crippling anxieties and neurotic compromises, and the individual has established sufficient trust in the goodness of his environment of objects and arenas of functioning, normal development can resume. According to psychoanalytic theory, the ultimate goal of child analysis is to explore, understand and resolve the etiology of arrested development, fixations, regressions and defensive operations binding up important sources of psychic energy, and to aid resumption of normal development (Lee in O'Connor & Braverman 1997:54). Unlike adult analysis, the goal of child analysis is not a regressive re-encounter with a past of stored, repressed memories. Rather, as the child is still creating these experiences for memory, the goal of treatment is to aid development so that growth and maturation can take place at a normal pace, more in keeping with the child's chronological and mental age.

Child analysis differs significantly in various ways from adult analysis, as it is dictated by the nature of childhood, specifically the immature state of such psychic psychoanalytic structures as the ego and superego. Anna Freud (1965:26) indicated that the child differs from the adult in four major ways: in his or her basic egocentrism, the immaturity of the infantile sexual apparatus, the relative weakness of secondary process thinking and the immature evaluation of time at

various stages of development. She viewed the child's personality as an unfinished and fluid state, explaining that conflicts and solutions differ from one developmental level to the next. In her theory, libido and aggression act in a constant motion and are more ready than an adult's libido and aggression to flow into new areas opened by the analytic process. The normal developmental process of the child consists of the interaction of three factors: endowment, environment and rate of structuralisation and maturation within the personality. Anna Freud explained that, provided that all three factors are within expected norms, the child would arrive in every crucial developmental phase with the right inner equipment and the right environmental response, such as normal growth. If, however, any of the three deviates too far from the average, the developmental result will be distorted in one direction or another.

Other psychoanalytic writers expanded on the theory of object relations, extending the theoretical understanding of the intra-psychic life of pre-oedipal stages experienced by the infant and young child. A major area of focus in psychoanalytic child therapy consists of the different facets of the child's progress, first in symbiotic union with the mother and later differentiating the self from the other in the process of establishing his or her own identity. Mahler (1980:487-506) developed the concept of separation-individuation, which she defined as a process by which the infant initially molds in identity with the mother in a symbiotic bond and, through a series of phases, emerges at roughly the end of the third year as a separate entity. Mahler referred to this achievement as the psychological birth of the infant although it is more a gradual, unfolding process in the intra-psychic world of the infant. Mahler (1980:489-491) reasoned that all human life initially centres on the emotional bond with the mother, although the intensity of that bond is finally lessened in adulthood. Her theory suggests that failure on the part of the child to negotiate these sub phases successfully has ramifications such as developmental deviance and pathology. She explained that the toddler of approximately ten to eighteen months old experiences a type of love affair with his or her perceptual world, with a sense of being the centre of

attention. In contrast, at fifteen to twenty two months old the child is in the next phase called rapprochement, where he or she no longer experiences this attention. Love objects, such as the parents, are more busy and verbal communication and instruction become more necessary. The child must now begin to realise that others are separate individuals with own interests and that he or she must therefore give up the illusion of grandeur, which is often accompanied by dramatic fights with the mother. Mahler (1980:493-504) explained that a stagnation of later development could occur if this so-called rapprochement crisis is not dealt with properly. She held that if the mother stays emotionally available, helping the child through the process of externalising and internalising the crisis, the relationship between them can develop to a point where verbal communication takes over and the child develops a healthy degree of object constancy, usually in the third year. The less emotionally available the mother becomes at the time of rapprochement, the more insistent the toddler will try to get and the more he or she will attempt to remain the centre of the mother's attention. The possibility exists that this process can drain so much of the child's available developmental energy that not enough remains for the growth of the many ascending functions of his or her ego.

According to Anna Freud (1965:93-107), child analysis is indicated where conditions exists such as *conflicts* between the different agencies of the child's internal structures of the ego, id and superego; unsuitable *defences* against drive activity, which cripple the efficiency of the ego and restrict its sphere of influence; *anxieties*, which at their height create an inner atmosphere unfavourable for the smooth unfolding of important ego functions; *fixation* of large quantities of libido on early developmental stages, which impoverishes further psychosexual advance; and *regressive* moves in the area of either drives or ego, which undo development; and severe *repression of aggression*, which limits any kind of productive activity. It is further indicated for those situations of neurotic compromise where an imbalance occurs in the aggression/lack-of-aggression continuum, or where an imbalance of pressure occurs between the ego,

superego, id and reality. If, for instance, the child struggles with unresolved dependency, autonomy and oedipal needs in relation to a mother preoccupied with other tasks, he or she might be infused with anger and hostility, rendering him or her rebellious and defiant toward the mother. While the child in such a case may long for the mother's love, he or she might experience such disappointment over perceived betrayal and abandonment, that as a defence he or she may maintain distance, even at the expense of ungratified dependency needs. The child's oedipal longings, perhaps from envy, prompt a turning away from the mother and behaviour might manifest frustration and rage directed at the mother. Lee (in O'Connor & Braverman 1997:46-47) indicates that in recent decades child analysis has sought to expand and widen its scope as more families have presented children for treatment who had no clear-cut symptoms of neurotic disorders. Therefore, child analysis has begun to expand its focus to children with ego disturbances, developmental deficiencies or deviations, or borderline conditions.

**d. Treatment Description**

A major tool of child analysis is the use of play therapy. According to Anna Freud (1965:79-81), it capitalises on the child's natural ability to play in order to create a setting for the task of restoring the child on the path to normal development. She viewed play as one of the natural abilities of humans and an integral part of human life. Play is an instinctual act that wants to give pleasure and relieve internal pressures, a natural and creative force where the child is the creator of his or her own world, acting out indirectly the conflicts and pleasures of his or her own unconscious life. Anna Freud (1965:79-81) held that in play the child expresses a most cherished wish, to be big and grown up and that in games the child imitates what he or she knows about the lives of surrounding adults. In therapy, the analyst joins the child, entering the fantasy and attempting to encourage the fantasy-dramatisation-free play by going along with the child's make-believe. The analyst's role is to establish and maintain the therapeutic alliance partly by interpreting within the medium of the play, thereby fostering the

sense of empathy and understanding the child. The therapist takes caution not to interrupt the play while interpreting, lest the play is stopped before complete elaboration takes place thus limiting what can be understood from it. The play therapy might meet with varying resistance depending on the developmental age and ego development of the child (Lee in O'Connor & Braverman 1997:55-56).

Psychoanalytic play therapy provides a setting where the child may play out and hopefully express the intra-psychic concerns that bring him or her to therapy. The setting can vary from an office with a designated play area to a closet full of toys depending on the therapist, but it is usually an area created with a child's needs in mind. The child typically chooses from the variety of toys and other paraphernalia available: drawing materials, dolls, doll clothing, blankets, toys, games and various balls. Toys can include doll families and houses, animal and human puppets, soldiers, guns and current action figures. Materials typically include art supplies of finger paint and pencils, clay, markers, crayons, papers and for very young children, a sandbox. Organised games have been less favoured because they have structured rules. They are often preferred by latency-aged children and can be played with as much passion expressive of unconscious motivation as any of the variety of unstructured activities. Latency-aged children often attempt to hide the passion stirred up by the game as a result of repressed anxieties and conflicts.

Regardless of the toy or game, Lee (in O'Connor & Braverman 1997:49-56) pointed out that psychoanalytic play therapy aims to elicit the child's thoughts, feelings and wishes in indirect, non-intrusive ways. The therapist typically allows the child maximum freedom to play with the materials offered as long as the people and property are safe within the treatment room, tolerating everything except furniture destruction and harmful acts to self and others. The play is designed to give the therapist a window into the child's unconscious mental life, with all the dreams, wishes, tensions, and pressures he or she experiences. The therapist can be either observing or participating with the play constructed by the

child. The role of the therapist is to clarify and reflect on the ongoing events of the play, occasionally commenting on the actions and the needs of the individual characters in an effort to clarify underlying issues. Regardless of the medium of play chosen, it is vital in psychoanalytic play therapy to remember that the action of the therapy is in interpretative work, not in the toy or game activity. The toys or games are supposed to serve merely as tools through which the action of the therapy takes place. With regard to toys, Anna Freud commented that the role of the toy as an instrument for analysis could be overrated (Sandler, Kennedy, & Tyson 1980:126-127). She saw that whatever is provided or made available to the child during the play therapy is only an adjunct to the treatment situation. What is really important is what the child and the analyst say and how they relate to each other as well as what the child reveals concerning his or her mental life during the process of play and interaction. It is important that throughout the play the focus must be on what is learned about the child by observing his or her behaviour and then translating that behaviour into its unconscious roots and gathering analytic material, which is produced in its disguised form during fantasy play. The analyst uses the pieces of behaviour displayed and acted out during the play and interaction to extract unconscious meaning. Through whatever medium selected by the child, the play therapist attempts to engage the child in the task of revealing him or herself while in the act of playing. According to the psychoanalytic play therapy, latency-aged children often tend to ignore the regressive pulls signified by certain activities, avoiding such figures as toy soldiers and action heroes, opting for more organised games.

Prior to the play therapy sessions with the child, which can take place as regularly as three times per week, the therapist would have had an initial interview with the parents to outline the reason for therapy, where the modalities used were explained and the logistics clarified. This period of orientation sets the stage for the play activity and serves as an opportunity during the first session to explain the nature of the play therapy to the child. An initial, educative period may be necessary to orientate and initiate the child gradually into the demands of

treatment. The therapeutic alliance with the child is initiated during these opening stages. Ideally the child should acknowledge the existence of his or her internal conflicts and allow the therapist to help clarify them and work toward resolution. The success of psychoanalytic therapy is largely contingent on the child's attitude towards the treatment itself and toward the therapist. Lee (in O'Connor & Braverman 1997:53-55) pointed out that even if the child is resistant, he or she must somehow accept the fact that there is a need for help and must allow the therapist to provide it. The child must accept the lead of the therapist, have sufficient confidence in the therapist and trust in the person and the work to permit the therapy to occur.

Anna Freud (1965:9-11) stressed that concerning interpretations of the therapist, the analyst must choose carefully the time and setting when interpretations are offered directly because the child can be intolerant of them. She pointed out that if the child is confronted with too much interpretation in reality when still defensively resistant, he or she could be prone to becoming anxious, uncomfortable and uncomprehending and break off the communication with fantasy play. In regard to latency-aged children's capacity to gain insight into treatment, Freud cautioned that the defences of forgetting and amnesia are particularly strong among this group. They are often reluctant to believe that a clearer view of internal happenings would increase the chances of moral control, and they can get furious with the analyst's interpretation if they consider them unfair.

Concerning the effects of divorce, psychoanalytical theorists acknowledge the sequelae of broken relationships and marriages as possible causes of behavioural difficulties and problems with the emotional development of the child. They see divorce as posing serious challenges to the developing psyche of the child, depending on his or her psychic strength or vulnerability, often leading to longing for the parents' reunion (Gavshon 1990:232-233). Anna Freud (1965:50-51) considered the effects of environmental pathogens on psycho-pathology causes

and cautioned that there is no one-to-one, invariable relationship between the fact of parents being absent, neglecting, indifferent, punitive, cruel, seductive, overprotective, delinquent or psychotic and the resultant distortions in the personality functioning of the child. Cruel treatment, for instance, may produce paradoxical reactions in different children, ranging from either an aggressive or timid reaction, to a crushed or overtly passive reaction. Parental seduction, for instance, can result either in a complete inability to control sexual impulses or in a severe inhibition and abhorrence of any form of sexuality. She indicated that the developmental outcome is determined not by the environmental influence per se, but rather by its interaction with the inborn and acquired resources of the child. In this regard, Lee (in O'Connor & Braverman 1997:63) indicated that the child could either manifest autoplastic (inward-directed) resolution to internal conflicts sufficient to qualify as classic neurotic disturbances, or can be inclined toward release and acting out of the primitive instinctual pressures, seeking alloplastic (outward-directed) resolutions that are antisocial, even leaning towards antisocial functioning.

### 3.2.2 Behaviour and Cognitive Behaviour Theory

During the 1950s and 1960s a radical departure from dominant psychoanalytic approach occurred. Theorists such as Albert Bandura, Arnold Lazarus, Albert Ellis, Aaron Beck and Hans Eysenck triggered a major shift in therapeutic emphasis (Corey 2001:256). Their work became a major influencing force in the 1970s and was effectively applied to various areas of psychology, child therapy in particular. Pragmatic and practical in nature, these approaches had wide application to individual, group, marital and family counselling. Problems well suited for these approaches included phobic disorders, depression, sexual disorders and children's behavioural disorders. It was applied in fields such as stress management, behavioural medicine and education. This movement can largely be divided into two major approaches: behaviour and cognitive behaviour therapy.

### 3.2.2.1 Behaviour Therapy

Contemporary behaviour therapy arose simultaneously in the United States, South Africa and Great Britain during the 1950s. Applying the principles of classical and operant conditioning, it focused on demonstrating that behavioural conditioning techniques were effective as a viable alternative to traditional psychotherapy.

In the 1950s, Wolpe and Lazarus of South Africa and Hans Eysenck of England began using the findings of experimental research with animals and applied the principles of classical conditioning to help treat phobias in clinical settings (Corey 2001:256). In the 1960s Albert Bandura (1969:45-130) developed social learning theory, combining classical and operant conditioning with observational learning, making cognition his focus for behaviour therapy. At the same time a number of cognitive behavioural approaches developed, whose significant impact on therapeutic practice continues even today. During the 1970s behaviour therapy emerged as a major force in psychology, influencing fields such as education, psychotherapy, psychiatry and sociology. Behaviour techniques were successfully applied to fields such as business, industry and child rearing. Behaviour therapy became the treatment of choice for numerous psychological problems (Corey 2001:256).

**a. View of Human Nature**

The behaviourist school of thought viewed behaviour as the product of learning with man being both the product and the producer of his environment. They reasoned that no set of unifying assumptions about behaviour could incorporate all the existing procedures in the behavioural field. The focus of therapy is on overt behaviour with precision in specifying goals of treatment. Specific treatment plans were developed with objective evaluation of therapy outcomes. Therapy is based on the principles of learning theory with the view that normal behaviour is learned through reinforcement and imitation. Abnormal behaviour is

therefore viewed as the result of faulty learning. Therapeutic interventions aim to increase people's skills so that they have more options for responding. By overcoming debilitating behaviours that restrict choices, people are free to select from new, healthier options (Corey 2001:261-262).

The behaviourist approach also deals with clients' current problems and the factors influencing them. Clients are expected to be active by engaging in specific actions. Therapy is carried out in the client's natural environment as much as possible, as well as in a simulated environment. Behavioural procedures are typically tailored to fit the needs of individual clients. The general goal is to create new conditions for learning on the assumption that learning can ameliorate problem behaviour and eliminate maladaptive behaviour. Clients have an active role in setting treatment goals and evaluating how well those goals have been met (Corey 2001:264).

The behaviourist therapist is active and directive while functioning as a teacher, trainer and model in helping the client learn more effective behaviour. A good client-therapist relationship is essential in bringing about change. The therapist systematically gathers information and data about situational antecedents such as history, dimensions and consequences of the problematic behaviour that may clarify the client's problem. Subsequently, target behaviour is identified, therapy goals are formulated and a plan for change is implemented (Corey 2001:263).

Techniques of therapy move from the simple to the complex, from the easier to the more challenging. The approach is relatively brief with fewer overall sessions than traditional analysis. Several techniques are often combined such as systemic desensitisation, relaxation methods, flooding, eye movement desensitisation reprocessing, reinforcement techniques, modelling, cognitive restructuring, assertion, social skills training, behavioural rehearsal, coaching, contracts and homework assignments.

One of the most effective and influential approaches in this theory is Lazarus' BASIC ID multi-model therapy, a model well suited for and effectively used with problematic children (Lazarus in Corsini & Wedding 1995:322).

It is a relatively simple and brief approach centred on a comprehensive assessment of behaviour and antecedents, summarised in the acronym BASIC ID:

- Behaviour: includes assessment of overt acts, habits and reactions;
- Affect: assesses emotions, moods and strong feelings;
- Sensation: assesses the five basic senses;
- Imagery: reviews memories, dreams and fantasies;
- Cognition: assesses insights, philosophies, opinions and self-talk, fundamental values and attitudes;
- Interpersonal relationships: assesses interactions with other people;
- Drugs/biology: reviews nutritional habits, medications and exercise patterns.

Therapeutic intervention targets at least one specific issue from each aspect of the BASIC ID framework for change. It teaches clients a range of techniques they can use to combat faulty thinking, relax in stressful situations and help them to acquire effective interpersonal skills.

Behaviour theory and therapy provides an effective and practical approach to human problems (Corey 2001:259). As such, it is extremely helpful in working with children. During behaviour therapy the therapist will typically: attempt to systematically gather information about situational antecedents, the dimensions of the problem behaviour and the consequences of the problem; clarify the person's problem; design target behaviour; formulate goals for therapy; implement a change plan; evaluate the process; and follow up change.

Parents and children experiencing problem behaviour are particularly in need of clarification of their problem and prompt, practical help. As such, some of the

elements of behaviour therapy are incorporated in the short-term structured therapeutic program developed for this study.

### 3.2.2.2 Cognitive Behavioural Theory

This theoretical approach, closely related to behaviour theory, is largely represented by the work of Albert Ellis and Aaron Beck. Based on the assumption that cognition, emotions and behaviours interact significantly and have a reciprocal cause-and-effect relationship, it is a highly effective multi-model that integrates several approaches (Corey 2001:297).

Rational emotive behaviour therapy (REBT), developed by Albert Ellis (1979:35-59), significantly departed from traditional psychoanalytic approaches, focusing on thinking, judging, deciding and doing rather than in-depth analysis. The basic philosophy behind this approach was that individuals incorporate faulty thinking, which leads to emotional and behavioural disturbances. A reorganisation of one's self-statements will result in a corresponding reorganisation of one's behaviour. In assessing the problem of a person, the therapist will typically focus on the activating event, the underlying belief of the person, the emotional and behavioural consequences following the event, and then the therapist will decide on the type of intervention necessary. A change, therefore, in someone's self-statements and general approach to a problem situation will result in a corresponding adaptation of his or her behaviour (Ellis & Dryden 1997:1-14).

It is also a psycho-educational model, which emphasises therapy as a learning process, including practising new skills, learning new ways of thinking and acquiring more effective ways of coping with problems. The focus of this approach applied to therapeutic situations therefore entails the following:

- Focus on working with thinking and acting rather than feelings;
- Emphasis on education during therapy – the therapist functions like a teacher or guide in an interactive process with the client, involving homework assignments and

teaching of specific behaviour strategies. The client is a learner who implements strategies in everyday life;

- Active, directive, time-limited, present-centred and structured therapy.

Ellis (1979:325) affirmed that humans have an inborn tendency toward growth and actualisation, although they also possess propensities for self-destruction, procrastination, endless repetition of mistakes, intolerance and self-blame. However, helping them to change their thoughts and actions and teaching them how to live productively can alleviate many of the problems experienced by people during difficult circumstances (Corey 2001:299-301).

It is specifically the elements of educating people about specific strategies for acting and interacting of Ellis's REBT that are incorporated in the short-term structured therapeutic program developed for this study. The family experiencing a potentially traumatic event such as a divorce is often plagued with faulty and negative thinking about its situation, coupled with negative and destructive behaviour patterns towards each other. An education and teaching component is essential in any proposed therapeutic program dealing with the family of divorce. For most, it is the first time they experience such an event and nothing has prepared them for how to act and react in the midst of their crisis.

A main contribution of cognitive behavioural theory concerns the development of numerous cognitive, emotive and behavioural techniques. The therapist will typically include a variety of behavioural strategies as part of an integrative approach, such as challenging or disputing irrational beliefs, doing cognitive homework, changing of language and role-playing. The approach often incorporates techniques from other approaches, making it widely applicable to the treatment of a variety of problems such as depression, anxiety, marital and family problems, stress management, skills training, substance abuse, panic, performance anxiety and other problems manifested by children.

### 3.2.2.3 Cognitive-Behavioural Play Therapy

Based on behavioural and cognitive theories of emotional development and psychopathology, cognitive-behavioural play therapy (CBPT) incorporates interventions derived from these theories in a play therapy paradigm.

**a. View of Personality**

According to Knell (in O'Connor & Braverman 1997:79), cognitive-behavioural approaches were originally insight-orientated and used introspective techniques to change overt personality. These approaches emphasised the changing of cognitive schemas or controlling beliefs, as well as behavioural symptoms. She points out, however, that there is no personality theory, per se, that underlies cognitive-behavioural theory. The focus of the theory has been more on psychopathology, the development and consequent treatment of maladaptive behaviour. In this regard, disturbances in emotion and behaviour are considered to be mainly because of irrational or faulty thinking. Beck (1976:27-29) postulated three major premises of cognitive therapy:

- Thoughts influence the individual's emotions and behaviours in response to events;
- Perceptions and interpretations of events are shaped by the individual's beliefs and assumptions;
- Errors in logic or cognitive distortions are prevalent in individuals who experience psychological difficulties.

According to Beck (1976:33-37), these cognitions are unspoken and mostly unrecognised assumptions made by the individual. According to Knell (in O'Connor & Braverman 1997:80-81), this model sees cognitive distortions as the basis of human behaviour and thought, particularly as related to psycho-pathological development. She points out that for children these distortions are often considered maladaptive, but not necessarily irrational. This is particularly true for very young children whose thinking is, by definition, often illogical,

egocentric and concrete. Beck held firm that it is largely a person's perceptions of events and not the circumstances themselves that determine how a person understands events. These perceptions or cognitions will largely determine an individual's emotions. Therefore, according to the theory of Beck, by knowing the meaning that a person attaches to a particular situation, one can predict his or her emotional reaction. In therapy, the focus is both on how individuals perceive events and the cognitions based on these perceptions.

**b. Basic Treatment Concepts of Cognitive-Behavioural Play Therapy**

Knell (in O'Connor & Braverman 1997:81) saw cognitive-behavioural play therapy as a developmentally sensitive adaptation of cognitive and behaviour therapies. A primary goal of cognitive therapy in general is to identify and modify maladaptive thoughts associated with the patient's symptoms (Beck 1976:235). Beck used the term maladaptive thoughts to represent ideations that interfere with the individual's ability to cope with experiences. Such thoughts, he reasoned, may disrupt internal harmony and produce painful emotional reactions that are inappropriate or excessive. Knell (in O'Connor & Braverman 1997:81) reasoned that especially the Socratic and inductive method of cognitive therapy developed by Beck and Emery (1985: 177-178, 188-189) for adults could be applied with some modification to children. With the help of play activities, cognitive therapy principles can be communicated to children indirectly. In this regard, the Cognitive Behavioural Play Therapy (CBPT) therapist will use toys such as puppets and stuffed animals to model cognitive strategies such as countering maladaptive beliefs and making positive self-statements.

CBPT places a strong emphasis on the child's involvement in treatment and on a framework for the child's participation by addressing issues of mastery, control and the responsibility for one's own behaviour change (Knell in O'Connor & Braverman 1997:81). As such, therapy is brief, time-limited, structured, directive and problem-oriented. It builds upon a sound therapeutic relationship in which one role of the therapist is educational. According to Knell, CBPT is similar to

other play therapies in its reliance on a positive therapeutic relationship that is based on rapport and trust, its use of play activities as a means of communicating between the therapist and the child and in its message that therapy is a safe place. It differs from other play therapies regarding its philosophy about the establishment of goals, its selection of play therapy materials and activities, its use of therapy to educate, and its use of paraphrasing and interpretations.

CBPT is an active intervention in which the therapist and child work together in establishing goals and choosing play materials and activities. Since the CBPT teaches new skills to the child he or she becomes part "educator". Praise and interpretations are used to help the child acquire these new skills and behaviours while gaining understanding (Knell in O'Connor & Braverman 1997:81).

Assessment tools, especially standardised age-norm tests, are readily used by cognitive behaviour therapists to gain a better understanding of a child's functioning. They typically do not rely on projective techniques, although projective techniques based on the hypothesis that an individual's perceptions and interpretations of unstructured materials is a projection of the child's personality are seen by some as a valuable tool (Frank, 1939:408-413). These measures typically offer information concerning the child's conflicts, coping styles and view of the world, although they are generally considered by cognitive theorists ambiguous and unstructured. Knell (in O'Connor & Braverman 1997:82-83) argued that certain projective techniques provide structure for the very young child not available in verbal interviews. This structure is often in the form of more concrete, pictorial representations to which the child can respond. Additionally, she reasoned, the projective techniques take some of the focus of the child and allow him or her to provide information in a format that does not appear to be specifically related to the child.

CBPT is usually conducted in a playroom with a wide assortment of material available. In general, the more directive techniques of CBPT require pre-planning. Among frequently used articles are dolls, puppets, action figures, art

materials and other toys. Play-oriented materials are often a choice for children, especially when dealing with more emotionally loaded topics. The child is encouraged and facilitated to express him or herself through play, drawings and other more non-verbal means. The therapist is usually prepared to provide structure for the child to play out alternative methods of coping through play materials. A wide array of behavioural and cognitive techniques can be used according to this theoretical approach. Common techniques include forms of contingency management, such as positive reinforcement, shaping and differential reinforcement of other behaviour. Many positive verbal and social reinforcers for appropriate behaviours, both in therapy sessions and in other settings, are given. Puppets, for instance, are used to act out problem solving strategies and solutions. The therapist must be creative, developing dialogues that are focused on treatment goals, while taking into account a child's spontaneous verbalisations. Created drawings and pictures or a poster depicting people with various facial expressions, such as a picture of parents arguing, can be used to elicit a child's feelings either verbally or by pointing to the child's feelings.

According to Knell (in O'Connor & Braverman 1997:86), sessions are ideally scheduled once per week. Parents are actively involved and are usually seen before or after the child's session. She points out that in cases of divorce this is counterproductive, as the meeting of the parents at the therapist's office might communicate to the child that the parents are together again. The child might see his or her acting-out behaviour as a means to reunite the parents. Divorced parents are usually encouraged to see the therapist at different times. As treatment progresses, weekly sessions are usually gradually tapered off to twice a month, then monthly, as a movement toward termination is established.

CBPT has been used effectively to treat children presenting with specific diagnoses such as selective mutism, encopresis and phobias, as well as children who have experienced distressing life events and traumas such as divorce (Knell in O'Connor & Braverman 1997:81).

### 3.2.3 Person-Centred Theory

The person-centred approach developed by Carl Rogers (1951:3-196) is based on principles and concepts from humanistic theory. Influenced by the work of Rollo May and Victor Frankl, his approach is also referred to as the Rogerian or humanistic approach (Corey 2001:171). Based on Rogers' principles of person-centred theory, child-centred play therapy was developed.

It is important to realise that, similar to the person-centred therapist, child-centred play is not merely another convenient role assumed by the therapist for the moment. It is rather an endearing philosophy that results in a constant positive attitude towards children that directs the behaviour and interaction of the therapist. It becomes a "way-of-being" with a child during play therapy, not merely the application of a few rapport-building techniques.

**a. View of Personality**

During the 1940s Carl Rogers developed an approach he referred to as *non-directive counselling* as a reaction against directive and traditional psychoanalytic approaches. Rogers developed his theory on the basic assumptions that people

- are essentially trustworthy,
- have vast potential for understanding themselves and for resolving their problems without direct intervention of someone else and
- are capable of self-directed growth if involved in a specific type of relationship.

During the 1950s Rogers renamed his approach *client-centred therapy*. His approach placed the focus on the client, specifically the phenomenological world or internal frame of reference of the client. In his book, published in the 1960s, *On Becoming a Person* (Rogers 1961:163) Rogers placed the emphasis of his approach on "becoming the self that one truly is." His approach involved the

client developing openness, trust, and an internal locus of evaluation. He focused intensely on the client/therapist relationship and the conditions created in the therapeutic relationship best suited for growth and progress. His theory focused on respect for the client's subjective experience and trust in the capacity of the client to make positive and constructive choices. He emphasised concepts such as freedom, choice, values, personal responsibility, autonomy and purpose. During the 1970s and 1980s his theory became known as the *person-centred approach*. It was characterised by a broadening application of the approach to further areas of family problems, as well as educational and organisational settings (Corey 2001:171).

Humanists function on the basic premise that each person has an innate, natural potential that can actualise or develop an internal growth-producing centre. Person-centred therapy is based on the same philosophy that man has an innate striving for self-actualisation. It holds the phenomenological view of human nature; people structure themselves according to their perceptions of reality. Humans are motivated to actualise themselves in the reality of what they perceive. They believe that people have the internal capacity for self-direction and constructive personal change to live effective and productive lives. Rogers' concept of *actualising* implies that people have a basic drive to fulfilment that holds that they will move towards health if the way seems open for them to do so, if the right climate exists, and he held an inherent positive view of human nature. Due to a person's innate ability to move towards health, he or she has the primary responsibility for when and how to change. His approach focuses on the *constructive side of nature*, on what is right with the person and the assets they bring into the counselling, rather than on the symptoms and the problems.

**b. View of Therapy**

Basic theory of person-centred therapy postulates that if the counsellor is successful in conveying genuine, unconditional positive regard and empathy, the client will respond with constructive changes in his or her life and personality

structure. If a counsellor can communicate his or her own realness, true caring and non-judgmental understanding of the person, significant changes in clients are most likely to occur. The therapist cannot guide, teach, direct, motivate, instruct, control or reward. Rogers believed that someone else in an expert position cannot manage a client's life.

According to Rogers' theory (Corey 2001:172-173), three therapist attributes have the potential to create and facilitate a growth-promoting climate or therapeutic environment in which troubled individuals can move forward, actualise and become what they are capable of becoming. These attributes include congruence (genuineness or realness), unconditional positive regard of another person (acceptance and caring) and accurate empathetic understanding (an ability to deeply grasp the subjective world of another). Person-centred theory holds that people experience psychotherapeutic growth in and through a relationship with another person who is caring, understanding and real (Rogers in Rogers & Stevens 1967a: 99-103). This kind of therapeutic relationship that facilitates change in a client is one where a counsellor is congruent (matching external behaviour and expression with internal feelings and thoughts), accepting and empathetic.

The therapist's function during the person-centred therapeutic process is to be present and accessible to the client while focusing on the here-and-now experience of therapy.

Therapeutic goals involve a focus on the person, not merely on the person's presenting problem or to simply "solve" problems, but to assist clients in their growth process and to empower them to cope more effectively with present as well as future problems. It becomes a process of helping them to discover their real selves, to prompt them to go behind the masks they wear. When the person lays aside the rhetorical mask, the façade is unnecessary and the authentic self emerges.

According to Rogers (Corey 2001:174), a person who is becoming increasingly actualised has openness to experience difficult emotions (is *not fearful*); a trust in themselves (*not false bravado*); an internal source of evaluation (*honesty*); and a willingness to continue to grow (*flexibility*). Encouraging these characteristics to fully develop is the basic goal of person-centred therapy.

Rogers summarised the relationship between the therapist and the client as such: "If I can provide a certain type of relationship, the other person will discover within himself or herself the capacity to use that relationship for growth and change, and personal development will occur" (Rogers 1961:33). In this regard he held that three personal attitudes of the therapist are crucial in the counselling process namely, congruence or genuineness, unconditional positive regard and acceptance, and accurate empathetic understanding.

- **Congruence or genuineness**:

  In the therapeutic process the therapist is real, genuine, integrated and authentic; without a false front; able to openly express feelings, thoughts, reactions and attitudes present in the counselling with the client. The therapist shares his or her feelings and observations with respect and in a timely and appropriate manner during the process.

- **Unconditional positive regard and acceptance**:

  The therapist communicates throughout the relationship a deep and genuine caring for the person, a respect for who and what the other person might be. The caring during the therapeutic process is unconditional, uncontaminated by evaluation or judgement. Unconditional positive regard and acceptance are also non-possessive, not stemming from the need of the counsellor. This approach recognises the rights of the client to have his or her own beliefs and feelings, although it does not necessarily include approval of all client behaviour.

- **Accurate empathetic understanding:**

  A main task of the therapist is to understand the client as a person. The therapist must strive to sense feelings accurately and sensitively. He or she must strive to sense the client's subjective experience in the here-and-now while encouraging him or her to move closer to the authentic self, to feel more deeply and intensely and recognise incongruity in themselves. The therapist must strive to sense a client's feelings as if they were his or her own, without becoming lost in those feelings. The empathetic understanding of the client's experience must be reflected back, while communicating a deep and subjective understanding intra-personally of the client, and interpersonally between the client and therapist (Rogers, 1980:142-143).

### 3.2.3.1. Child-Centred Play Therapy

A student and later colleague of Rogers, Virginia Axline (1969), adapted the person-centred principles of Rogers to create child-centred play therapy as a specific way of being with children rather than doing something for or "fixing" things in children. She adhered less to age and physical development, focusing rather on the inner capacity and dynamic of each child and their potential in becoming the person they are capable of becoming. She typically viewed human development as a fluid process of maturing and becoming, basing personality structure on the three central constructs: the person, the phenomenal field, and the self (Landreth & Sweeney in O'Connor & Braverman 1997:17-18).

**a. The Person**

Rogers viewed the person as everything that the child is, including thoughts, behaviours, feelings, physical being and functioning. He also viewed the person as never static, but in a constant process of developing. Rogers explained that the person, from childhood, always reacts to his or her environment as an organised whole (Rogers 1951:486-487). In addition, this organised system functions on a continuous dynamic interpersonal interaction system, striving towards an

actualisation of the self. This argument became the basis for a therapist to view any person or child, regardless of their presenting problem, with the inherent potential in their person to grow, develop or actualise.

**b. Phenomenological Field**

This major construct of child-centered theory of personality views everything that the child experiences, at a conscious, internal or external level, as the phenomenal field (Landreth & Sweeney in O'Connor & Braverman 1997:18). It becomes critically important that the child's perception of reality be understood in order to evaluate behaviours and actions. Rogers explained that behaviour is a goal-directed attempt to satisfy needs in the world as perceived by the person (Rogers 1951:483). Therefore, viewing the child's behaviour through the eyes of the child becomes a central concept in child-centred play therapy, a type of seeing and understanding the world or a situation from the point of view of the child. Landreth held that the therapist must religiously avoid judging or evaluating the child's behaviour and rather attempt to understand the internal frame of reference of the child (Landreth & Sweeney in O'Connor & Braverman 1997:21-23). This internal frame of reference becomes the focus of the interaction between the therapist and the child.

**c. The Self**

Rogers referred to the totality of those perceptions of the child as the self (Rogers 1951:497). Experiences throughout the child's development, through interaction with people such as his or her parents, become part of the phenomenal field that contribute to the structure of the self. During times of need the positive, caring response of caregivers will allow the child to positively value those experiences as self-enhancing. Likewise, the child will attach a negative value on experiences that he or she experiences as threatening or not enhancing the self. Landreth and Sweeney (in O'Connor & Braverman 1997:19) explained that as children develop they may experience evaluation first by parents and then by others. They reasoned that in such cases, the love the children receive and the symbolisation of

themselves as loveable and acceptable becomes dependent on behaviour. These experiences, they hold, become a part of the phenomenal field, or unique personal, individual view, and contribute to the structure of the self (Landreth & Sweeney in O'Connor & Braverman 1997:19). Interactions where parents and other adults show disapproval of the child's feelings and behaviour, especially natural feelings like anger, may result in the child feeling confused and having doubts or disapproving of the self. Rogers explained that the child might become reliant on the evaluation of others rather than reliant on self-evaluation. This denial of experience to awareness, he held, may contribute to later psychological maladjustment (Rogers 1951:498-501). He reasoned that the self continuously grows and changes as a result of ongoing interaction with its phenomenal field. He outlined the structure of the self-concept as "an organised configuration of perceptions of the self which are admissible to awareness. It is composed of such elements as the perceptions of one's characteristics and abilities; the perception and concepts of the self in relation to others and to the environment; the value qualities which are perceived as associated with experiences and objects; and the goals and ideals which are perceived as having positive and negative valence" (Rogers 1951:501). It follows, therefore, that according to child-centred play therapy theorists, a child's behaviour will generally be consistent with the concept of self.

**d. A Child-centred view of Personality and Behaviour**

Rogers (1951:483-524) articulated his description of the development of healthy and unhealthy psychological functioning in humans in nineteen propositions that provide a conceptual framework for understanding human behaviour and reflect the core of child-centred play therapy.

- Every child exists in a continually changing world of experience of which he or she is the centre (Rogers 1951:483).
- Reality is what the individual, or the child, perceives and experiences. Rogers refers to this as the individual's perceptual field (Rogers 1951:484).

- The child reacts as an organised whole to the phenomenal (*subjective experienced*) field (*world*) as it is experienced and perceived. This perceptual field is, for the child, "reality" (Rogers 1951:486).
- The child has one basic tendency and striving, to actualise (*develop a fully functioning, constructive* life), to maintain, and enhance his or her experience (Rogers 1951:487).
- Behaviour is the goal-directed attempt of the child to satisfy his or her experienced needs, in the field (*world*), as he or she perceives it (Rogers 1951:491).
- Emotion accompanies and in general facilitates such goal-directed behaviour. The kind of emotion and the intensity of the emotion being related indicate the perceived significance of the behaviour for the maintenance and enhancement of the child's life (Rogers 1951:492).
- The best vantage point for understanding behaviour is from the internal frame of reference of the child self (*how does the child experience his or her world?)* (Rogers 1951:494).
- Part of the individual's perceptual field gradually becomes differentiated as the self (Rogers 1951:497).
- As a result of interaction with the environment, and particularly as a result of evaluation interaction with others, the structure of self is formed (*personality*), which is an organised, fluid, but consistent conceptual pattern of perceptions of characteristics and relationships of the "I" or the "me", together with values attached to these concepts (Rogers 1951:498).
- The values attached to experiences, and the values which are a part of the self structure, in some instances are values experienced directly by the child, and in some instances are values introjected or taken over from others but perceived in distorted fashion as if they had been experienced directly, and in essence become the truth according to the child (Rogers 1951:498).
- As experiences occur in the life of the child, they are either (a) symbolised, perceived, and organised into some relationship to the self; (b) ignored, because there is no perceived relationship to the self-structure; (c) denied

symbolisation or given a distorted symbolisation because the experience is inconsistent with the structure of the self (Rogers 1951:503).

- Most of the ways of behaving adopted by the child are those consistent with the concept of self (Rogers 1951:507).
- Some behaviour is not "owned" by the self but is brought on by organic experiences and needs, which may not have been symbolized and may be inconsistent with the structure of the self (Rogers 1951:509).
- Psychological maladjustment exists when the child denies awareness to significant sensory and visceral experiences (*emotions),* which consequently are not symbolised and organised into the gestalt (*whole*) of the self-structure (*not made part of the congruent personality, or in other words not real*). When this situation exists, there is a basis for potential psychological tension (Rogers 1951:510).
- Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level (*experienced in reality without defences for what it is*) into a consistent relationship with the concept of self (Rogers 1951:513).
- Any experience that is inconsistent with the organisation or structure of self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organised to maintain it (Rogers 1951:515).
- Under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences that are inconsistent with it may be perceived and examined and the structure of self revised to assimilate and include such experiences (Rogers 1951:517).
- When the child perceives and accepts an experience into one consistent and integrated system of all his or her sensory and visceral experiences, then he or she is necessarily more understanding and accepting of others as separate individuals. Psychological freedom or adjustment exists when the self-concept is congruent with all the child's experiences. When this is not the case, the child experiences or exhibits tension or maladjustment (Rogers 1951:520).

- As the child perceives and accepts into his or her self-structure more of his or her organic experiences, then the child finds that he or she is replacing the present value system, based largely upon introjections that have been distortedly symbolised, with a continuing organismic (*healthy*) valuing process. The resulting well-integrated or positive self-concept enables the child to be more understanding of others and thus have better interpersonal relationships (Rogers 1951:522).

**e. View of Psychopathology and the Therapeutic Process**

The goal of client-centred play therapy is somewhat different from that of traditional approaches. Client-centred play therapy aims toward a greater degree of independence and integration of the child. This approach focus is on the child, more so than on the child's problem. Rogers' (in Rogers & Stevens 1967b:47-49) view was that the aim of any client-centred therapy is not merely to solve problems, but also to assist people, especially children, in their growth process so that they can better cope with problems they are now facing or will face in the future. The aim of therapy is therefore to help the person grow or actualise. According to Rogers (1961:115-123), people who are becoming increasingly actualised have

- an openness to experience,
- trust in themselves,
- an internal source of evaluation,
- a willingness to continue growing.

These four characteristics provide a general framework to understand the direction of client-centred play therapy. The therapist does not choose goals for the child and in general, the client-centred therapist refrains from giving advice or solutions, moralising or making judgements. Diagnosis and interpretations are generally considered detrimental to the counselling process (Thompson & Rudolph 1992:85). Landreth and Sweeney explain that terms such as *goal* and *cure* are inconsistent with the child-centred philosophy and are avoided because

they generally are evaluative and imply specific accomplishments the child needs as determined by an external person (Landreth & Sweeney in O'Connor & Braverman 1997:21). They emphasise that in child-centred therapy, the child is related to as a person and is to be understood rather than cured or changed.

Axline (1969:73) clearly clarified the basic principles that provide guidelines for establishing a therapeutic relationship and making contact with the child's inner person during the play therapy process, which was later revised by Landreth (Landreth & Sweeney in O'Connor & Braverman 1997:22). These principles are:

- The therapist is genuinely interested in the child and develops a warm, caring relationship;
- The therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way;
- The therapist creates a feeling of safety and permissiveness in the relationship so the child feels free to explore and express completely;
- The therapist is always sensitive to the child's feelings and gently reflects those feelings in such a manner that the child develops self-understanding;
- The therapist believes deeply in the child's capacity to act responsively and unwaveringly respects the child's ability to solve personal problems, while allowing the child to do so;
- The therapist trusts the child's inner direction, allowing the child to lead in all areas of the relationship and resists any urge to direct the child's play or conversation;
- The therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process;
- The therapist establishes only those therapeutic limits that help the child accept personal and appropriate relationship responsibility.

Axline (1969:73) reiterated that it is the permissive, non-judgemental, warm and caring relationship that gives the child the courage to delve deeply into his or her innermost world and thus bring out the real self. The child gains self-confidence

as the therapist accepts his or her true self. The relationship, she reasons, is so powerful that it is the factor that decides whether therapy is a success or failure.

**f. Therapeutic Limit Setting**

Gleaning from the above, one can easily draw the conclusion from Axline's remarks that the child-centred play therapy process is completely devoid of limit setting. Moustakas, who reasoned that children do not feel safe, valued or accepted in a completely permissive relationship, reflected on the importance of limits as a vital part of relationships (Moustakas 1997:45-46). He reasoned that limits exist in every relationship. Although the human organism is free to grow and develop within the limits of its own potentialities, talents and structure, he reasoned that in psychotherapy, there must be an integration of freedom and order if the individuals involved are to actualise their potentialities. He saw the limit as the form or structure of an immediate relationship, providing the boundaries in which growth can occur.

For a child-centred therapist the child's desire to break the limit is always of greater importance than the actual breaking of a limit. The works of Axline, Bixler, Landreth and Moustakas (Axline 1969:128-134; Bixler 1949:2-4; Landreth & Sweeney in O'Connor & Braverman 1997:24; Moustakas 1997:45-46) suggested that the purpose of limit setting in child-centred therapy be as follows:

- Define the boundaries of the therapeutic relationship;
- Provide security and safety for the child, both physically and emotionally;
- Demonstrate the therapist's intent to provide safety for the child;
- Anchor the session to reality;
- Allow the therapist to maintain a positive and accepting attitude toward the child;
- Allow the child to express negative feelings without causing harm and without any subsequent fear of retaliation;
- Offer stability and consistency;
- Promote and enhance the child's sense of self-responsibility and self-control;

- Protect the play therapy room;
- Provide for the maintenance of legal, ethical and professional standards.

The child-centred play therapy process is therefore not a completely permissive relationship. There exists a prescribed structure, which provides boundaries for the relationship that the play therapist has already determined are necessary for growth and actualisation. According to the above proponents and developers of child-centred play therapy, limits need to be set on:

- Harmful or dangerous behaviour to the child and the therapist;
- Behaviour that disrupts the therapeutic routine or process, such us continually leaving the playroom or playing after the time is up;
- Destruction of room or property;
- Taking toys or equipment from playroom;
- Socially unacceptable behaviour;
- Inappropriate display of affection.

Boundaries are set when needed and not necessarily provided as a list of requirements prior to commencement of the process. According to this theory of play therapy, the feeling of permissiveness is more important than actual permissiveness (Landreth & Sweeney in O'Connor & Braverman 1997:24). The limits are worded and communicated in such a way that it will provide the child with an opportunity to say no to him or herself. The child-centred play therapist operates on the unwavering belief that given the conditions of acceptance, a child will choose positive cooperative behaviours.

**g. Child-Centred Play Therapy - Applicability and Research**

Child-centred play therapy is most widely used with children below ten years of age, but positive results have been obtained with children up to fourteen years of age (Landreth & Sweeney in O'Connor & Braverman 1997:25-26). The child-centred play therapy theorists indicate that it proved quite positive to allow children above ten to choose whether they wanted to be in the standard playroom,

the activity room, or in the therapist's office. It seemed as though most children in the ten to fourteen-year age range benefited most from a therapeutic activity consistent with their developmental needs. In addition, Landreth and Sweeney (in O'Connor & Braverman 1997:26) reported that the child-centred approach is especially appropriate for children who are developmentally delayed. Furthermore, this approach is uniquely suited for working with children from different socio-economic levels and ethnic backgrounds. These variables have no influence on the therapist's beliefs, philosophy, theory or approach to a child. The therapist, regardless of a child's colour, condition, circumstance, concern or complaint, consistently communicates the core aspects of the therapeutic process: empathy, acceptance, warmth and understanding.

A criticism lodged against child-centred play therapy, in fact, against person-centred therapy in general, is that the process is too slow and requires too much of a long-term time commitment. Raskin and Rogers (in Corsini & Wedding 1989:130) reported significant positive changes in self-acceptance and movement toward an internal locus of control in single sessions and short-term experiences. Bills (1950:146-148) and Crow (1989:56) found significant gains utilising between six and ten child-centred play therapy sessions with children presenting self-concept and academic learning problems. Kot (1995:63) found positive effects in twelve individual sessions over a span of fourteen to twenty one days with children in a women's shelter who were exposed to domestic violence. Kot noted a significant reduction in overall problem behaviour scored on a standardised measure, as well as improvement of self-concept.

Equally positive results have been reported regarding the involvement of parents. Landreth and Sweeney (in O'Connor & Braverman 1997:26) trained incarcerated fathers to use child-centred play therapy procedures during filial therapy sessions with their children. During one 30-minute session over ten weeks, significant improvement manifested in the self-concepts of these children compared to a control group of fathers and children who did not receive the training. Bratton

(1994:84-92) trained 22 single mothers to use child-centred play therapy procedures in filial therapy sessions with their children during 30-minute sessions once a week for ten weeks. Parents in the experimental group reported significantly less stress and fewer problems with their children's behaviour than the control group. The above results point to the potential of the child-centred play relationship and the capacity of this approach to facilitate significant changes in a short period.

## 3.3 SHORT-TERM AND STRUCTURED PLAY THERAPY

Play therapy has historically been viewed as the most effective medium for providing therapy to children (Rasmussen & Cunningham 1995:2). The controversy is more focused on the question of whether play therapy should be focused and directive or non-directive. Axline (1947:9) stated that play therapy might be directive where the therapist assumes responsibility for guidance or non-directive where the therapist leaves responsibility and direction to the child. Directive therapists challenge children's defence mechanisms, attempt to stimulate unconscious processes and actively structure and create play therapy situations. Axline (1947:9) preferred non-directive play therapy built on the establishment of a strong, warm, accepting relationship with the child. Rasmussen and Cunningham (1995:3) found an effective combination in play therapy to be a blend of non-directive principles to build therapeutic rapport, followed by directive and structured therapy towards specified goals through focused intervention.

In the evaluation of a study involving young children, McConnel and Sim (2000:78-83) described a treatment combination of directive play therapy involving direct questions about feelings and gestalt therapy. Treatment included 34 children of divorce with ages ranging from eight to fifteen years. The average number of counselling sessions was seven with one 45-minute session per week. Half of the children expressed satisfaction with the counselling but more than a quarter disliked the interrogative nature. The researchers pointed out that there is a need to deal with the issues more sensitively and indirectly. Half of the mothers viewed the counselling as effective although many felt the

therapy did not focus enough on the present difficulties of the child. Other complaints included the therapists being too patronising and a lack of communication between the mothers and the therapists. Two thirds of the treatment cases were seen as unsuccessful by the therapist with the main reasons for failure being unmotivated and uninvolved mothers. The researchers (McConnel & Sim 2000:84) concluded that among other things, more play therapy techniques would have been beneficial during joint sessions with the mother and child. In addition, they suggested a need for a thorough assessment prior to treatment to accurately determine the exact need for therapy.

Short-term structured play therapy with children was largely developed and introduced by the work of David M. Levy (Hambridge 1955:601-617; Levy 1938:387). During thirty years of clinical practice he developed Release Therapy or abreaction therapy for the treatment of children in a relatively short period of time (Levy 1938:387). In release therapy with young children, the therapist creates or facilitates the creation of situations by the use of play methods in which the anxieties of the child are given expression. Levy (1938:388) reported being able, within four sessions, to treat a child effectively who reported with symptoms of anxiety and stammering after being attacked by another boy at school. In another case he utilized ten sessions to treat a young girl with temper tantrums and a lack of affection (Levy 1938:389). Levy concluded that there was a need for short-term psychotherapy that could enable children to be released from anxiety-laden and constricting emotions (Levy 1938:390).

According to Hambridge (1955:601-617), the therapist working with the child in play therapy aims to focus attention, stimulate further activity, give approval, gain information, interpret and set limits. She explained that structuring the play situation is a form of activity that can serve any of these functions. In Hambridge's review of Levy's structured play therapy approach (Hambridge 1955:601-617), she reasoned that there is a great need for increased economy of effort and closer approximation to the desired result in therapy. Structured play therapy has a specific advantage in that it increases the specificity of the treatment method in direct psychotherapy with children. It also saves time by not indulging in hours of diffuse, therapeutically irrelevant activity. In this

approach the therapist therefore uses only those forms of play and activities that are indicated for the identified problem in order to maximise movement and growth.

Social, institutional and economic forces facilitated the growth and popularity of brief psychotherapy. A growing awareness of emotional and psychological disorders and the benefits of different modalities of therapy made counselling available to an increasing population that was previously underserved. However, greater numbers led to unacceptably long waiting lists that in turn led to a high drop-out rate (Sloves & Peterlin in O'Connor & Schaefer 1994:27). A growing need among consumers of mental health services is the expectation to receive treatment in a timely fashion and for it to be brief. Simultaneously, growing evidence has shown that brief contacts can produce changes as effective and noticeable as those produced by long-term treatment.

The situation concerning the providing of mental health services, especially the under-providing of services in urban areas, led the mental health movement to consider that long-term psychotherapy is an expensive, time-consuming and highly restrictive modality not entirely synchronised with the modern family's immediate psychological, social and economic needs (Sloves & Peterlin in O'Connor & Schaefer 1994:28). Therefore, brief therapy grew out of a pragmatic need for an efficient and cost-effective method of treatment as demand increased but resources such as finances and available therapists dwindled.

Peterlin and Sloves (1985:788-792; Sloves & Peterlin 1986:847-851; Sloves & Peterlin in O'Connor & Schaefer 1994:29-30) focused extensively on short-term therapy and its applicability and efficacy with latency-aged children. They saw the goal of short-term therapy with children as enabling children to develop more effective techniques for coping with a core psychodynamic conflict. They explained that this approach differs from crisis intervention in that it uses emotional support and environmental manipulation to restore homeostasis, while time-limited therapy is more focused on uncovering the core conflict hindering the child's developmental growth (Peterlin & Sloves 1985:788-792; Sloves & Peterlin 1986:847-851). The technique of short-term therapy is based on

the assumption that many children experience an event that places strain on their development but do not necessarily require extensive psychotherapeutic intervention or major structural change to resume forward momentum. Focal stressors that have the potential to derail the development process of the child are called "reactive disturbances" (Peterlin & Sloves 1985:788-792; Sloves & Peterlin 1986:847-851). They are usually triggered by events that arouse in the child fears of loss as in the case of death, separation as in the case of divorce, dependency as in the case if illness and social isolation as in the case of relocation. At these moments children usually feel frustrated, victimised or frightened by external circumstances as they strive to maintain existing defences and maintain autonomous functioning. The researchers found that more often than not, children's presenting symptomology was the result of a preservative, defensive reaction driven by the child's ego, fearing loss of autonomy. This process negatively affects the development of the child's individuation (Peterlin & Sloves 1985:788-792; Sloves & Peterlin 1986:847-851).

Short-term therapy is most effective with this kind of child who, as a result of a loss-crisis in his or her environment, is temporarily blocked or inhibited in the individuation process. The primary goal of short-term therapy, therefore, is to return the child to a healthy developmental pathway. To accomplish this, the short-term play therapist enables and facilitates a process whereby the child can and safely negotiates a difficult developmental transition before negative symptoms appear and inhibit healthy development. In order to foster children's progressive momentum through key transitional points in development, sessions are limited and the length of therapy predetermined in order to discourage excessive dependency on the therapist that would weaken the child's attachment to significant others in the natural environment. Sessions are intense and focused on the issue that created or triggered the temporary block in development. Throughout the therapy the message is clearly conveyed to both child and parent that they are regarded as competent to handle life's problems (Peterlin & Sloves 1985:788-792; Sloves & Peterlin 1986:847-851).

Short-term therapy offers the latency-aged child an opportunity to gain new skills and insight into the current developmental problems causing the discomfort. The focus is on strengthening those defences that help children deal effectively with strong, negative emotions that, if left unchecked, may hamper cognitive, social and affective growth in the future. The goal of the treatment is to have the children gain a more objective and realistic view of themselves and their situation and acquire more adaptive ways of handling life's conflicts. One of the goals is to help the child gain greater acceptance of him- or herself as an individuated person, meaning that treatment is focused on helping the child to overcome pathological attachments to parents or other significant adults. The reasoning is that children are often victims of circumstances and become captive to inappropriate dependent relationships, and therapy aims to help the child separate from sustaining figures of authority (Peterlin & Sloves 1985:788-792; Sloves & Peterlin 1986:847-851). In this regard Wallerstein (in Garmezy & Rutter 1983:283-285) identified the Madame Butterfly complex, where especially latency-aged girls would wait compulsively for the return of the divorced father who makes no contact and who is unlikely to return or resume a relationship with the child. Her incessant focus on the absent adult figure short-circuits further development, and research has confirmed negative effects on self-esteem and academic performance following the divorce (Wallerstein in Garmezy & Rutter 1983:283-285).

The premise of short-term therapy is that the therapist has the power to effect change and that the family is receptive to change, especially in the early part of contact. Short-term therapies take advantage of this factor and structure the conditions of change in therapy. There are various forms of brief therapy, but a hallmark of short-term therapy is that it fixes the total number of sessions with a specific date for termination set before treatment begins. This fact significantly shapes the counselling and how the central work of therapy is approached. Because sessions are limited there is an urgency and intensity attached to the work and according to Peterlin and Sloves (1985:788-792; Sloves & Peterlin 1986:847-851), the mere imposition of a time limit reawakens in the child earlier psychological conflicts related to separation and loss. The above researchers state that the reason for the efficacy of this approach lies in the fact that a preset termination date

protects children so they feel less threatened by feelings of engulfment by the therapist, and the approach provides, from the onset, an inherent structure that permits children to engage in treatment with more intensity than they would in long-term, open-ended psychotherapy. In addition, establishing short-term therapy influences the therapist to establish goals and mobilizes the family toward more adaptive functioning.

According to Peterlin and Sloves (1985:788-792; Sloves & Peterlin 1986:847-851; Sloves & Peterlin in O'Connor & Schaefer 1994:31), the unique characteristics of short-term play therapy are as follows:

- It is a dynamically orientated approach with a duration of no more than twelve sessions and the termination date irrevocably fixed at the onset of treatment;
- It demands the selection of a single dynamic focus or central theme that underlies the child's problem, the resolution of which is the principal aim of therapy (if the child for instance struggles to adapt after the marital disruption of the parents and their subsequent divorce, resolving that loss will be the central theme of therapy);
- The therapy is theme driven. The central theme that is related to the child's feelings of separation and loss becomes the sole focus of treatment. This is because the theme represents the reason for the child's cognitive, psychodynamic and interpersonal struggle and leads to difficulty in gaining mastery over his or her environment;
- The limited time of treatment dictates a high level of therapist activity and involvement that serves to nurture and sustain a positive transference throughout the treatment. The therapist is not viewed as merely a neutral observer and commentator, but a coequal and active partner in the play and therefore a good working relationship develops between the child and the therapist;
- Structured play therapy is used exclusively and as the primary medium to support and empower the child so that regression, dependency and a sense of helplessness are avoided.

The therapist carefully selects play material for each session beforehand with the whole session organised and planned before the child comes into the office. The idea is to teach

the child that psychotherapy is not play, and that the play area is the work area. The term *play-in-progress* is used to describe the process where the therapist sets the stage and arranges the play material into a scene shortly before the child enters the room and then integrates it into the therapy using techniques such as guided fantasy, mutual storytelling and symbolic work. Free play is not utilised, although the therapist will later invite the child to bring to the next sessions some toys that can be utilised in playing out the central theme of the therapy.

Short-term play therapy is typically organized into four stages. The first stage entails an assessment phase lasting not more than two sessions. During these sessions the therapist has the opportunity to evaluate the family's appropriateness for treatment and determine a central theme from the history and relevant information provided. A therapeutic contract is provided in writing and signed by all members of the family. Treatment typically commences without delay the following week or within days. The second, third and fourth stages are overlapping and progressive. They make up the rest of the twelve sessions. These stages of treatment are referred to as the opening, working through and termination stages. Two family meetings augment individual play sessions, one halfway through the treatment and one after the last session with the child. It is particularly during the working-through stage that reality pushes out fantasy and brings with it real time, including the understanding that time is limited and finite and ceaseless, meaning that immediate gratification is not possible. Techniques of confrontation and interpretation are employed to cut through resistance. Although the child might be resistant during this phase, it is imperative that the therapist deals with it and interprets the child's feelings about how his or her parents or significant adults have disappointed him or her in the past. The child is challenged to adopt functional and purposeful psychological tools to deal with these feelings (Peterlin & Sloves 1985:788-792; Sloves & Peterlin 1986: 847-851; Sloves & Peterlin in O'Connor & Schaefer 1994:53).

Although the above research confirms the promising results of the short-term approach for the treatment of children as adapted by Peterlin and Sloves (1985:788-792; Sloves & Peterlin 1986:847-851; Sloves & Peterlin in O'Connor & Schaefer 1994:27-59), their

approach still appears to have some shortcomings. Not including or incorporating the parent or parents in the actual therapy sessions with the child seems contradictory to recent findings. Research over the last few years has shown that inclusion of at least one parent greatly enhances the probability of a positive outcome (Gardner 1976:52-53; Hodges 1986:292; Labe & van Reenen 2000:66; McConnel & Sim 2000:76). The assessment phase seems to lack effectiveness in assessing the child in his or her context. An assessment should not only identify an overall theme but should be able to, without direct interrogation and in an unobtrusive manner, identify the significant people in the life of the child and the nature of the relationship the child has with them. It should be able to accurately identify the perception the child has of the root problem or central theme.

Sloves and Peterlin (in O'Connor & Schaefer 1994:57) stated that short-term and structured play therapy is not necessarily indicated for every child. Hambridge (1955:601-617) mentioned three variables the therapist has to assess in introducing structured therapy. The first includes the integrative capacity of the child. Low integrative capacity will lead to an inability to deal with anxiety and anger triggered by structured activities. Secondly, the nature of the play and the activity should be assessed for its threatening quotient on the child. Individual differences will make some children more sensitive to certain dramatic representations. The third variable includes the capacity of the people in the child's environment to handle realistically the child's change in behaviour in response to the treatment. Following a session a child can manifest increased anger or sorrow, posing the danger that the parents' ability to handle the child at home can become overtaxed. Hambridge's take on Levy's structured therapy (Hambridge 1955:601-617) differs markedly from the adapted short-term structured therapy proposed by Peterlin and Sloves (1985:788-792; Sloves & Peterlin 1986:847-851; Sloves & Peterlin in O'Connor & Schaefer 1994:27-59). Hambridge holds that the ideal of the play therapist is to facilitate play, not enter into play (Hambridge 1955:601-617). The therapist maintains a passive stance in spite of the fact that the child will attempt to draw him or her into it. Play forms are introduced on the basis of evidence that their use will have direct bearing upon the resolution of the problem for which the child is treated.

Levy's approach always followed structured play with free play. This, he felt, would lead to a repetition of the play during therapy and lead to further ego mastery and impulse modification (Hambridge 1955:601-617).

Oaklander (in Kaduson & Schaefer 2000:28-52) adapted Gestalt therapy into a short-term therapy for grieving children. Gestalt therapy is considered a process therapy focusing on the "what" and the "how" of behaviour with the therapist making the client more aware of what he or she is doing that causes discomfort or dissatisfaction. It is a directive and focused approach and therefore, according to Oaklander, ideally suited for short-term work with grieving children (in Kaduson & Schaefer 2000:31). Although the therapist sets the framework for every session and presents the activity, there is no specific expectation of results. Every child is seen as unique and therefore the therapist keeps an existential stance in Gestalt therapy: Whatever will happen will happen. In this short-term approach the parents are included in some of the sessions if possible. Oaklander reported (in Kaduson & Schaefer 2000:34) that these sessions often led to identification and discussion of a fear experienced by the child that had not been previously acknowledged or discussed. This approach mostly makes use of projective play techniques such as drawings, clay and fantasy, as well as storytelling and tray scenes, music and puppetry that enable the child to share and deal with threatening emotions in a non-threatening way.

Corcoran and Stephenson (2000:468) used a brief therapy approach with children called Solution-Focused Therapy. This approach utilises a brief format and focuses on solutions rather than problems. The central philosophy is that clients bring with them strengths and capacities they can access and develop to make their lives more satisfactory. The therapist assumes that the clients are the experts and the role of the therapist is to develop a collaborative context while magnifying the strengths and resources of the client. In a study of the efficacy of a four to six session brief, solution-focused therapy program with children presenting with behaviour problems between the ages of five and seventeen and with ten years old being the mean age, parents reported many improvements and positive

changes in conduct problems, learning problems, psychosomatic problems, impulsivity and hyperactivity.

## 3.4 RECENT THERAPEUTIC DEVELOPMENTS WITH CHILDREN OF DIVORCE

An extensive review by Webb (1991:26) found that children facing a crisis such as divorce struggle to deal with the stressful situation and, in addition, they might be unable to communicate their needs verbally to a mental health worker. She noted that few children willingly admit they have problems and, therefore, the usefulness of a non-verbal communication method during therapy, such as play therapy, is increasingly being recognised for its effectiveness in engaging and helping young children. According to Rasmussen and Cunningham (1995:2), play therapy has historically been viewed as the most effective medium for providing therapy to children. The positive effects of therapy for latency-aged children with behavioural and emotional problems have been indicated widely. In an evaluation of innovative counselling services for children of divorce, McConnel and Sim (2000:75) noted that in addition to preventative types of school interventions, three models for treating children of divorce have evolved over the past two decades, which are either therapeutic or supportive in nature. These three groups include

- Individual psychodynamic interventions;
- Group therapy and;
- Family therapy.

### 3.4.1 Individual Therapy

Children aged six to twelve years old with emotional problems were found to respond more positively to individual treatment than adolescents (ages thirteen to eighteen years old) in psychodynamic treatment (Target & Fonagy 1994:134). Involving children early and effectively in counselling with an informed and skilled therapist can greatly enhance their prognosis of future health despite the divorce (Cohen et al 2002:1022-1023). Knapp

and Harris (1998:147) found child therapy to be largely effective although they called for innovative applications and more deployment of special therapeutic skills in the treatment of children's mental health. Other recent research concerning the treatment of children of divorce showed that interventions can improve children's post divorce resilience and enhance children's ability to deal with the stress of parental divorce (Hipke, Wolchik, Sandler & Braver 2002:122). These researchers reviewed a treatment program for children of divorce called New Beginnings, which consisted of eleven weekly group sessions, supplemented by two individual sessions per family. The group treatment section was compared to a self-study group that was mailed six books over the eleven-week period. Both groups showed some improvement in children's overall functioning although the researchers pointed out that some families might require more intensive, individualised services. They also found that parent involvement and motivation is vital to long-term positive effect.

### 3.4.2 Group Therapy

In a study with latency-aged children using a school-based intervention to strengthen social and personal competencies, it was found that frustration tolerance and more assertive social skills increased with reduced acting-out behaviour (DeMar 1997:2). Thirty-six students in five groups attended eight 90-minute sessions that were conducted in a lively group format. These improvements could be generalised from the treatment context to the classroom and confirmed the positive potential of a therapeutic intervention with younger children. This study utilised an ecological perspective, focusing on children, families and their communities, and worked from the perspective that, to be successful, interventions must focus on enhancing and creating positive environmental contexts, such as families that reinforce positive behaviours, in effect raising the protective factors against stressful events (DeMar 1997:2). The study found that the intervention was not successful in raising self-concept in the sample and it surmised that the program needs further improvement.

In another school-based group intervention for children of divorce developed by Stolberg and Gourley (in Roberts 1996:75), the researchers focused on increasing skills in problem solving, impulse control, communication and anger control. Their rationale was that divorce-related demands disrupt normal developmental tasks and require urgent acquisition of skills not commonly found in children. Children of divorce must confront and respond to high levels of anger resulting from frustrations caused by the divorce with effective anger control skills, which many lack. The researchers reasoned that, although intervention cannot reverse the disruption of the divorce, by focusing on the child's perceptions of these events, it can teach the child the necessary skills to meet the new demands. They chose a school-based intervention in a group format because of its practical advantages and because they could serve the largest number of people with the program (Stolberg & Gourley in Roberts 1996:77). Their overall goal was to increase self-esteem, teach cognitive-behavioural skills, provide insight into the parent and family interactions and give emotional support. They found that the program was most effective in reducing internalisations and externalisations of behaviour and total pathology in the home, and in this regard they measured affect, cognition, behaviour in the home and behaviour in the school. When parents became involved in a structured fashion their program showed higher improvements and, at the one-year follow-up, the developers suggested that the majority of their sample's affective and cognitive adjustment and behaviours in the home equalled their non-stressed peers from intact homes (Stolberg & Gourley in Roberts 1996:85). They noted shortcomings such as more focus on hostility reduction, more attention to age-related variations, as well as more effective roles for parents.

Stolberg and Gourley (in Roberts 1996:87) found that decreasing hostility and increasing parenting effectiveness are important considerations in designing interventions for children of divorce. They found that a problem with programs focusing only on children are that they are mostly school based and fail to intervene with the parent in improving parenting skills and increasing parent-child involvement. They therefore suggested that the most effective intervention for children of divorce might be one that includes both interventions aimed at parents and at children in a way that facilitates communication in

the family system (Stolberg & Gourley in Roberts 1996:87). Johnston and Roseby (1997:281-283) showed promising results with a group treatment they developed for children of divorce. They indicated enhancement in emotional and behavioural functioning of the children following a ten-week program with the group meeting once per week for approximately an hour. Each session followed structured activities that focused on exploring the complexity of feelings, understanding the self and revising and dramatizing family roles, relationships and rules.

### 3.4.3 Family Therapy Involving the Parents and Children in Treatment

Family therapy came to the forefront in the late 1970s because of a focus on family induced-pathology and negative parent-child-parent triads. It is especially indicated when children's problems appear to develop from continued family conflict, family avoidance problems and where boundaries of affection and authority have disintegrated (Hodges 1986:298; McConnel & Sim 2000:76). Hodges (1986:298) described joint sessions with the child and parent that focused on redefining family boundaries as being possibly helpful. McConnel and Sim's study (2000:76) found criticism against joint sessions that included both divorced parents since these may suggest to the child that the parents are possibly reconciling. They reasoned that it is better indicated to treat the family as a divided unit to conform to the reality of the divorced family.

Cognitive-behavioural family therapy has been found an effective treatment for families involved in high-conflict divorce, showing for instance a decrease in feelings of hopelessness and increased understanding and communication patterns between family members (Spillane-Grieco 2000:119).

Initially, Gardner (1976:41; McConnel & Sim 2000:76) highly recommended the use of individual psychotherapy, along with play therapy, observation, games, monologue and dialogue with children of divorce in order to rework the pathological grief reaction. However, he later adapted his approach to individual therapy to include the mothers in the process. He found that the mothers more frequently and more effectively carried out

his suggestions. He initiated a structure where for most children below the age of ten or eleven years old, the parent who brings the child for therapy generally stays in the room with the child throughout the session. He referred to this approach as *individual child therapy with parental observation and intermittent participation* (Gardner 1976:50-51). He found that even with the negative, overbearing and intrusive parent, the child might profit from joint sessions in which the parent's behaviour is pointed out and discouraged. The child is then encouraged to assert him or herself against the parent's behaviour and is facilitated by the therapist to become comfortable enough to express his or her anger directly to the parent. He also found that joint sessions lessen the probability of parents removing their child from treatment because of their guilt and noted that when the parent serves as an adjunct therapist, many causes of anti-therapeutic rivalry are removed (Gardner 1976:52-53). In addition, Hodges (1986:292) stated that, except possibly for teenagers, work with parents is always necessary. He recommended individual child therapy always combined with one or both parents also involved as the treatment of choice, especially when the parents are psychologically unavailable for working in family therapy; when the child needs to separate his identity and problems from those of the parents; and when the child needs consistency in the midst of a chaotic family life.

Labe and van Reenen (2000:66) tested the effects of combined treatment of parent and child in a therapeutic play situation. They experimented with a variety of treatment modalities including Theraplay, Filial Therapy, Play Therapy and Parental Guidance until a model evolved that effectively facilitated the bonding and interaction between parent and child. They found promising results as both parent and child functioning improved compared to conventional parenting programmes and/or individual treatment (Labe & van Reenen 2000:67).

## 3.5 RANGE OF PLAY THERAPY METHODS AND TECHNIQUES

Kaduson and Schaefer (2001:3-457) divided play therapy activities and techniques into seven categories:

- Storytelling Techniques;
- Art Techniques;
- Game Play Techniques;
- Puppet Play Techniques;
- Toy and Play Object Techniques;
- Group Play Techniques;
- Other Techniques.

### 3.5.1 Storytelling Techniques

Children do not always communicate their problems directly to adults. Kaduson and Schaefer reasoned (2001:3) that children often feel frightened and threatened or might not be consciously aware of what the real problems is. The review and research of these play therapists found storytelling techniques to be a non-threatening intervention that can provide a coping model for the child (Austin in Kaduson & Schaefer 2001:12). It can help the child feel less alone and isolated since the child can identify with a character's similar struggle and can later model the same mastery over challenging or traumatising events and circumstances as the main character in the story. It provides an excellent vehicle and medium to answer questions, while addressing and extinguishing latent fears. Storytelling techniques can be utilized in a one-on-one situation with a caring adult or in group therapy. This technique can be used to hone a skill, create a play vignette or model the mastery of a situation (Kaduson & Schaefer 2001:3-58).

Variations of the storytelling technique include the following:

- Biblio-therapy that includes reading stories out of books;
- Storytelling using cartoons;
- Letters;
- The family book;
- Compositions and poems;
- Keeping a diary or journal;
- Drawings where the story is drawn and coloured by the child;

- Using paper dolls or play dolls or figures to enact a story.

### 3.5.2 Art Techniques

Art therapy involves utilising a wide variety of creative activities to engage the child in a non-threatening and enjoyable manner. Therapists can use art activities to help the child expand his or her communication repertoire and as a stimulus to begin conversation that can later lead to a discussion of the problem the child is experiencing. It also helps the child to connect to, express and process feelings that have not yet been accessible to them or that have been repressed. The premise is that during the art or creative activity the child is less defensive and he or she is able to clearly and comfortably communicate feelings and themes by using expressive arts. Art techniques allow the child to express feelings about a particular situation and to practice new reactions and behaviour to threatening situations. It is a powerful stimulus for the workings of the unconscious mind (Kaduson & Schaefer 2001:59-170).

Techniques utilised during Art Therapy include the following:

- Drawings;
- Modelling clay;
- Sandbox;
- Masks;
- Music;
- Paintings;
- Dancing.

### 3.5.3 Game Play Techniques

Through this technique children are offered an opportunity to reveal many truthful and spontaneous emotions, wishes and thoughts by means of acting them out during play and fantasy games. Through the dramatising of feelings, children can represent themselves or can be spectators while the social worker plays out a situation. It is a powerful medium

for children to get rid of intense emotions and relive their distressing circumstances in the safe environment of the play therapy. Different roles can be learned that can help the child to gain control over his or her world, thereby exerting direct influence on the child's problem. It is an activity exceptionally suited to establishing communication and rapport between the social worker and the child that in turn fosters behaviour change and insight development in the child (Kaduson & Schaefer 2001:171-228).

Techniques used during Game play include the following:

- Dramatic play;
- Puppets/marionettes;
- Masks;
- Role-play;
- Modelling;
- Play-telephone;
- Concrete visualisation and guided imagery;
- Board games;
- Card games.

### 3.5.4 Puppet Play Techniques

The premise according to Kaduson and Schaefer (2001:171-228) is that many children harbour feelings toward others without being able to release these feelings in an appropriate fashion. To deal effectively with these underlying feelings such as frustration, sadness, anger and disappointment, children must first be able to release these feelings in a safe, nurturing environment without the risk of negative consequences and the threat of punishment. The Puppet Play techniques allow the psychological distancing often needed to create the right amount of safety for the child's self-expression. This technique is especially valuable with reluctant children or during the initial phase of therapy as well as in a non-directive play therapy (Kaduson & Schaefer 2001:229:274). The technique is a reflecting listening skill and assures the child of being heard by the therapist.

Techniques used for Puppet Play activities include the following:

- Puppets/marionettes;
- Masks;
- Hand/finger puppets;
- Dolls;
- Paper dolls;
- Modelling clay puppets;
- Toy animals.

### 3.5.5 Toy and Play Object Techniques

The use of toy and play object techniques are highly indicated for the physical, social, cognitive and emotional development of latency-aged children. Toy and Play Object techniques are powerful ways to help the child identify their feelings, to deal with these feelings in a constructive manner and to vent them appropriately. The therapist can use Toy and Play Object techniques in child-centred play and in directive or therapist-initiated play. These techniques are also appropriate for use with individuals and with families. The use of toys and play objects are limitless and the therapist can use these techniques with children who have difficulty managing anger or aggression, difficulty expressing feelings and who have attachment issues (Kaduson & Schaefer 2001:275-356).

Techniques used for Toy and Play Object activities include the following:

- Block play;
- Therapeutic dolls;
- Anatomical dolls;
- Toy animals;
- Sand play;
- Metaphorical play;
- Toy box;

- Modelling clay.

### 3.5.6 Group Play Techniques

Group Play therapy permits children to express themselves without getting too personal, which is particularly useful with children who are uncomfortable with self-disclosure. As children hear the other group members disclosing secrets, fears or wishes, they realise that they are not alone in their circumstances and feelings. Resistant children are more willing to take a risk in a group where the anxiety is lowered through the play (Kaduson & Schaefer 2001:357-394).

Techniques used for Group Play activities include the following:

- Drawings;
- Dancing;
- Music;
- Dramatic play;
- Maps;
- Word association;
- Role play;
- Modelling.

### 3.5.7 Other Techniques

The therapist can play a pivotal role during therapy by enhancing the child's verbalisation and problem-solving skills through play activities and techniques that allow the child to play or act out his or her problem and thereby helping the child to come up with solutions to those problems. These techniques help the child to have enough distance from his or her own problem to view it objectively, thereby helping him or her find it easier to solve the problem in the context of a play (Kaduson & Schaefer 2001:395-457).

Other techniques include the following:

- Evaluation tool;
- Toy radio;
- Toy telephone;
- Newspaper;
- Video play.

## 3.6 SUMMARY

In a discussion of model programs in child and family mental health by the American Psychological Association's section on Clinical Child Psychology, it was emphasised that there is a need for improved delivery and availability of mental health services for children (Roberts & Hinton-Nelson in Roberts 1996:1). The effectiveness of psychological treatment in children's mental health was identified as a growing major concern by this report. The report acknowledged some advances but stated that the need for children's mental health services remains immense and the challenges to service providers increase daily (Roberts & Hinton-Nelson in Roberts 1996:2). The report highlighted characteristics of exemplary programs aimed at treating children's mental health but noted that what is missing is effective programming for particular settings or problems (Stolberg & Gourley in Roberts 1996:87).

Shortcomings in the treatment approaches with children of divorce discussed in this chapter include the following: complex programs that are difficult to understand; group and school based programs that exclude the parents; individual programs that exclude the parents; individual programs that have to be adapted on the spot by the ingenuity or instinct of the therapist; play therapy techniques that are difficult to interpret or need extensive years of experience and training to comprehend; unstructured and non-directive approaches that leave the direction and focus of treatment over to the child; a lack of focus on present problems in the functioning of the child and present problems in the relationship with the parent; and programs that are too lengthy and take place over too many sessions, leading to a premature and large dropout rate from therapy.

Positive results were indicated in the treatment of children with brief, short-term, time-limited and structured therapy. Despite promising results in the treatment of children, significant differences exist among the approaches utilising a time-limited and structured format, differences that can still cause confusion and difficulty for the social worker working with families and children. All the treatment programs provide a general approach or recipe that has to be adapted to different problems. In light of the alarming increase in need for therapy for children of divorce, the social worker is left with the task of adapting the programs to that population of children with very little guarantee of a positive outcome.

It is therefore clear that given the announced need for improved delivery and availability of mental health services for children, a clear and specific need exists for a short-term, structured play therapy program specifically aimed at the issues affecting the child of divorce. Such a treatment program will address the current shortcomings as identified in the literature study and provide the social worker with a comprehensive treatment program. In chapter four a detailed description will be provided of such a treatment program specifically developed for this study.

# CHAPTER FOUR

## DESCRIPTION OF THE PLAY THERAPY TREATMENT PROGRAM

### INTRODUCTION

This section of the study falls under the second facet of Rothman and Thomas's (1994:9-13) Intervention Research Model, Knowledge Utilization (KU). It also comprises step three and four of their model, which encompasses a review of the design requirements and early development of the research program.

According to Wallerstein (in Garmezy & Rutter 1983:281), there are specific psychological tasks the child of divorce will have to deal with in response to the disruption and emotional turmoil. Wallerstein's tasks serve as organising constructs that refer to the manifest behaviour of children as well as their inner psychic experience during the process of adaptation following a divorce. Failure to successfully resolve the conflict during each of the stages can hamper future development and the ability of the child to deal with stress during later life experiences (Wallerstein in Garmezy & Rutter 1983:282). Wallerstein noted that the resolution of tasks is always relative and probable, and she defined a successful resolution of these stages as that which permits the child to maintain or resume reasonable developmental progression following the divorce (Wallerstein in Garmezy & Rutter 1983:282). The reasoning behind this theory is that the child's mastery of these stages and tasks is tied to the maintenance of his or her developmental pace and ability to function in academic settings. These tasks, already discussed at length in chapter two include the following:

- Acknowledging the reality of the marital disruption;
- Regaining a sense of direction and freedom to pursue customary activities;

- Dealing with loss and feelings of rejection;
- Forgiving the parents;
- Accepting the permanence of the divorce;
- Resolving issues of relationship (Wallerstein in Garmezy & Rutter 1983:285-299).

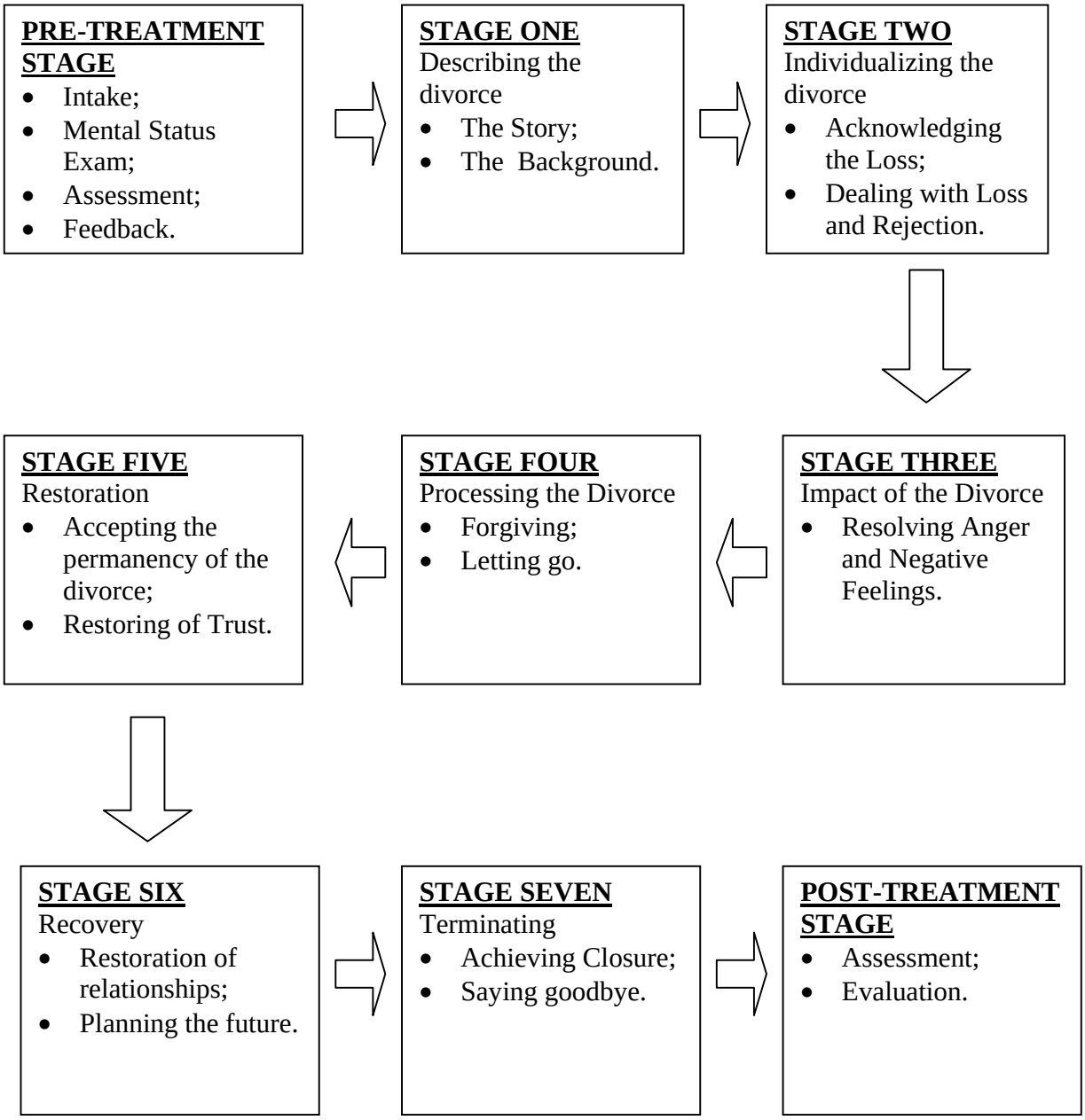
This chapter will describe in detail how these development tasks Wallerstein outlined (in Garmezy & Rutter 1983:285-299; Wallerstein & Blakeslee 1996:288-294) will be addressed and how they will be incorporated into the structured, short-term play therapy treatment program developed for this study. It will also describe the pre-treatment assessment activities and discuss the content and structure of each play therapy session.

## 4.1 BASIC PRINCIPLES OF THE TREATMENT PROGRAM

In Diagram 1 (p. 103) the treatment process is graphically portrayed and each stage of the process discussed in detail. Each stage may entail one to several therapy sessions depending on the progress of the child. At the beginning of each session the therapist will evaluate if the child has successfully worked through the issues and tasks of the particular stage as described in the treatment program later in this chapter. For the purpose of this study only one activity for each session is described; a therapist can employ various other play therapy techniques and activities during additional sessions if needed.

For the purposes of this study short-term therapy in the context of this treatment process will be defined according to Shapiro (1994:5): "The therapist and child are usually best served when short-term therapy is broadly defined. The aim of short-term therapy is not to 'cure' children, but rather to simultaneously stimulate their internal resources for growth and development and make their environment responsive to their needs. Short-term therapy is rarely an end in itself, but rather a transition point in a child's journey towards adulthood." As the name indicates the treatment process is relatively short and typically takes place between seven to eighteen sessions.

**DIAGRAM 4.1:** STAGES OF THE THERAPUTIC PROCESS



It is imperative for the therapeutic process to ensure the involvement of at least one parent from the start. In regard to short-term, solution-focused therapy for children of divorce, Trebing (in Kaduson & Schaefer 2000: 152-153) stated that "the healing process for children is not separate from their parents' recovery process." She further explained that the therapist must educate parents regarding the impact that conflict and divorce have on children and found that to minimise the negative effects and maladjustment of children, parents must be involved in the therapy (Trebing in Kaduson & Schaefer 2000: 153). In the case of divorced parents the therapist will not include them simultaneously in the process.

As discussed comprehensively in chapter three, literature shows that the involvement of parents in therapy has been positively indicated (McConnel & Sim 2000:76). Hodges (1986:298) described joint sessions with the child and parent focused on redefining family boundaries as being helpful.

Gardner's (1976:41) later work with children included parents in the process with positive results. In Gardner's approach, the parent who brings the child to therapy stays in the room, and he later referred to this approach as individual child therapy with parental observation and intermittent participation (Gardner 1976:50-51). Joint sessions with child and parent have been shown to lessen the probability of parents removing their child from treatment because of their guilt; these sessions have noted that when the parent serves as an adjunct therapist, many causes of anti-therapeutic rivalry are removed (Gardner 1976:52-53).

Hodges (1986:292) stated that, except possibly for teenagers, work with parents is always necessary; he recommended that individual child therapy must always be combined with one or both parents. Labe and van Reenen (2000:66-67) tested the effects of combined treatment of parent and child in a therapeutic play situation and found promising results. McConnel and Sim's study (2000:76) highly recommended that in cases of divorce,

therapy sessions must not include both divorced parents at once since it may suggest to the child that the parents are possibly reconciling. It may also lead to conflict between parents during the sessions, especially in cases of high-conflict divorce. They reasoned that it is better indicated to treat the family as a divided unit to conform to the reality of the divorced family. In light of the available data the treatment process developed for this study will involve therapy with the parent who initially brings the child to therapy. If both parents are available and willing to work with the child, the therapy sessions will be repeated with the one parent present and then the other. Feedback to the parents will also be conducted separately for the same reasons as above.

The therapeutic approach developed for this study has specific parameters when dealing with siblings from a divorced family. Even when dealing with siblings each child is always assessed individually and treated as unique. The client-centred approach of Rogers is a central tenet of this therapeutic process. One of the major constructs of the child-centred theory of personality views everything that a child experiences, at a conscious, internal or external level, as his or her unique phenomenal field (Landreth & Sweeney in O'Connor & Braverman 1997:18).

It is imperative when dealing with children of divorced families that each child's perception of reality must be understood in order to evaluate his or her behaviours and actions. Rogers (1951:483) theorised that behaviour is a goal-directed attempt to satisfy needs in the world as perceived by the person. Therefore, viewing the child's behaviour through his or her eyes becomes a central concept in child-centred play therapy, a type of seeing and understanding the world or situation from the unique point of view of the child.

Focusing on each child's unique view and experience of the world helps the therapist to understand his or her internal frame of reference (Landreth & Sweeney in O'Connor & Braverman 1997:21-23). This internal frame of reference becomes the focus of the interaction between the therapist and the child. When dealing with siblings from a divorced family it is important to come to an understanding of each child's internal frame

of reference. In this regard Rogers (1951:494) held that the best vantage point for understanding behaviour is from the internal frame of reference of the child self (*how does the child experience his or her world?).*

The treatment process developed for this study is therefore based on first understanding the reality of each child in a family; reality is what the individual, or the child, perceives and experiences. In this regard even twins in a divorced family may experience divorce vastly different and unique. Rogers referred to this as the individual's perceptual field (Rogers 1951:484). He held that a child reacts as an organised whole to the phenomenal (*subjective experienced*) field (*world*) as it is experienced and perceived. This perceptual field is, for the child, "reality" (Rogers 1951:486). It is therefore pertinent that the therapist must first come to an understanding of the "reality" of a child's world before therapy can proceed. Diagram 1 (p.103) that follows outlines the steps of the treatment process.

## 4.2 PRE-TREATMENT STAGE

The activities of this stage include the following:

- Doing an intake of the case;
- Performing a Mental Status Exam;
- Performing an assessment with the child;
- Giving feedback to the parents.

Prior to the beginning of the treatment process, an extensive pre-treatment stage is essential in order to identify the unique perception and phenomenological view of the child about his or her world and to discover the central theme of the child's experience. This pre-treatment stage includes obtaining information from the parent or parents as well as an objective assessment of the child to specifically identify which of the developmental tasks poses a challenge for the child and how he or she has dealt with the divorce and marital separation.

### 4.2.1 Intake

The intake starts when someone makes a referral concerning the child. The child's name, age, sex, school grade and presenting problem are recorded. Information is provided to the parent making the referral concerning the nature of the assessment and the therapy.

### 4.2.2. Mental Status Examination

The Mental Status Examination (MSE) is designed to sample a wide array of mental functions known to affect or be affected by various mental disorders. Goodman and Sours (1994:20-106) developed a Child Mental Status Examination, which can serve as a useful guide for the social worker to determine the psychological and emotional functioning of the child.

Each area of the MSE is assessed in the context of the child's chronological age and actual developmental level. The majority of this information is obtained through observation during the intake interview and assessment of the child. Few direct questions are asked and most information comes up spontaneously during the interview and assessment. The MSE serves as a direct measure of the clinical status and functioning of the child and serves as an effective structure for organising the content of observations and impressions of the child. Clarification and elaboration of some areas might be obtained by asking the caretaker or parent. Specific areas of concern include the following:

- Behavioural observations;
- Cognitive processes and
- Interview behaviours.

#### 4.2.2.1 Behavioural Observations

**Appearance:** The social play therapist takes note of the first impression the child makes. Of specific concern is the degree to which the child deviates from what is expected given

the child's chronological age and background. Appearance can be an indicator of mental health when the child's mood or overall functioning affects it. This includes a description of the child's quality of grooming (neat or dishevelled), if the child appears the stated age and other unusual characteristics such as lack or avoidance of eye contact. The level of the child's sociability is important. The therapist notes if the child's sociability is average, engaging, friendly, aloof, negativistic, hostile, sad or worried (Goodman & Sours 1994:41-45).

**Motor activity:** The play therapist evaluates the child's motor activity to determine if an impulsive quality exists as compared to high energy within normal parameters. High activity or constricted behaviour may be signs of anxiety. The activity level can also provide some additional information concerning the child's overall developmental level. In this regard the therapist should note hyperactivity, tics, restlessness, startled responses, posturing and psychomotor retardation mannerisms (Goodman & Sours 1994:45-52).

**Speech:** Unusual speech patterns may reflect possible-underlying problems related to cognition, language deficiency, or negative variations in normal development. Speech problems have implications for both academic and social functioning. Three specific questions are of importance for the play therapist:

- How well is the child able to communicate?
- Is the child's language age-appropriate?
- Are there indications of neurological or psychological problems?

In this regard the therapist should note coherent or incoherent speech, word salad, neologisms, flight of ideas and circumstantial or slurred speech. Specific note must also be made of content: appropriate or inappropriate, confabulations or loose associations. The nature of productivity of speech may also provide important information and in this regard the therapist notes if it is adequate, muted, blocked, scant, monosyllabic, spontaneous or pressured (Goodman & Sours 1994:52-57).

**Mood and affect:** Mood refers to the subjective emotional state of the child while affect refers to the external manifestations of emotion as observed by the play therapist. A major focus is to determine if the child is capable of experiencing and displaying a full range of affects and if those affects are consistent with the situation in which they are displayed. Mood may be reported spontaneously or may require direct inquiry about how the child is feeling. Three aspects of affective expression that can be observed while working with the child include range, appropriateness and control.

- *Range* refers to the child's capacity for experiencing and expressing a variety of affects including a variety of intensities;
- *Appropriateness* is associated with the level that affect and intensity correspond with the event that elicits them. Here the therapist notes if the child's reaction is appropriate, inappropriate, labile, blunt or flat;
- *Control* refers to the child's ability to manage his or her affect by, for instance, channelling it in a healthy and productive way to get his or her needs met and includes specifically noting the level of impulse control.

Specific parameters of affect and mood include noting if the child is hostile, calm, manic, suspicious, depressed, anxious, angry, depressed, elevated, euphoric or expansive. The quality of affect is also important and entails determining if the child is consistent or ambivalent (Goodman & Sours 1994:67-72).

#### 4.2.2.2 Cognitive Processes

**Intellect:** It is only possible to make an initial rough estimate of the child's intellect and the observation might be more indicative of how the child interacts with an adult when first meeting him or her. The experience of the play therapist, however, when first meeting and interacting with the child is relevant and includes determining if the child appears normal, appears above normal, appears below normal, or if the child is very slow (Goodman & Sours 1994:57-61).

**Insight and judgement:** The most obvious evidence of poor judgement entails behaviour that is self-endangering or results in consistent negative consequences. The two sources for determining this behaviour in the context of the interview are the kinds of behaviour the child exhibits during the interview and if the behaviour is age and developmentally appropriate (Goodman & Sours 1994:61-67).

**Content and organisation of thought processes:** The clarity of the child's thinking is assessed to determine the impact of the child's cognitions on his or her day-to-day behaviour. The therapist notes antisocial attitudes, assaultive tendencies, compulsive blaming of others, excessive religiosity, feelings of unreality, feelings of persecution, thoughts of excessive guilt, hopelessness, or worthlessness and illogical thinking. The therapist takes note of the possibility of psychotic symptoms such as auditory or visual hallucinations and if they do manifest, further investigation is necessary before therapy can begin (Goodman & Sours 1994:61-67).

**Memory:** In this regard the therapist notes impairment, which is usually marked by poor concentration and poor recent or remote memory.

**Orientation:** The therapist assesses whether or not the child is orientated to person, time and place. It is important to determine if the child knows why he or she is seeing the therapist.

#### 4.2.2.3 Interview Behaviour

The overall attitude and behaviour of the child during the interview, assessment and therapy sessions alone will provide accurate information concerning the child's level of functioning. Here the therapist notes aspects such as angry outbursts, aggressive tendencies, apathetic demeanour, demanding behaviour, dependent or evasive behaviour, hostile or guarded behaviour and if the child is irritable, manipulative, negative, overly dramatic, passive, pseudo mature, seductive, sensitive, silly, suspicious, tearful, withdrawn or uncooperative.

### 4.2.3 Assessment of the Effects of Divorce on the Child

Following the intake the first contact with the child is a meeting during which an extensive assessment will take place. In the context of the treatment process developed for this study, assessment refers to the process that enables the therapist to determine the underlying cause of the initial problem the child was referred for. This is accomplished through a comprehensive assessment using various techniques prior to the beginning of the treatment. According to Trebing (in Kaduson & Schaefer 2000:144), performing a comprehensive assessment on the child before a therapeutic plan can be developed is essential. The presenting problem usually reported by the parents during the intake of the child often provides little information regarding the underlying root source. The factors keeping the dysfunctional behaviour of the child in place may differ markedly from the presenting problem. When a therapist operates within the parameters of short-term treatment the assessment and the information it provides becomes essential to develop a treatment plan that is focused on the root or underlying issue, thereby shortening the overall length of therapy and maximising therapeutic gains for the family and child.

For this study the child is assessed prior to the beginning of the treatment process using a blind assessment format during which the child is assessed before interviewing the parents or reviewing their questionnaire. This study utilise an assessment model adapted from Potgieter (1993a:73-94) by this researcher to specifically assess children of divorce (Venter 1999:92-114). Potgieter's (1993a:73-94) assessment model endeavoured to establish a more objective assessment tool to determine the fantasies and fears that create and shape the child's meaning of the world around him or her. It sought to find an explanation for the child's behaviour. Often such information is not readily accessible by the external world; in fact, neither the parents nor the children might be aware of these powerful fantasies and fears underlying the actions or emotions of the child. The adapted assessment model developed by this researcher (Venter 1999:72-115), focused specifically on the unique reactions of children of divorce. It aimed to accurately and precisely determine the underlying cause of problem behaviour and emotions manifested

by the child following the break-up of the family. The assessment will identify the unique perception and phenomenological view of the child about his or her world and discover the central theme of the child's experience. This will enable the therapist to focus treatment more uniquely and effectively on the themes and areas of concern to the specific child in therapy thus reducing the time that the child spends in therapy because treatment is focused on the core problem identified by the assessment and maximising the benefits of therapy for the child. The assessment information will also show if the child is ready to participate in the treatment process focusing on the divorce. If serious other mental problems manifest, the child will be referred to an appropriate specialist. Alternatively the play therapist can choose to first develop a play therapy plan focused on other problematic behaviour and problem emotions until the child is deemed ready to participate in the treatment process dealing with the divorce.

The adapted assessment model is comprised of a combination of ten investigation activities aimed at identifying continued themes in the perception of the child concerning his or her world following the divorce. The assessment can be conducted in one session of two to three hours. However, if the child is unable to concentrate or becomes too distressed by the material, the therapist can conduct the assessment over two to three separate sessions of one hour each.

The assessment stage is indeed an integral part of the therapeutic process and in Diagram 1 (p. 103) it is referred to as the pre-treatment stage. This is the first time that the therapist will challenge the child with projective prompts and challenges that might remind the child of the divorce and break-up of the family. In that sense it may be cathartic for some children, and the reaction of the child to the different prompts provides the therapist with vital information about the child's emotional and psychological reaction to the divorce. The treatment process is, among other theories, anchored in the client-centred approach and therefore the therapist is always mindful of the child's reaction and responds with empathy, warmth and caring to guide the child through difficult parts of the assessment.

The techniques utilised in the assessment largely stem from the projective school (Collins & Potgieter 1996:121-125; Venter 1999:78-79) and it forms the basis of this assessment. From the beginning to the end of the assessment, the therapist is interviewing the child while making deductions and inferences from the different reactions to play and from the child's reactions to procedures, stories and fantasies (Venter 1999:74). According to Worchel and Dupree (in Reynolds & Kamphaus 1990:70), the term projection refers to the subconscious process where a person ascribes psychological characteristics to other people or objects. In a projective assessment, these psychological characteristics are projected onto the stimulus material of the test, but the individual still remains unconscious of the fact that he is expressing his true feelings, experience and personality through his responses, which make projective techniques well suited to elicit subconscious needs and motives during an assessment.

In the context of the adapted assessment model for children of divorce, the term projective technique refers to certain procedures applied to provide the child with a stimulus to express his or her experiences and feelings. The child projects himself in what he or she does, produces, draws and says and also in how he or she reacts to the play procedures. In this regard, Klepsch (1982:6-11) said that the medium through which the child projects him or herself includes such measures as sentence completion, drawings and interpretations of drawings. The basic assumption that underlies this approach is that the relatively ambiguous nature of the materials used enables the child to make responses he or she would otherwise find difficult. In responding, the child organises material in terms of his or her own motivations, perceptions, attitudes and other aspects of his or her personality and experience. According to Klepsch (1982:11), it is important that more than one projective technique be used to gain confirmation of the child's perceptions and experience through various investigation procedures. No technique used in isolation can adequately assess a child's personality, values, attitudes or problems. According to his research, a problem can be identified when several signs in the various procedures point in the same direction, or when something becomes a theme throughout an assessment. The information gleaned from such an assessment is essential to help the therapist choose play activities that are designed to foster, stimulate and

facilitate a process that will help the child specifically address the main issues he or she struggles with following a divorce, which may interfere with the normal progression of his or her developmental task. The adapted assessment for children of divorce utilised for this study and treatment process provides more accurate and in-depth information regarding the following:

- The child's relationship with the father, mother and siblings;
- The marital relationship between the mother and biological father, as well as between other family members as perceived by the child;
- Relationship with other significant family members or other significant adults such as stepmothers, stepfathers and grandparents;
- The divorce and how the child perceives the event and its after effects.
- Cognitive development and functioning;
- Emotional development and functioning;
- Social functioning and friends;
- Self image;
- School and academic performance and functioning.

There are then activities that comprise the assessment of the effects of divorce on the child that will be discussed in the next section:

- An interview with the child;
- Structured play;
- Five fantasies in a mutual story telling format;
- A series of fifteen family projection pictures depicting neutral scenes from a family to which the child responds;
- Drawings by the child of his or her family and of a person;
- A graphic family sculpting activity;
- A series of seventeen self-projection pictures depicting a child in various interactions with other children and adults;
- Sentence completion;
- A projective play activity with a doll-house and a doll-family;

- Interview with parents.

#### 4.2.3.1 Interview with the child and beginning of the assessment

The interview is not an investigation method that is conclusive, but is part of an ongoing process throughout the assessment. Schoeman (1991:48) identified some important aspects to be covered with a child during an interview:

- Identify his or her name, nickname, age and school. Find out about his or her perception of the reason for the visit to the therapist;
- Who is his or her best friend? Does he or she have a lot of friends or only one? What do they do regularly?
- If he or she could change something, what would it be?
- Does he or she sometimes become angry? Why does he or she get angry?
- What scares him or her?

Concerning the setting where the child is assessed, it should be a place and environment where the child feels at ease and where the child can relax. It is important that the therapist introduces herself at the beginning of the interview and allows the child to do the same. After the introduction the focus is on the reason for the visit and the child's expectations. All the uncertainties, fears or obstructive perceptions must be dealt with at this stage in order to enable the child to participate fully in the assessment process. Children invariably talk easier about their school or play groups than about their home. Therefore, the approach during this phase is to cover more general topics that are easy for the child to talk about.

The manner in which the therapist conducts the interview is very important. Eye contact must be established at eye level with the child from the beginning. Special attention must be paid to the child from the moment he or she is met by the therapist. It is important to convey the message to the child that the parents are less important. While the interview is conducted with the child alone, it is important that the child knows that the parents are waiting and where they are waiting.

The interview must be conducted in a way that makes the child comfortable. Some children prefer to sit while others might want to lie down on the carpet. The therapist must physically join the child, thus signalling that the therapist wants to enter the child's world. This includes sitting on the carpet or at the play table with the child during the assessment.

#### 4.2.3.2 Structured play

The assessment includes a period of structured play utilising age-appropriate toys or games. The child is exposed to perceptual and spatial orientation games developed for his or her specific age group with graded difficulty levels. These games must be interesting, stimulating and challenging. Commercially available games such as Same-Different, Brainy Blocks, Geo-stacks and puzzles work very well. The ease with which the child is able to follow instructions and complete age-appropriate levels provides the therapist with an indication of possible learning difficulties and an indication of the child's level of cognitive functioning that will later be verified by information obtained from the parents. Additionally, playing with the child establishes a relationship of co-operation and trust between the child and the therapist. It is therefore important for the child to mastery of the challenges to enhance their self-confidence in the situation.

#### 4.2.3.3 Fantasies

There are five main fantasies, which are covered during this phase. In each a short story is told to the child. It is important that the storyteller be interesting and constantly involves the child. After each story or scenario, the therapist asks the child to place him or herself in the situation and then explores through questions and probing what the child feels, thinks and what his or her reactions and behaviours would be in the different settings.

**a. Animal fantasy**

The aim of this fantasy is to assess the child's perception of him or herself and his or her family members, as well as the type of interaction between members.

The child is asked if he or she could change into an animal, what animal would it be. The child is prompted to elaborate what is special about this animal that he or she has chosen. The child then gets the opportunity to describe an animal representing each member of the family and to describe the interaction between the different animals. The therapist further explores the interaction of the different animals with each other and with the child by gently asking the child to elaborate in more detail. The animals he or she identified for the mother and father are then imagined together in a cage, and the child is asked to describe their interaction and behaviour with each other. This is done to more specifically determine the level and manner of communication and interaction between the parents and especially to determine how the child perceives it.

As an additional dimension to the original model, the animals representing the mother and father are then imagined in the cage with the animal representing the child. It is important to note the reaction of the animal representing the child. Does he or she help defend one of the animals, or is he or she scared or threatened? The animal representing the child is then placed in the cage with the animals representing the parents separately, first with the animal representing the mother and then with the animals representing the father. This can help determine and trigger the type of feeling (fear, sadness, aggression, anxiety or joy) the child experiences during real interaction with the parents when spending time with them individually.

Interpretation is done on the basis of the information the child provides. Children often project their own feelings and experiences quite accurately into the interaction of family members during the animal fantasy. If the child finds it

difficult to identify with or to imagine animals, concrete aids might be provided such as plastic animals or pictures of animals.

**b. Bird fantasy**

The aim of this fantasy is to determine how involved and caring the child perceives the parents to be towards him or her. A story is told to the child about a father and mother bird that lived in a nest high above in a tree. They warned the baby bird not to lean too far over the edge in case he falls out while he is alone. One day the mother and father bird left the baby bird alone. The child is asked to complete the rest of the story by describing what happened to the little bird.

**c. Moon journey fantasy**

The aim of this fantasy is to determine which person plays the most important role in the child's life. The child is told that he or she can take a trip on a huge rocket to the moon. Apart from the child there is only place for another person and he or she must choose who goes with him or her.

**d. Wishes**

The aim of this fantasy is to determine the child's needs and unmet dreams. The child is told that one day he meets a fantasy figure such as a dwarf or Batman (whatever is relevant to his or her world). The fantasy figure then grants him or her three wishes that will definitely come true. The child is asked what those wishes would be.

**e. The world**

As an addition to the original model, this fantasy aims to provide the child with the opportunity to identify important and significant people in his or her world, and what type of interaction exists between the child and these people. This procedure consists of the therapist drawing a circle on a blank piece of paper. The child is told that this circle indicates a world, and he or she is shown where the top and bottom are situated. The child is then told that the circle represents his or her

world, and he or she is asked where he or she would place him or herself by making a small cross on the paper. The child is then asked who else he or she would like to place in this world by making crosses to indicate them. Either the child or the therapist writes down the names of the people indicated. With each of these fantasies the therapist should explore more fully by asking clarifying questions or by prompting the child to elaborate more fully.

#### 4.2.3.4 Pictures as a projective technique

During this procedure various pre-prepared pictures or drawings are shown to the child, and they must verbalise or write a story about them.

Murray (1971:3-18) identified important variables upon which the projective pictures are based:

- A main theme: What does the child make of the picture and why does he or she respond in that particular way?
- A main person: The person who the child identifies with. In gaining more information about that person the therapist might develop an understanding about the fears and limitations of the child and his or her inadequacy or ego strength;
- The main needs of the person: The needs or feelings expressed about the person reflect the needs of the child. Some of the needs may be manifested in his or her real life, or they may constitute a fantasy complement. The needs ascribed to different figures might be a description of what he or she fears in other people, or a referral to idealised expectations, such as confidence and strength, only partly internalised in him or her. External circumstances such as injustice, severity, indifference, deprivation, and deception (included with the figures and objects introduced) help to indicate the nature of the world in which the child believes himself or herself to be living. Figures ignored or omitted in his or her response indicates a dynamic significance. The simplest meaning is usually an expression of the wish that the figure or object were not there. It may imply hostility or that the figure arouses severe conflict;

- His or her conception of the world: A complex mixture of unconscious self-perception and appreciative distortion of images of the past. It is important to note with whom the child identifies or with whom he or she are closest in the family;
- Significant conflicts: The nature of the conflicts as well as the defences that the child use against anxiety evoked by it;
- Nature of anxieties: Of most importance are those related to physical harm, punishment, and the fear of lacking or losing love (disapproval) and of being deserted (loneliness, lack of support);
- Main defences against conflicts and fears: Of importance are not only the nature of the defences, but also the success with which they are employed and the sacrifices the child has to make;
- The integration of the personality: To what extent is the child able to compromise between drives and the demands of reality on the one hand and the function of his or her personality on the other? The adequacy of the figure identified in dealing with problem areas confronted in the pictures is an important aspect.

According to Rabin (1986:86), the pictures the child sees should vary in content so that they can lead to fantasy or projection concerning the important areas of the individual's life. The pictures should have sufficient structure to enable the child to easily tell a story about what the child sees, yet unstructured enough to allow different individuals to tell different stories.

Rabin (1986:5) believed the notion that the child will probably connect the stimulus of the projection picture to a familiar object or denote meaning to it from his or her own subjective world. The response will therefore have two phases: an external reality and an internal reality. The order in which children usually respond to projection pictures, according to Rabin, is that they will identify themselves and their family first (the external reality) and will then reflect on their own feeling of the situation (the internal reality).

Usually, projective pictures, where there are no right or wrong answers, are less threatening for the child than structured measuring instruments. The extent and level of anxiety present during this procedure will depend upon the age and the nature of the relationship established between the child and the therapist. It is therefore advisable that the projection pictures should be used at least after completion of the interview, some less threatening procedures, and at least after a positive working relationship has been established between the child and the therapist. This is usually an active process of interaction between the child and the therapist, where the therapist may probe and ask clarification questions. The therapist's approach should be warm, accepting and encouraging, because children usually react positively towards recognition. Rabin (1986:96) warned that one should guard against the length of the story. The information presented during this procedure is usually very important and laden with emotion, which may lead to energy depletion in the child.

During this part of the assessment a series of family projection pictures is shown to the child following the above guidelines. The series consists of fifteen pictures in black and white depicting different scenes from a family that has suffered a divorce. These pictures are based on the original assessment of Potgieter (1993b:106-107) and were specifically adapted to depict family scenes typical of a divorced family by this researcher (Venter 1999:101). The pictures are shown in the appendix 1 with a description of each scene and the possible information that might be obtained by it.

As an addition to the original model, pictures ten through fifteen were added to the original scenes, depicting typical scenes relevant to divorce. This series of pictures provides the child a way to identify the nature of family relationships in his or her family and to enable the therapist to gain more information concerning the child's perceptions of these relationships. All the pictures are displayed in front of the child, and he or she can then choose two that he or she likes the most, and the two that he or she likes the least. These pictures the child chooses are discussed with him or her first. The remaining pictures are then individually discussed, and the child is asked to describe what he or she sees. The child then has to describe as comprehensively as possible who he or she sees

while clarification questions such as, "What do you think they are doing?" "What are they saying?" and, "How do they feel?"

#### 4.2.3.5 Children's drawings as projective techniques

The therapist provides the child with a blank paper and a container filled with pencils, colouring pencils and wax crayons. The child might make various drawings but the two that often provide relevant information are the drawing of the family and the drawing of a person, especially a drawing of him or herself. Through these drawings important information might be obtained concerning the perception the child has of him or herself and about his or her family members. It is important to obtain at least a kinetic drawing of the family from the child, where every member is busy doing something. If possible the child is asked to make a drawing of him or herself, or alternatively of his or her school, teacher or any other drawing of choice. The therapist discusses the drawings individually with the child after completion. The child may say what he or she has drawn and where in the drawing he or she is placed. The therapist and child discuss the interaction of people in the drawing as well as information on what they say to each other and how they feel. The drawings effectively highlight aspects of the child and family interactions, specifically issues of intimacy or distance between people in the drawings, emotional tone in the setting, as well as the feeling of who is closest to him or her.

Koppitz (1968:75) did groundbreaking work in the area of drawings and their clinical use in therapy. He advocated focus on the total content and process of the drawing, rather than focusing on only specific details. The Koppitz-system (1968:75) of analysing children's drawings is utilised for this study and is based on the following questions:

- How did the child make the drawing?

  How the child has drawn the human, regardless of whom he or she has drawn, reflects his or her own self-concept and his attitude towards him or herself. If a child, for instance, draws more than one figure, he or she deflects his or her self-concept on more than one figure. If, for instance, the child has drawn no recognisable human

figure, yet the child insists that it is his or her version of a human, it might indicate that the child has problems in forming a self-concept.

- Whom did the child draw?

  The person the child has drawn is at that particular time the most important person in his life. Most children easily draw themselves, seeing that they are the most important people in their own lives. They might, however, draw their parents or other adults. It is often the people who they either have a conflict with or towards whom they feel very positive. If for instance a boy draws a girl, it does not necessarily mean that he identifies himself with a girl, but there might be an important female figure in his life. It might however, is an indication of sexual identity problems. When, for instance, the child draws the therapist or an unknown person, it might be an indication that the child feels very lonely, socially isolated and unworthy.

- What does the child want to say?

  In the drawing of a human, the child may project his or her own attitude and conflicts or idealise or do both. When the child describes the figure he or she has drawn, the information is applicable to the person the child identified and has drawn. When the child tells a spontaneous story about the human figure he or she has drawn, the child might be busy dreaming or idealising. The therapist may also explore further through questions about the drawn figure.

Koppitz (1968:174) said that drawings and paintings are a natural mode of expression for young children. They can depict their feelings and attitudes in graphic images and symbols long before they can convey them in abstract verbal concepts. Rabin (1986:260) said that the child can visualise his or her experience naturally and can easily say things to the therapist through this medium that he or she could not communicate verbally.

Additionally, Rabin's techniques (1986:242-258) are utilised in analysing the child's drawing and include taking specific note of the following:

- Position on the paper

  Where the child places the drawing on the paper is important. If the child draws the figure in the remote corner of a large sheet of paper, it can be indicative of a poor self-image. Expansive feelings or anxiety may be indicated in a large drawing over the whole paper.

- Dissociation

  When a child draws an unrecognisable figure or an object in the place of a human, it may indicate that he or she dissociates from negative emotions about themselves. If it is too emotionally painful to project oneself through the drawing, one might choose to identify with a stronger object. A child might spontaneously draw a castle or strong building instead of him or herself, which might signify his or her need to feel safe.

- Use of colour

  Children normally use a wide variety of colours while drawing, therefore, the absence of colour or the overuse of dark colours, like black and red, may indicate emotional turmoil. However, the following guidelines developed by Axline (1969:147-150) are utilised to obtain additional information and to determine the child's impression:

  - The child is asked to describe the drawing;
  - The child is prompted to explain the detail or the meaning;
  - The child is asked why he or she chose certain forms, colour or clothes;
  - A specific part of the drawing is chosen and discussed with the child;
  - The child is asked to describe the drawing as if he or she is in it;
  - The therapist stays aware of the physiological reactions of the child such as facial expression, voice tone and body position, while discussing the drawing;
  - The therapist has to focus on the feelings the child has about the drawing or about some figure in the drawing and allow the child elaborate on them;
  - The therapist makes the drawing applicable to the child's immediate world and circumstances.

In light of the client-centred tenet of this therapeutic process, the therapist remains sensitive and respectful towards the drawing product of the child, regardless of the quality. The focus of the assessment is not on the technical quality of the product but on utilising the drawing for its emotional content and reflection of the child's experience of it.

Two human drawings are of importance in the assessment model, namely human and family drawings. Apart from the general guidelines discussed above when interpreting drawings of children, there are specific factors of importance to note when reviewing a drawing of a person or of the family:

**a. Human Figure Drawings**

In this technique, the child is given a blank sheet of paper, a pencil and colouring pencils and asked to draw a human in any way that he or she wants, using as much of the paper and colour as he or she wants.

According to Klepsch (1982:12), there are three distinct projective uses for the human drawing of the child:

- As a measuring instrument of his or her personality: an analysis of the drawing provides and indication of the child's uniqueness as well as the way he or she perceives him or herself as a human.
- As a measuring instrument of his or her relationship with others.
- As a measure of attitudes.

In this regard, Klepsch (1982:12) said that the figure drawn is the person and the paper is the environment.

In conclusion, it should be noted that it is not possible to make a meaningful diagnosis or evaluation of a child's behaviour or difficulties on the basis of any single sign on a drawing. Koppitz (1968:35-55) indicated the importance that the total drawing and the combination of various signs and indicators should always be considered. It should only then be analysed on the basis of the child's age,

maturation level, emotional status and social and cultural background and it should be evaluated in conjunction with other data obtained during the assessment.

**b. Kinetic Family Drawings**

In this technique, the child is provided with a blank sheet of paper, pencil and colouring pencils and asked to draw his or her family, with each family member doing something. This drawing provides the therapist with information regarding the child's family, such as the structure and nature of its relationships. The family functioning is especially highlighted during this drawing.

Rabin (1986:242) found that this drawing might indicate suppressed feelings of the child towards his or her family, such as the anxiety of a child towards a father who abuses alcohol or feelings of isolation in a rejecting family. Family interaction and near or distant relationships are projected clearly. Klepsch (1982:176) gives an indication of the child's perception of the family constellation and the child's concept of himself within the family context. It is an effective visual aid to use with the parents while explaining the child's problem to them.

Often a family member is omitted, which possibly illustrates the child's negative feelings towards that person. Other times a family member who has left the family unit is included, such as the divorced father, depicting the family as if still intact, illustrating the unwillingness of the child to accept the divorce.

The drawing should also be discussed in depth with the child, concentrating on aspects such as what the people are doing, on their own or alone, what feelings each one has, and what they are saying. Often the child will remark that they are not saying anything, indicating a perception of lack of proper communication in the family. It might also reveal a possible isolation from the other members.

#### 4.2.3.6 Graphic family sculpting

In this addition to the original assessment model during the adaptation for children of divorce by Catharina Venter (1999:106-107), the graphic family sculpting, developed by Chris Venter (1988:1-3), was added. In this technique each participating individual is supplied with a clean sheet of paper, a pencil and an eraser. In this case the child draws each family member on the paper as a circle in whatever size preferred. It can be drawn as large as he or she likes. In each circle, or next to it, the person writes the name and age of the family member. Next to each circle, the child must indicate if the person represented is sitting, lying or standing. Drawing an arrow pointing in the direction the relevant family member is looking then indicates the direction in which each person is looking. The child has to allocate a name, or nickname, to each family member, representing the way in which he or she has labelled and typified that person, and write it next to the circle. A particular emotion is then ascribed to each member, which is also written next to the circle.

The rationale behind the graphic family sculpting technique, according to Chris Venter (1988:1-3), is that a large amount of information is summed up compactly and effectively. In interpreting this information, the clinician has to look at the whole of the picture: how the circles were grouped, the amount of space taken up by the sketch, as well as the location and size of the sketch. The distance between the family members and direction of interaction indicated is important. The line quality and the extent of erasures can also be important. The emotions and nicknames allocated can also provide valuable information concerning the child's experience of the family, especially if it is read with the other information obtained through the assessment.

#### 4.2.3.7 Self -projection pictures

During this part of the assessment, the therapist shows the child a series of seventeen black and white pictures, with each picture depicting two children in various situations. These pictures are based on an assessment model for children presenting with

problematic emotions and behaviour by Potgieter (1993b:106-107). The pictures are displayed in condensed format in appendix 2, with a description of each scene as well as an indication of the possible information that might be obtained by it. The pictures are shown individually to the child with the request that he or she must identify with one of the children. He or she can then elaborate on what he or she is doing and feeling in that setting. Information obtained during this phase can be effectively correlated with information provided by the parents in their questionnaire.

It is important to note that children do not necessarily identify with the child that they really are, but often with the child that they would like to be. This is especially true of children who have a need to be near one of their parents but do not experience it that way.

#### 4.2.3.8 Sentence completion

Twenty five incomplete sentences are given to children ages five to ten years, and 30 incomplete sentences for children age ten years and older. The children are asked to read each incomplete sentence and then complete it with the first information entering their thoughts. If the child is very young or indicates that he or she is not able to complete the sentences, the prompting section of the sentence might be read to him or her with an explanation in such a way that he or she understands the sentence. The child can then verbally complete it while the therapist writes it down verbatim. These sentences are included as appendix 3 and appendix 4.

In addition to the original model, specific sentences concerning divorce were added for both age groups. The therapist aims to obtain information concerning the various aspects of the child's world and his perception of the divorce. Information obtained in this section should confirm additional information or themes identified by the other methods of the assessment. During the procedure the child is given a sheet with half completed sentences consisting of one or more than one word that the child must complete in a meaningful sentence. The child is encouraged to complete the sentence with the first

words that come into his or her mind. Usually the child is given a set time to complete this procedure.

Although the sentence completion technique has been known since 1897, it has only been used since the late twenties to evaluate personality. According to Rabin (1986:126), sentence completion was first used in 1916 as a method to measure memory and intelligence. It gained momentum during the Second World War when Murray and Mackinnon used it in 1946 to select candidate officers. The technique was then known as the OSSS-Sentence Completion (Office of Strategic Services Studies) for placement in the US Army.

Underlying this method, just as with the other projective methods, the hypothesis is that the person reveals his general personality as well as his problem areas with the completed information. Sentence completion is generally seen as an effective aid through which the child reveals certain personality traits as well as areas of conflict with himself or herself and others in his or her life. The child completing the sentences usually projects his or her real self because he or she can easily manipulate the situation. Needs, attitudes and feelings of anger, are easily detectable in this test, and as such it is an effective aid in the assessment of children with emotional problems.

According to Rabin (1986:203) responses mainly centre around four areas:

- Interpersonal attitudes;
- Wishes;
- Causes of the respondents own feelings and actions;
- Reactions upon external stimuli.

The sentence completion provides accurate information regarding the emotional development and emotional experience about the child and his or her view of others. During the sentence completion the child will typically repeat the problem areas identified during the other parts of the assessment. It therefore serves an important

purpose of confirming other information obtained by the assessment. Rabin (1986:130) mentioned important questions that the therapist should ask during this procedure:

- Was the completion positive or negative?
- Was the child active or passive?
- Was the orientation past, present or future?
- Did the responses reflect commitment or was there hesitance?
- What is the verbal theme of the sentences?
- Was there a wide variation in the nature of the completion?

#### 4.2.3.9 Play as projective techniques

The aim of the projective play is to provide the child with the opportunity to place him or herself within his family-situation by means of a doll-family. The child will project his or her own world within the family during the play-session. This play consists of a small doll-house with a container of various toys. These toys consist of dolls with different ages and sexes, such as a grandfather, a grandmother, a father, a mother, boys and girls. Other parts of the house provided include a range of small furniture, animals and cars. These toys with the house provide the child with the opportunity to create various scenarios of family life. The child of a divorced family can act out the specific nature of conduct and interaction in different homes of the mother and father. Through these enactments of the various family scenes in the different homes, the therapist is able to determine exactly where and with what the child has a problem and what his or her experience is in the different houses.

As the child creates and plays out different scenes, the therapist may explore with questions to prompt the child to elaborate on the feelings and perceptions of the various people involved and his or her feelings toward each of them.

According to Shandler (in Reynolds & Kamphaus 1990:57-66), the projective play hypothesis is based on the tendency of human beings to view and interpret their world in terms of their own experience. Children are real and congruent when they play, and what

they communicate through play are true expressions of their experiences. Spontaneous play becomes a window into the heart of the child because the child constructs a miniature world and transports him or herself there. They forget about themselves and give expression of the natural self. Play is the most elementary and effective way for the child to communicate with his or her world (Semrud-Clikeman 1995:113-114). It is an effective projective method for use in emotional assessments of children, because children easily and spontaneously get involved in play. It provides information about two important aspects of the child's world that the therapist must try to understand: the child's subconscious and the reality of the child's life.

Through play children child project basic emotions, experiences and emotional perceptions, because they get the opportunity to gain control over their fears. Rabin (1986:264) said that anxiety may interfere with the child's quality of verbal expression during the assessment, and therefore play is needed to gain access to the subconscious. According to him, play has structure and form, content and symbolism, and mirrors graphically, even within a single session, the developmental shifts and variability of each child's emotional, perceptual and intellectual life.

Concerning the type of toys used during projective play, there are a great variety of possibilities. Rabin (1986:264) pointed out that one should, however, be more interested in toys or objects that will elicit the widest range of structural, perceptual, intellectual and symbolic play in the shortest amount of time.

In this regard it would seem that dolls and complementing pieces are effective stimuli for eliciting of emotions. Children handle parent and child dolls, regardless of the manufactured material, in the same way as the family interacts in the real world. Dolls should be three-dimensional and include various sexes, appearances and ages. The child should be able to choose dolls that correspond in member and gender to his or her own family. Environmental pieces such as a house with rooms, furniture, trees, cars, animals should be included. The child may be given time to play freely within a specific amount of time. The time that the child portrays may be structured, such as going-to-bed-time,

where the child is asked to play out what happens during that time in the family. The themes that arise from this play most often centre on mastery and other issues or conflicts the child has been unable to gain control over (Semrud-Clikeman 1995:116-121).

The manner in which children play with the dolls represents how they experience their family situation. Children integrate certain concepts and aspects of their family's interaction and functioning and when they reconstruct their family through the dolls, they play it out in the reality, as they perceive it. Conscious as well as sub-conscious information is project and children are not always aware that they are playing out the reality of their family. In the assessment context, children experience an inner desire to act out the problem areas according to their perception.

Rabin (1986:271) pointed out that the relationship between the child and the therapist during play is a most important aspect in the level of the quality of information elicited by the play. The greatest value of projective play is that children must give spontaneous expression of themselves and their feelings during the play. Children will communicate feelings and perceptions to the extent that the therapist is able to create a free environment where they feel safe enough to let go. Without joining or directing the play too much, the therapist must communicate encouragement and empower children to enter into free play.

#### 4.2.3.10 Parent Questionnaire and Interview

The interview with the child's parent will be conducted with one parent at a time and not with any children of the family present. This format allows the child's parent to be as open as possible in discussing all aspects of both the child's individual functioning as well as the family's functioning. Information gathered from the parents and issues identified include the following:

- The child's history

  The nature of the pregnancy, physical development and developmental milestones, personality traits, a description of the child's behaviour in different settings, emotional

functioning and condition, cognitive development, as well as school and learning performance and problems;

- Description and background of presenting problem
  Previous consultations and therapy, educational, medical and psychological history of the problem;
- Family composition
  Background history: father, mother, the child, siblings and significant others (sex, age, culture, work and relationships in family and marriage);
- Psychiatric history of the family
  Psychological problems, previous treatments, traumas, hospitalisation, medication, alcohol, drugs and nicotine use or any other mental disorders;
- Medical history of the child
  Hospitalisation, surgeries, major physical illness, medication;
- Social functioning
  Impairments, description of symptoms to support the problem.

### 4.2.4 Feedback

Feedback is conducted only with the mother or father present and not the child. During feedback the therapist reviews the data collected during the initial assessment, including the parent's questionnaire and the child's assessment with either the mother or the father.

Based on this data, the therapist presents a synthesised list of goals and a description of the structured treatment plan to address the problems and themes identified by the assessment.

The goals of the feedback conference with the parent are to discuss the diagnostic findings and the child-oriented recommendations. During the feedback the therapist also informs and prepares the mother or father for his or her involvement in the structured play therapy of the child and clarifies the role and responsibilities of the parent during the therapy. He or she must be prepared to actively participate during the sessions and be

willing to follow such expectations as complying with the rules of the playroom and understanding the limitations of the therapy, as well as the nature of confidentiality. After the therapist has discussed this information with the parent and provided necessary clarifications, a contract for the structured short-term play therapy and the post-assessment is agreed upon and signed. Lastly, the therapist and parent discuss the availability of the child and parent before setting up appointments.

An effective feedback will help the parent co-operate with the therapy process and ensure that the child attends the sessions, which in turn maximises the advantage that can be gained from the therapy. During the feedback it is imperative that all the parent's questions are answered and all uncertainties clarified.

## 4.3 TREATMENT PROGRAM

### 4.3.1 Stage One: Describing the Divorce

**Treatment Goal**: Dealing with the reality of the divorce

- To ensure that the child has a realistic understanding of why his or her parents divorced;
- To accept the finality of the parental divorce.

A major task during this first session is to help the child deal with and acknowledge the reality of the marital disruption and subsequent divorce and to sort out reality from fantasy and dreams (Potgieter 1995:70-71). When faced with divorce, the child often responds with a strong wish to deny the rift. Instead of grasping the immediate and terrifying consequences of the marital rupture, the child invokes fantasies and dreams of reuniting the parents. The many unknown factors surrounding the divorce, as well as the many rapid changes following the break up of the family unit, are factors that prohibit many children from accepting the reality of the divorce. It is particularly the younger latency-aged child who is prone to respond to these threatening emotions with anxiety and denial of the reality.

Many children keep insisting that the absent parent will return and their lives will one day be as they were (Wallerstein in Garmezy & Rutter 1983:289). The yearning for the departed parent often leads to a "Madame Butterfly fantasy," especially for younger latency-aged girls, where the child constantly expects and awaits the father's return although he or she is aware of the improbability of this ever happening (Wallerstein in Garmezy & Rutter 1983:289).

Various obstacles such as vivid and frightening fantasies of parental abandonment and disaster face the child. The child also has a fear of being overwhelmed by intense feelings of sorrow, anger, rejection and yearning for the original family unit. There is a powerful need to deny and to defer the reality that is often compounded by the fact that the child is also dealing with a lack of parental support (Wallerstein in Garmezy & Rutter 1983:283-285). All of these fantasies and the feelings that accompany them can be changed as the child, with the help of the therapist and parents, begins to understand and comprehend the reality and begins to adjust to the actual changes that the divorce brought about (Wallerstein & Blakeslee, 1996:289).

**Persons attending the session**

The therapist, the child and the child's mother or father

**Materials needed/preparation required**

Balloons (all sorts of colours) thin twine, thicker twine, blunt scissors and a black marker pen to write on the balloons

**Session activity**

The therapist first sees the child without the parent present. The therapist will introduce the child to the playroom and discuss the rules of the playroom. These limits include rules such as no destruction of property, no hurting oneself or other people, no removal of toys from the playroom and no staying beyond the time limit of the therapy (Bixler

1949:1-3). Limit setting encourages the child to express negative feelings in acceptable ways without harm to and reprisals from others.

The child is then introduced to the play activity with an explanation of who will participate in it. This initial contact prepares the child for what to expect during the session. All questions and concerns are clarified and the therapist deals with any uncertainties the child may have concerning the session.

Before the play therapy commences the parent present for that session is invited to join the child and the therapist in the playroom; (for the sake of description in this section, the parent in this case will be referred to as the mother). The therapist begins the session by encouraging the mother to describe her history as well as the biological father's history to the child, thereby concretely connecting the child to his or her unique family story and background. The mother will begin with her life story, narrating where she was born, where she grew up and where she went to school. She will then describe what she did after school, what she studied and what kind of work she did. Following the completion of the mother's history, the child chooses a balloon of any colour of that will represent the mother. The child will blow up the balloon and write the mother's name on it. If the father is not available for a separate session with the child, the mother will repeat the same background information with as much detail as possible about the father's history. The therapist facilitates a two-way communication between the child and the parent and encourages the child to ask as many questions as he or she needs. Following the completion of this narration the child will choose another balloon to represent the father, blow it up and write the father's name on it. The mother will then tell in detail how she and the child's father met and elaborate on their interaction and courtship leading up to the marriage, including their wedding. The child will now tie the mother and father balloons together using thin twine representing their marriage. It is helpful for the child to hear that his or her parents did love each other at the time of the marriage or that there was at least a time of closeness between them. If the child is interested in knowing why his or her parents married and asks, the mother should tell him or her. The mother will then proceed to discuss her pregnancy with the child and describe the child's birth. The

child now chooses a balloon of his or her colour preference to represent him or herself. The child will blow it up and write his or her name on it. Then the child ties his or her balloon with two separate pieces of thick twine to the mother and father balloons. The mother then proceeds to provide a few anecdotes pertaining to the child as a toddler.

The therapist instructs the parent and child to tell the stories together and ensures that the child actively participates in the narrative by asking questions, which helps shape a more meaningful metaphor. The mother's stories must be humorous and focus on what she and the father found adorable about the child. She will then explain to the child what happened between her and the biological father that led to the divorce. She should not focus on the detail of real and negative events, but must describe the process in a broad, informative manner. During the description of the child's background and history, the therapist actively provides support through such communication skills as empathy and probing.

The therapist then explains to the child that to symbolise the divorce the thin twine connecting the mother and father balloons must be cut. Then the mother must take scissors and cut the thin twine between the mother and father balloons into several pieces, thereby detaching the two balloons. As a result of many children denying the reality of the separation, this part of the session can be very painful and overwhelming for the child. Most children continue to wish that their parents will get back together and that they will all be a happy family again. This part of the activity breaks and interrupts this fantasy. The therapist uses empathy to help the child acknowledge and express his or her true feelings about the divorce.

It is imperative that the child's balloon stay connected to both the mother and father's balloon. The next step is that the child will attempt to cut the thick twine between the balloons that represent the child and the parents, using the blunt scissors. It is imperative that the child must not be able to cut this twine because it represents the unbreakable bond between the child and his or her parents. This procedure illustrates that the parents have divorced each other, but have not divorced the child. It emphasises that the mother

will always love the child and the father will always love the child even though there are now two separate families following the divorce.

At the end of the session, while the child is allowed to engage in free play in a separate room the therapist spends some time with the mother to provide emotional support and to clarify the events and process of the play therapy. It also serves the purpose of motivating the parent while dealing with any possible resistance and preparing her for the following sessions. Co-operation from the parent ensures that the child will continue in therapy. The parent is also empowered through parental guidance and coping skills to help him or her deal with the child at home following the session. It is not uncommon for many children to be sad and cry after the therapy when they are home and they will therefore need the parent to be understanding and supportive. This short feedback with the parent at the end of each session helps to create a positive, supportive environment in which the parents can share challenges they are experiencing with their child and provides information and coping skills. Should the parent during the early stages of the therapy, or later, show difficulty in coping with his or her own feelings about the divorce, the therapist will refer the parent for individual therapy.

**Plan for next session**

The parent is lastly provided with a homework assignment for the next session. She is requested to initiate a discussion with the child about the history of the family and the previous marriage of the parents on at least three occasions before the next session. She is encouraged to use pictures and other family memorabilia to emphasise to the child the importance of the family history and background. During those discussions she has to confirm to the child that in spite of the divorce of the parents, there is an inseparable bond between the child and parents, as illustrated through the balloon and twine activity of the session.

### 4.3.2 Stage Two: Individualising the Divorce

**Treatment Goal:** Dealing with loss and rejection

- To help the child understand his or her emotions about the divorce;
- To communicate the message that it is never the fault of the child when parents choose to divorce.

Coming to terms with the partial or total loss of a parent following divorce is the single most difficult task for most children (Wallerstein in Garmezy & Rutter 1983:288). Main issues involve the child overcoming his or her profound sense of rejection, humiliation and feeling of being unloved and powerless (Wallerstein in Garmezy & Rutter 1983:288). This task can only be accomplished if the child is helped to mourn the loss and absence of the parent, father or mother, through acceptance. In many cases children suppress the loss of one parent in an effort to maintain the love and attention of the remaining parent, fearing that overt manifestation of longing and mourning the absent parent can be construed as disloyalty to the custodial parent. Torn between these conflicting feelings children may act out overtly, suppress their pain and sorrow, or play the "perfect child." When their pain and loss is not validated, acknowledged or allowed to manifest, they struggle to continue healthy emotional development and run the risk of developing serious rejection issues such as loss of self-esteem.

In younger children the dominant reaction is often open grief, accompanied by sobbing and prolonged crying with overwhelming feelings of loss. Unresolved grief is typically accompanied by enhanced feelings of rejection and poor self-esteem, especially where the absent parent does not visit the child or make regular contact. This in turn negatively hampers the learning effectiveness and school performance of the children. Children who are unable to assimilate their loss and maintain the "Madame Butterfly" reaction have a tendency to become clinically depressed (Wallerstein in Garmezy & Rutter 1983:290).

**Persons attending the session**

The therapist, the child and the child's mother or father

**Materials needed/preparation required**

Two brown bags, wool, glue, coloured pencils or markers, coloured paper and scissors

**Session activity**

The therapist again starts the session by first seeing the child without the mother. The therapist asks the child how the previous session was for him or her and the child is giving the chance to discuss the previous session. The child gives feedback about his or her feelings or dislikes of the play therapy. The therapist evaluates the feelings, thoughts and behaviour of the child, noting discomfort, possible confusion or anxiety the child may experience about the process. The evaluation of feeling focuses on the specific feelings discussed in the previous session. This evaluation is repeated at the beginning of each following session.

If the child is deemed ready to move on, any questions the child may have about the play therapy are answered. The therapist also inquires about the homework assignment and how the child perceived it. The child is then introduced to the activity and process of the play activity of the session. The child is thereby prepared for what to expect during the session. The mother joins the session at this point.

According to Smith (1985:9), masks give the child the opportunity to be spontaneous and play out his or her wishes without fear while hiding behind the mask. Children have difficulty identifying and regulating their emotional experiences; therefore, they can use mask-making activities to identify their feelings and come to an understanding of the complexity of their emotional experiences (Kruczek in Kaduson & Schaefer 2001:70). Children find mask making very enjoyable and non-threatening, because it is a creative art activity that lets children feel comfortable so they are less defensive. The masks help children communicate and organise their experiences.

The mask can be very simple or sophisticated depending on the therapist's budget, the time available during the session and the child's developmental level. Simple masks can be made from brown shopping bags or bags inexpensively purchased at a stationery shop.

For this activity the child will create two masks, one with a happy face and the other with a sad face. The child starts with the happy face. The mother fits the paper bag over the child's face and marks the location of the child's mouth and eyes with a pencil. The child then draws a happy mouth and eyes on the bag. Depending on the child's motor skills, the mother may need to help the child cut out holes for the eyes and mouth. The child then proceeds to decorate the mask with colour pencils or markers. The eyebrows, eyelashes and nose can be cut out of colour paper and glued onto the paper bag. Wool can be used for hair and glued on top of the bag. During this time the therapist prompts the child into a discussion about when he or she feels like the happy mask, what things make him or her feel happy and what things he or she enjoys doing. The child then repeats the process and makes a mask with a sad face. During this time the therapist prompts the child into a discussion about when he or she feels like the sad mask, what makes him or her feel sad and how often the child has those feelings.

The therapist and child use the mask specifically as a basis for discussion about the divorce and what specifically about the event makes the child sad. The therapist validates the feelings of the child and communicates the message that it is normal and expected to feel sad when things change and one loses something or someone as in a divorce. The mask can also be used to demonstrate how the child will react when he or she feels sad or rejected. This helps the child become aware of his or her inner life and how it might be represented in behaviour. The therapist and the child explore the different types of emotions the child experiences about the divorce, not only sadness. The child learns how to recognise and identify his or her feelings about the divorce and how to communicate these feelings to others by using "I" statements. The therapist teaches the child to acknowledge his or her strengths and to become aware of things that bring happiness.

At the end of the session the child is invited to choose a toy from the therapist's collection to engage in free play in a separate room while the therapist discusses the session with the mother, provides emotional support and clarifies the session. The therapist helps the parent process troublesome feelings possibly triggered by the session and helps the parent

work through possible defences. This period of feedback and processing with the parent is important since it might be difficult for the parent dealing with his or her own and the child's feelings of loss and sadness.

**Plan for next session**

For homework the parent is guided to use the two masks constructed during the session at home. They have to play with the masks every day while the mother asks the child what made him or her happy during the day and prompts the child to list the feelings associated with those events. They repeat the process with the sad mask while the child tells the mother about events of the day that made him or her sad and what feelings he or she experienced. This helps the child recognise and release feelings of sadness.

### 4.3.3 Stage Three: Impact of the Divorce

**Treatment Goal:** Dealing with and resolving anger and negative feelings

- The release of aggression, irritation and frustration the child feels towards the parents over the divorce;
- To change the child's sense of helplessness to a feeling of control over his or her feelings.

The primary purpose of this session is either the activation of self-assertion in inhibited children through the release of suppressed or repressed aggression and hostility or the facilitation and expression of overtly aggressive behaviour in a healthy and productive manner.

One of the main problems facing children of divorce is that unlike death or natural disasters, the crisis that has befallen them following the marital break up came about naturally by at least one of the parents making a decision not to continue with the marriage, and therefore, someone is culpable (Wallerstein & Blakeslee 1996:291). Anger among children of divorce is often intense, pervasive and dominates the children's mood. Anger is noted to manifest in bitter accusations, temper tantrums, destruction of property

and conflict with other children, but it can also be suppressed and hidden from the custodial parent leading to self-harm or self-injurious behaviour. Children, although angry because of their parents' apparent uncaring and self-centred attitude that led to the choice to divorce, also realise and are aware of the struggle to improve life and how difficult it is for the adults. This leads to feelings of guilt and makes it difficult to sometimes even acknowledge their anger (Wallerstein & Blakeslee, 1996:292). A major task therefore for children of divorce is to work through and acknowledge their anger, while acknowledging that their parents are human and capable of making mistakes and also to acknowledge real efforts by the parents to improve life (Wallerstein & Blakeslee, 1996:291). It is imperative that the parent, in spite of courageous efforts to help their children through the difficult process of the divorce, must acknowledge and validate the anger of their child as a normal emotion following loss and change. It is imperative that the child must acknowledge and understand the role of anger and not feel guilty to verbalise his or her feelings.

**Persons attending the session**

The therapist, the child and the child's mother or father

**Materials needed/preparation required**

A large number of coloured balloons of assorted sizes and shapes, marker pen, string and scissors

**Session activity**

The therapist starts the session with an evaluation of the child and preparation for the session as described in stage two. If the child is ready to proceed with the session, the mother joins them.

There are three steps in this activity for the child to successfully process anger resulting from the divorce. The activity in this session helps the child work through these steps. First, the child has to label the anger. Secondly, the child must acknowledge what caused

the anger. Lastly, the child needs to do something about it so that he or she can figure out an alternative action (Margolin 1996:66).

Before the session begins the therapist sees the child without the mother present. They first discuss the previous session to follow up on any queries the child may have. Then the therapist will introduce the child to the activity and the process of the play for the session, thereby preparing the child for what to expect. The rules of the activity are clarified, including no damage to the playroom or harm to self or others. Any questions are clarified as well as any uncertainties the child may have concerning the session.

The mother then joins the session. The therapist presents the child with a large assortment of balloons varying in colour, shape and size. The therapist then says, "Now we are going to play with balloons and draw the faces of your family on them." The child and the mother proceed to blow up several balloons and then draw the faces of all the family members on them with a marker. The names of the family members are written on the balloons and long pieces of string tied to them. While this activity takes place, the therapist will build on the previous session, when sadness and other feelings were identified, and prompt a discussion with the child about the fact that people sometimes feel angry about changes such as a divorce. The child is invited to explore his or her anger and point out the family members they feel angry towards. Often the child will say, "I am angry with daddy because he left." The therapist will validate the feeling and its expression.

When all the balloons are inflated and illustrated with faces, the mother and the child tie them to their feet making sure that there are some balloons tied to all their feet. More balloons without faces can be used if it is a small family consisting only of the mother, father and child. While they stand and face each other the therapist then instructs them to burst the balloons by stamping and jumping on them. This activity release suppressed anger and allows an activation of self-assertion in the child. The therapist gently makes connections between the child's symbolic play and his or her own life. The therapist links the motivation of the play metaphor with negative feelings and anger in the context

of the child and the divorce. This can be very difficult for the child and must be done in an empathic way.

The therapist will use the last few minutes of the session to discuss observations with the mother as described in stage two.

**Plan for next session**

As homework the parent is asked to at least three times repeat the balloon play with the child and to use the play as an opportunity to discuss the child's feelings of anger. The parent is guided to help the child express feelings of anger as observed during the session.

### 4.3.4 Stage Four: Processing the Divorce

**Treatment Goal:** Facilitating forgiving the parents and dealing with self-blame

- To deal concretely with anger and facilitate emotional growth;
- Forgiving the parents for divorcing and forgiving them self for failure to restore or save the marriage;
- The development of a new and reaffirmed relationship between parent and child;
- Acquiring a more realistic perspective regarding the divorce and a better understanding of its consequences.

Blame or negative feelings towards one or both parents often mark the acute reaction of children following the divorce. Children do not always feel that the divorce was in their best interest and deem the decision to divorce as a self-serving act on the side of the adults (Wallerstein in Garmezy & Rutter 1983:291). Children believe one or both of the parents must have done something to cause the divorce and the children are often angry with one or both of their parents. If not facilitated to deal concretely with their anger, research has found that negative feelings and stunted emotional growth can continue to burden the child for years (in Garmezy & Rutter 1983:292; Wallerstein & Blakeslee 1996:292). Anger appears to diminish as children gain greater understanding about what

is happening to them after the divorce. The subsiding of anger and the task of forgiveness correlates with the child's growing emotional maturity.

A significant aspect of forgiveness according to Wallerstein (in Garmezy & Rutter 1983:291-292) is related to children's ability to forgive themselves for their failure to restore the marriage. Forgiving the parents and letting go of anger and negative feelings can trigger the development of a new and close or reaffirmed relationship with one or both parents. A new framework of mutuality and interdependence can develop, which helps children acquire a more realistic perspective regarding the divorce and a better understanding of its consequences.

**Persons attending the session**

The therapist, the child and the child's mother or father

**Materials needed/preparation required**

Finger puppets, brown paper bag, coloured pieces of paper, coloured pencils or markers

**Session activity**

The therapist starts the session with an evaluation of the child and preparation for the session as described in stage two. If the child is ready to proceed with the session, the mother joins them.

Children have a tendency to internalise difficult emotions that they do not know how to communicate. There are several reasons why children lack the ability to communicate their emotions. They may be too frightened to reveal their problems, they are not consciously aware of what is bothering them, cognitively they are not developed enough to verbalize their problems, or it may simply be too difficult and painful to release these emotions. Finger puppets are an effective tool to help children project their negative feelings towards family members. This activity's purpose is to release or "let go" of children suppressed emotions by playing out their problems (Kaduson in Kaduson & Schaefer 2001:3).

The activity begins with the child selecting a finger puppet to represent each of his or her family members, including stepfamily members (finger puppets can also be constructed using various materials). The child must then introduce each of the family members represented by a puppet with a description and a short story. Then the therapist helps the child assign two coloured pieces of paper to each puppet. The therapist instructs the child to write a negative feeling associated with each family member on one piece of paper and a positive feeling on the other piece of paper. The child does not need to write down different feelings for each family member, but he or she may repeat associated emotions.

The therapist supports the child through empathy and active listening and connects feelings of past sessions with family members

Once this process is completed, the child is encouraged by the therapist to decorate a brown paper bag to represent a garbage bag using coloured pencils and markers. The child must then take each of the negative-feeling papers and throw them away in the garbage bag. The therapist must lead the child to understand that he or she is "letting go" of these negative feelings and connect the symbolism that the child does not need to hold on to them anymore. The child must then decide to get rid of the garbage bag in a manner of his or her choosing.

The therapist uses the last few minutes of the session to discuss observations with the mother as described in stage two.

**Plan for next session**

For homework the mother has to play at least three times with the child using the finger puppets. She uses the opportunity to let the child review his or her feelings about every family member as identified during the session. Together they go over the child's message to different family members about forgiving and letting go as played out in the session.

### 4.3.5 Stage Five: Restoration

**Treatment Goal:** Accepting the permanency of the divorce and relinquishing longings for the restoration of the pre-divorce family

- Dealing with fixation on restoring the original family;
- To gain insight into the reality involved with living in two homes;
- To understand that there are many different types of families and that the child is now part of a divorced family.

A major inner struggle for many children of divorce is the wish to deny the inevitability of the divorce and a desire for a reunification of the pre-divorce family. The fact that parents often stay unmarried and are available for getting back together for remarriage compounds these feelings, making it difficult to accept the permanency of the divorce (Wallerstein in Garmezy & Rutter 1983:293). Younger children, especially latency-aged children between six and twelve years old, have great difficulty in letting go of the restoration fantasy. The early denial of the divorce may be an initial step in the coping process (Wallerstein & Blakeslee, 1996:293). However, if left unresolved the fixation on restoring the original family could continue into adulthood, thereby severely hampering emotional growth and development into adulthood.

**Persons attending the session**

The therapist, the child and the child's mother or father

**Materials needed/preparation required**

Two small cardboard boxes, watercolour paint, paint brushes, construction paper, glue, coloured pencils or markers, scissors, small figurines

**Session activity**

The therapist starts the session with an evaluation of the child and preparation for the session as described in stage two. If the child is ready to proceed with the session, the mother joins them.

Divorce does not necessarily bring conflict between parents to an end. Often divorce causes new conflict about issues such as custody and visitation rights. Most of the time children are exposed to this tension, causing further insecurity and fearfulness in them. Children may fear for the safety and well being of one parent while they are away with the other parent. This activity will help children gain insight into some of the stressors involved with living in two homes. After this activity, children will understand that there are many different types of families and that they are now part of a divorced family (Margolin 1996:53-62).

In this session the child will construct two houses out of cardboard boxes to represent his or her mother's house and the father's house. The child may use any of the materials available, such as markers and paint to make the two houses appear different. The child creates windows, doors, a roof and other features using the materials to make the two boxes resemble his or her two separate homes. This may be done in any way the child chooses, including cutting out windows or drawing on the boxes. During the activity the child is prompted to tell the therapist more about his or her two homes and the people present in each home.

When this task is completed, the child must select dolls to represent the family members in each of the houses. Through this selection, the child learns about the family members whom he or she lives with in each home as well as those family members he or she does not live with. With the help of the therapist, the child will role-play the activities and rituals taking place in each house. The role-play begins at the house of the mother who is present during the session. The mother will play her role while the therapist plays the father, not present at the session, and the child role-plays him or herself. The therapist, as the father, keeps busy while the child and the mother play out their interaction in the house where the child lives permanently. Then the child will act out visiting the father, played by the therapist, in the other house, including how he or she gets to the father's house. Activities and routines in the father's house are played out with the child displaying how he or she keeps busy while visiting and the nature of the interaction with

his or her father. The mother, present at the session, plays out how she keeps busy while the child is at the father's home.

Through this activity the child comes to a clear understanding that since one parent moved out, the reality is that he or she now has two houses and two families with different settings and routines. Also, the child realises that both families have lives that continue even when the child is not present. Hereby the therapist can get more information about the communication between the two houses and help establish an appropriate means of communication in the best interest of the child.

The therapist uses the last few minutes of the session to discuss observations with the mother as described in stage two.

**Plan for next session**

For homework the mother has to initiate several sessions of play with the child using the two houses constructed during the session. The routines and activities of a normal day or weekend at mom's house or dad's house are acted out as during the session. Paper puppets can be constructed to use as dolls for the play.

If the child is ready for stage six, the parent is requested to help the child choose pictures and memorabilia of the families to bring to the next session for the construction of the life-story book.

### 4.3.6 Stage Six: Recovery

**Treatment Goal:** Planning the future and restoring relationships

- Disengaging from parental conflict and distress while resuming customary pursuits and achieving realistic hope regarding relationships;
- To explore what makes the child happy;
- To help children gain hope and realistic vision for their future.

Arguably, the most important developmental task posed to children of divorce is to achieve realistic hope regarding future relationships (Wallerstein in Garmezy & Rutter 1983:295). The resolution of this task enables children to incorporate a realistic vision concerning their enduring ability to love and be loved. Children need to learn to take a chance on loving and develop and understanding that there are no guarantees in life. Individuals are mortal, they make mistakes and all relationships may come to an end. The successful resolution of this last task before termination is highly dependent on the effective resolution of the preceding tasks (Wallerstein in Garmezy & Rutter 1983:295-299).

A significant number of children at every age are not able to find their way back to an age-appropriate agenda and normal development after the turmoil of the family crisis brought about by the divorce (Wallerstein and Kelly 1980:54). Therefore, children have to be helped to restore their bruised sense of self and strive to achieve a sense of wholeness and integrity. To do this, children need to take measures to protect their individual identity and separate life course. They also need to remove the family crisis from its commanding position in their inner world in order to resume a healthy developmental agenda. Achievement of this task lies in being helped to manage feelings of anxiety, depression and other conflicting emotions such as guilt and self-blame (Wallerstein in Garmezy & Rutter 1983:285-288).

It is important that children develop a concrete sense that in spite of the disruption and change in their family constellation following the divorce, they are still a family, now with a different and unique history. The preceding sessions, if implemented successfully, will have freed the child from anger, guilt and self-blame and allowed him or her to explore his or her relationships with the parents and other significant adults.

**Persons attending the session**

The therapist, the child and the child's mother or father

**Materials needed/preparation required**

Family photos and memorabilia, poster paper, ribbon, coloured pencils and markers, glitter, glue, stickers, magazine cut-outs, pictures, cards, souvenirs

**Session activity**

The therapist starts the session with an evaluation of the child and preparation for the session as described in stage two. If the child is ready to proceed with the session, the mother joins them.

According to Aust (1981: 535-536 and 553-554), the value of a life-story book is that it helps the child work though the past and accept it. This prevents the denial, repression and fantasising of the past by the child. It also presents the child with the opportunity to talk about him or herself and about his or her parents and family. The therapist helps the child recognise the differences and similarities between the parents and accept that they are two different people. By accepting the past, the child can make goals and plans for the future. This helps take focus away from problems initiated by the divorce and instead has the child focus on a happy future.

In this session the mother and the child create a life-story book of the child using pictures, photos, stickers and any other materials of the child's choice. The book begins with the child's birth and infant years. It should then progress further through the child's life and gradually reach the present. The child can decorate each page according to his or her emotions of that memory. The child will decorate happy memories with bright colours and happy-feeling stickers and sad memories, such as the divorce, with sombre colours and sad-feeling stickers or any other material of the child's choice. The mother should interact as the story moves along. The ending of the child's life-story book is the most important part and should focus on the child's future. The child should decorate the end with pictures and symbols associated with his or her goals such as a career, family, future relationships and happiness. This helps the child come to the realisation that he or she can still have hope for a happy and successful future.

The therapist uses the last few minutes of the session to discuss observations with the mother as described in stage two. She is also advised how she can further aid the child in developing realistic hopes and dreams for the future.

**Plan for next session**

The therapist plans activities that will illustrate to the child that he or she has control. The child is invited to bring any board or card game that he or she would want to play with.

### 4.3.7 Stage Seven - Termination: Achieving Closure

**Treatment Goal:** Termination

There are three tasks in the termination phase:

- To ensure that generalisation of the gains the child has made in play therapy takes place;
- To help the child celebrate the gains he or she has made over the course of the play therapy. Even if only a little progress has been made, there is cause for celebration (O'Connor & Ammen 1997:118).
- To create a meaningful end of the therapy for the child.

When the changes have occurred during therapy and have been generalised to new situations and stabilised over time, the child is ready for stage seven. During this phase, many of the problems that brought the child to therapy may be reactivated and reviewed once more. Unless there is profound regression, in which case the therapist will consult with the mother about further intervention, the termination may proceed as planned (O'Connor in O'Connor & Schaefer 1994:82).

Successful completion of the tasks addressed during the treatment program enables the child to achieve closure about the divorce experience. It definitely enhances the therapeutic gains if the parents resolve their conflicts following the divorce, continue to maintain a loving relationship with the child and if the quality of life is positive. On the

other hand, closure can be hindered if the family remains in conflict (Margolin 1996:138).

**Persons attending the session**

The therapist, the child and the child's mother or father

**Materials needed/preparation required**

Board games or card games

**Session activity**

The therapist starts the session with an evaluation of the child and preparation for the session as described in stage two. If the child is ready to proceed with the session, the mother joins them.

In order to transfer control to the child, the play activity and rules for the termination activity in this session will be determined by the child. The mother is invited into the sessions to participate in the board game or card game of the child's choice. The child will introduce the game to the therapist and the mother while describing the rules. This activity mimics to the child the ability to take control of his or her feelings and behaviour from now on. The therapist links the leadership position the child holds in the session to what he or she is capable of outside of therapy by reflecting on the child's positive behaviour and feelings. Both the parent and the therapist must relinquish control to the child and not undermine his or her authority during the activity. The therapist ends the session by reflecting on the child's feelings about saying goodbye. The child is then invited to say goodbye.

In the final discussion with the parent, the therapist explores how the parent feels about the termination. The therapist points out growth and positive changes he or she has seen in both the parent and the child. The therapist gives the parent time to voice any last questions or uncertainties. A follow-up session is scheduled in six months. The parent will call to make the appointment.

## 4.4 POST-TREATMENT ASSESSMENT STAGE

For the purpose of this study, following the conclusion of the therapy program, a similar post-treatment assessment stage follows as the one conducted during the pre-treatment stage. It is essential in order to identify possible changes in the unique perception and phenomenological view of the child about his or her world and to discover if any change occurred. This post-treatment stage includes obtaining information from the parent or parents as well as an objective assessment of the child to specifically identify the child's prevailing theme concerning the divorce using the assessment model adapted by this researcher to specifically assess children of divorce (Venter 1999:92-114). The adapted assessment model is comprised of a combination of ten investigation activities aimed at identifying continued themes in the perception of the child concerning his or her world following the divorce. The assessment can be conducted in one session of two to three hours. As during the pre-treatment assessment, the information gleaned will show if the child benefited from the treatment process or if other mental problems manifested that necessitate the recommendation for additional therapeutic intervention from another specialist.

## 4.5 SUMMARY

As part of the *intervention research* approach upon which this study is based and according to the nature of this form of applied research, Knowledge Development took place during which time new and additional information was gathered about the practical problem regarding the treatment of the child of divorce (Rothman and Thomas 1994:4-6). As part of the Intervention Design and Development (D&D) phase, several different approaches were applied to construct a systematic methodology for evolving human service interventions, in this case the short-term structured play therapy treatment program for latency-aged children of divorce, as discussed in this chapter. Based on the model of Rothman and Thomas (1994:19), new human service interventions were designed and developed. The next step is to apply the newly developed program in

practice and evaluate it through empirical research to test for applicability and its ability to be generalised to the larger population of latency-aged children of divorce. The short-term structured play therapy treatment program will be applied in a therapeutic setting with a female latency-aged child of ten years. The following chapter provides a detailed description of the pre-treatment assessment findings, the course of the therapy sessions, as well as the post-treatment assessment findings.

# CHAPTER FIVE

## RESEARCH FINDINGS

### INTRODUCTION

This part of the study represents the third phase of Rothman and Thomas's integrated model of Intervention Design and Development (1994:9) and includes step five of their model, which includes evaluation and advanced development of the theraputic program. It entails the systematic evaluation of the treatment program using a Single-Case Experimental Design (Lundervold & Belwood 2000:92-103) with a pre- and post-treatment assessment. In this study the treatment program was applied to an ten-year-old child of a divorced family who was referred by her mother due to various problematic behaviours that started to manifest over the last year.

This chapter is organised around a case synopsis summarising the background and presenting problems of the child; a presentation of the pre-treatment assessment data in table format; a report and evaluation of the data; a session-by-session description of the results of the play therapy program; a presentation of the post-treatment assessment data in table format; and a report and evaluation of the data. Certain identifying information of the child is not divulged in full and her name has been changed in the description of the data to ensure privacy.

### 5.1 CASE SYNOPSIS

The following information is gleaned from the interview with the child and a questionnaire completed by the mother as well as an interview with the mother.

### 5.1.1 Identifying Particulars

Sammy is an ten-year-old girl who is currently in grade six. She is living with her biological mother and stepfather and two older female siblings. Her biological father and mother divorced six years ago.

### 5.1.2 Background History

Sammy is bilingual in Afrikaans and English. She is the youngest of three children in a family consisting of her mother, stepfather and two sisters, ages seventeen and fifteen. Sammy's mother and biological father met when her mother was a student psychiatric nurse working at a mental hospital in Pretoria where he was an inpatient, serving a ten-year court sentence following a violent crime. He was diagnosed with a mental disorder. Sammy was five years old when her mother divorced her biological father.

Her mother described the marriage of twelve years as volatile and unstable. During that time the family moved various times. The biological father was a tradesman who constantly lost or quit his job due to his aggressive behaviour and an inability to get along with other people. They never stayed in one town for longer than three months. They had serious financial problems because the biological father constantly overspent or embezzled money. He became abusive with the children and punished them severely for minor infractions, which contributed to her decision to divorce him.

The biological mother and the three children lived with her parents for one year following the divorce. She then met an old friend from school whom she married one year after the divorce. She and the children subsequently moved into his house. Since the divorce the children have had very little contact with their biological father and they hardly ever know where he was staying. He makes very little effort to contact them, either through writing or telephone calls. The family moved to the USA four years ago and settled in a rural town where Sammy attends elementary school.

### 5.1.3 Presenting Problem

Sammy's biological mother became worried about her child's emotional and behavioural functioning over the last year. According to her, Sammy has become excessively involved with friends. She spends long periods of time at their houses and has even visited them when her mother has prohibited her to go. She has sometimes stayed overnight at friends' homes without telling her mother.

Sammy has also become preoccupied with her biological father over the last year although her parents divorced six years ago, inquiring incessantly about him. Her mother indicated that the biological father has hardly ever called the children since the divorce and the few times he saw them occurred upon her insistence. Sammy is very distressed by the fact that her biological father does not call or contact her. She worries about him incessantly and spends a lot of time thinking about him. The mother discovered that Sammy still sleeps with a photo of her biological father under her pillow. The mother also reported that Sammy is sleeping poorly and wakes up intermittently throughout the nights.

Additionally, Sammy began to struggle academically in school and her mother is concerned that she might have learning problems. She has problems concentrating and fails to complete assignments on time. Sammy's problems started to manifest over the last year with the frequency and intensity of her symptoms gradually increasing over time.

## 5.2 CHILD MENTAL STATUS EXAM

Sammy appeared small and slightly build for her age. There was no evidence of retardation or accelerated physical development. She manifested no turning and twisting of her hands or abnormal fidgeting. There was no evidence or symptoms in her motor behaviour of organic dysfunction. Her fine motor movements and co-ordination seemed below her age grade. She had difficulty using scissors and wrote with some difficulty.

Her gross motor co-ordination was good and age appropriate. She had no speech abnormalities and she had no signs of language dysfunction. Her verbal behaviour, including writing, reading and spelling, was normal. She understood and recognised but deviated from the interviewer's instructions. She sometimes finished tasks prematurely or differently than instructed. Her linguistic behaviour, including expressive language, was poor and she had difficulty describing or explaining feelings and experiences. Her vocabulary and use of language about general topics was adequate. Her energy level was low and at times she seemed fatigued. She had a low frustration tolerance and completed most tasks prematurely and incorrectly.

Sammy appeared to be of average cognitive functioning. Although she attempted to follow instructions, she lacked indicators of above average functioning. Sammy was not able to complete tasks of cognitive functioning according to the set age parameters. She changed the execution of the tasks in order to complete a task, resulting in a different outcome than the criteria. Sammy's concept of time, space and body image was age-appropriate and indicated normal development.

The topic of her father dominated most of the discussions during the evaluation. Her mood was labile and at times she appeared blunted, flat and emotionally withdrawn. At other times she became distressed by certain topics of the assessment and she manifested physiological disintegration marked by reddening of her face, cringing, leaning forward and avoiding eye contact. She separated easily from her mother and acted independently. No bruising or abnormal physical signs were present. She appeared well groomed and she was dressed appropriately. She appeared friendly and interacted easily with the examiner.

## 5.3 PRE-TREATMENT ASSESSMENT DATA

**TABLE 5.1: Interview with Child**

| **SAMMY** | |
|---|---|
| Relationship With Father | Although she has very little to no contact with him, she conveyed that her father understands everything; she can talk to him about anything; he is nice and friendly. He taught her how to swim. |
| Relationship With Mother | Her mother is beautiful; she loves Sammy and plays with her. They swim together and play volleyball. |
| Relationship With Siblings | Her sisters are very nice. They are older than she is and they play with her. |
| Relationship Between Family Members | She does not do anything with stepfather and he does nothing with her and her sisters. The rest of the family plays together. |
| Marriage Relationship | Her mother and stepfather talk and do a lot together.<br>Her mother and biological father did not fight before or after the divorce; they just talked. She can remember when they were still together and that it was very nice. |
| Relationship With Other People In Family | Grandma and Grandpa are very nice. Grandpa taught her the alphabet. |
| Cognitive Development | She works hard in school and does very well. She loves math. |
| Emotional Development | She sees herself as nice and she likes to play with her dogs. She cares for people and she is very active. |
| Socialisation | She has lots of friends. She is not the leader but she likes all her friends. She and her friends like to play sports such as soccer together. |
| Self-image | She described herself as average. |
| School | School is difficult but she tries very hard. |

**TABLE 5.2: Fantasies**

| **SAMMY** | |
|---|---|
| Relationship With Father | ZOO: Her father is seen as a horse; very fast, very nice and outgoing. She sees her dad as outstanding in everything he does. He is tall and loveable. She sees herself as a rabbit, which talks a lot to the horse; they get a snack and are happy together.<br>WORLD: She places her father right beneath herself. |
| Relationship With Mother | ZOO: Her mother is seen as a peacock. She is nice and pretty. She is also friendly and sometimes shy. The peacock and the rabbit (Sammy) hug and talk all the time.<br>WORLD: She places her mother on her left next to her. |
| Relationship With Siblings | ZOO: Her eldest sister is like a chipmunk. She sees her as very adorable and soft. Her middle sister is like a tiger, always suspicious. When they are together they talk about everything.<br>WORLD: She places her sisters next to her father on her right hand side. |
| Relationship Between Family Members | ZOO: Her mother and daughters talk all the time. The older sister hides from the middle sister because she always asks for money.<br>Stepfather is seen as a monkey and she does nothing with him and never talks to him. |
| Marriage Relationship | ZOO: Her mother and stepfather are talking about rugby and drinking water; they are happy. Her mother and biological father are talking like birds; they are eating together and they are happy.<br>WORLD: She puts her mother and stepfather on her left hand side; stepfather is isolated from the other family members. |
| Relationship With Other People In Family | ZOO: She sees Grandma and Grandpa as lovebirds and happy; they love everybody.<br>WORLD: They are placed close to her and are together.<br>WISHES: That Grandma and Grandpa could stay with her forever. |
| Emotional Development | ZOO: She sees herself as a rabbit. She is fast, happy, friendly and nice.<br>WORLD: She places herself between her mother and biological father.<br>WISHES: #1 To take care of homeless people. #2 To be a rabbit.<br>STORY OF THE BIRD: The little bird flew away and died alone. |
| Socialisation | MOON JOURNEY: She wants to take her friends with her. |
| Self-image | ZOO: She sees herself as a rabbit and she loves rabbits. |

**TABLE 5.3: Family Projection Pictures (APPENDIX 1)**

| **SAMMY** | |
|---|---|
| Relationship With Father | CARD 9: Two children and their father: They go to the movies together and talk about the movie and feel happy.<br>CARD 12: A father arrives to pick up his child. The child is happy to see the father. |
| Relationship With Mother | POSITIVE PICTURE #2 - CARD 2: A mother and a daughter standing together. She does not know what they are saying but they are happy.<br>CARD 13: A mother leaving with a child watching. The child is happy.<br>CARD 7: A mother and a child just talking. The child is bored. |
| Relationship With Siblings | POSITIVE PICTURE #1 – CARD 4: Brothers and sisters portrayed together. They are not talking but they are happy.<br>CARD 1: A boy sitting with another boy standing close. They want to play and they are happy. |
| Relationship Between Family Members | CARD 6: She sees a family, with a father, mother and sisters. It is a family picture and they don't talk but they are happy. |
| Marriage Relationship | NEGATIVE PICTURE #1 – CARD 3: It is a man and a woman. The man points to flowers and says they are beautiful. She does not like the man and the woman but they are happy.<br>CARD 8: A man and a woman. They didn't have a good night and didn't sleep well. They are still sleepy but happy. |
| Relationship With Other People In Family | NEGATIVE PICTURE #2 - CARD 10: Two men and a woman. They are not talking but they are happy.<br>CARD 14: She sees a mother, a father, and a child. She sees herself standing between them. They are not talking or doing anything. She is happy. |

**TABLE 5.4: Drawings**

| **SAMMY** | |
|---|---|
| Relationship With Father | KINETIC FAMILY DRAWING (p.166): She drew her father as still part of her original family. She placed him next to Grandma and Grandpa just above her. He just arrived by aeroplane from South Africa to visit. |
| Relationship With Mother | KINETIC FAMILY DRAWING (p.166): She placed her mother on the opposite side of the page, far away from her. Her mother is doing nothing. |
| Relationship With Siblings | KINETIC FAMILY DRAWING (p.166): The three daughters are in the swimming pool. They are not interacting and no one is doing anything. |
| Relationship Between Family Members | KINETIC FAMILY DRAWING (p.166): There is no interaction between the family members. She drew all of them in separate blocks with no one touching each other. |
| Marriage Relationship | KINETIC FAMILY DRAWING (p.166): Mom and stepfather are drawn together in one corner of the page interacting while he barbecues. |
| Relationship With Other People In Family | KINETIC FAMILY DRAWING (p.166): Grandma and Grandpa are included in family. They are on their way to visit her biological father. |
| Cognitive Development | HUMAN (p.165) and KINETIC FAMILY DRAWINGS (p.166): The drawings are mainly stick figures with little detail and no hands or legs. |
| Emotional Development | HUMAN DRAWING (p.165): She drew herself alone and very small in her world. She said she is alone but happy. She drew herself with dark blue clouds above her.<br>KINETIC FAMILY DRAWING (p.166): She was not interacting with anyone in the family. She is not saying anything to anyone. She surrounded herself and her sisters with a black circle. |
| Socialisation | HUMAN DRAWING (p.165): She drew herself busy playing soccer on her own and said she is lonely. |
| Self-image | HUMAN DRAWING (p.165): She drew herself as small and insignificant in her world without hands and feet. |

**FIGURE 5.1: PRE-TREATMENT ASSESSMENT HUMAN DRAWING**

**FIGURE 5.2: PRE-TREATMENT ASSESSMENT KINETIC FAMILY DRAWING**

**TABLE 5.5: Graphic Family Sculpting**

| **SAMMY** | |
|---|---|
| Relationship With Father | Biological father is placed on her left, close to her. Sammy looks at her dad and he is her first choice to look at. They are happy. |
| Relationship With Mother | Her mother is on her right hand side. Her mother looks at Grandma and Grandpa as well as Sammy's stepfather. |
| Relationship With Siblings | Both siblings are below and close to her mother and biological father. Both her sisters also look at their biological father and they are happy. |
| Relationship Between Family Members | There is no interaction or communication between the family members. |
| Marriage Relationship | Her mother, biological father, her two sisters and Sammy form a close circle. |
| Relationship With Other People In Family | Stepfather is placed outside the circle on his own, at the left bottom, far away from the rest of the family members. He looks at her mother. |
| Emotional Development | She portrayed her family as if her biological father is still part of the original family, as if a divorce did not occur and as if nothing in the family changed. There is no communication; everyone is looking at the biological father and everybody is happy. |

**TABLE 5.6: Self-Projection Pictures (APPENDIX 2)**

| **SAMMY** | |
|---|---|
| Relationship With Father | CARD 1 (a): She is brushing her hair. She is happy. She is sometimes the (b) picture, a sad picture especially when her father does not call.<br>CARD 4 (b): She is drawing and happy but sometimes she feels like (a) if her father does not call.<br>CARD 8 (d): She is hugging her dad and she is happy. |
| Relationship With Mother | CARD 13 (b): She is playing with her mother and she is happy. |
| Relationship Between Family Members | CARD 9(c): She is not eating and is sad. She said she is missing her father. |
| Cognitive Development | CARD 11 (a): She is watching television. She is not reading. |
| Emotional Development | CARD 2 (a): She is frightened and scared. The person with the mask in the picture is her friend.<br>CARD 3 (b): She is sleeping. She dreams about a rabbit.<br>CARD 15 (b): She sees herself as the child who is ill and who is taking medicine; she is feeling sad. |
| Socialisation | CARD 6 (c): She is skipping and playing with friends. She is happy. |
| Self-image | CARD 14 (c): She is running and thinks she is going to win. She is happy. |
| School | CARD 10 (a): She is ready to go to school and she is happy. |

**TABLE 5.7: Sentence Completion (APPENDIX 3)**

| **SAMMY** | |
|---|---|
| Relationship With Father | USUALLY DAD IS "busy."<br>MY BIGGEST WORRY IS "my dad." |
| Relationship With Mother | MOM USUALLY IS "busy." |
| Relationship Between family Members | I AM HAPPY WHEN "I am with my family." |
| Marriage Relationship | PEOPLE WHO DIVORCE "doesn't love each other anymore."<br>ONE-DAY MOM AND DAD "will be very happy." |
| Relationship With Other People In Family | THE WORST THING THAT CAN HAPPEN "is that my grandma's flight gets delayed."<br>I FEEL BAD WHEN "my grandma and grandpa don't get out much." |
| Cognitive Development | I WANT TO "be a teacher." |
| Emotional Development | WHEN I WAS LITTLE "I cried a lot."<br>IF I CAN ONLY "fly that would be fun."<br>I WISH I HAD "a rabbit."<br>MY BIGGEST WORRY IS "that my dog will pass away."<br>I OFTEN WONDER "what it would feel like to fly."<br>I CANNOT FORGET "my cat." |
| Self-image | PEOPLE THINK I CAN "run fast." |
| School | AT SCHOOL "I have fun." |

**TABLE 5.8: Projective Play**

| **SAMMY** | |
|---|---|
| Relationship With Father | While she is role-playing a normal day in her family's life, she includes the biological father-doll with the rest of the family as if he is a regular part of the family. |
| Relationship With Mother | The mother-doll is busy talking with the stepfather-doll. |
| Relationship With Siblings | Sammy's doll and her sisters are playing with the dogs and rabbits. |
| Relationship Between Family Members | She does not include the stepfather-doll in her play with the family. She placed him stationary beside the mother-doll. |
| Relationship With Other Person In Family | The grandpa-doll and grandma-doll were very prominent in her play with the family. |

**TABLE 5.9: Structured Play**

| **SAMMY** | |
|---|---|
| Cognitive Development | MATH BOARD PLAY: She did well and performed age-appropriately.<br>BLOCK PATTERN COMPLETION: She was unable to complete the patterns according to the guidelines. She changed the pattern to fit and tried to convince the interviewer that it was still correct. |
| Emotional Development | BLOCK PATTERN COMPLETION: When Sammy was unable to complete the pattern she got increasingly frustrated. |

**TABLE 5.10: Interview with the Mother**

| **SAMMY** | |
|---|---|
| Relationship With Father | The mother provided the background of Sammy's father as previously described in the case synopsis. He does not call, write or email the children. Following the divorce he only once availed himself for one weekend over the last three years to see the children. |
| Relationship With Mother | Sammy lives with her mother and stepfather. Her mother works night shifts as a hospital sister and has to sleep during the day. |
| Relationship With Siblings | Sammy has two older sisters and has a good relationship and interaction with the eldest. |
| Relationship Between Family Members | The stepfather takes responsibility for the day-to-day tasks of the home. He has very little personal interaction with the three daughters. He has no children of his own. |
| Marriage Relationship | The marriage between the mother and biological father broke off under intense conflict. Since the divorce six years ago, Sammy's mother has had very limited to no contact with her ex-husband. |
| Relationship With Other People In Family | The grandparents, the biological parents of Sammy's mother, are very involved with the family although they live in South Africa. They visited once this year for an extended time and the children regularly visit them in South Africa. |
| Cognitive Development | The mother feels that Sammy is average. |
| Emotional Development | The mother described Sammy as an over-adjusted child. She is frustrated with Sammy because she is mostly over-compliant and pleasing. |
| Socialisation | Sammy's mother described her as overly involved with friends and that she is hardly ever at home. |
| Self-image | The mother feels that Sammy is afraid of rejection. |
| School | The mother feels that Sammy has learning problems and she is struggling in school. |

## 5.4 EVALUATION OF THE PRE-TREATMENT ASSESSMENT DATA

### 5.4.1 Relationship with her Father

Sammy initially described her father as a person who understood and cared for her and as a nice and friendly person. In the fantasies, she experienced her father as a horse who was outstanding in everything he did. She said that he is loveable. She portrayed their relationship in the animal fantasy as very happy with a lot of interaction and communication. During the family projection, she reiterated that she and her father are together a lot. In the kinetic family drawings, the world and the graphic family sculpture techniques, she placed her father as if he were still a part of the family. Throughout the assessment she placed him next to her or near her. In the graphic family sculpture, she indicated that her father is her first choice to look at and that they are happy. However, in the self-projection she acknowledged through two cards that she felt sad when her father does not call. In the self-projection, she indicated in the family card that she is the girl who is not eating and is sad because she misses her father.

The information gathered from the mother during the interview indicated that Sammy's father has never been there for the children following the divorce. Prior to the divorce he was abusive and had an extremely poor relationship with all three children. In the six years following the divorce, he has hardly ever contacted Sammy and she has only visited him once for one weekend after the mother insisted upon it and arranged the visit. He does not call or send cards on birthdays or Christmas and the mother described him as a volatile, unfriendly and a difficult person. The information gathered from Sammy shows a need for her father's love and affection. She has developed a fantasy around her father where she portrays him and her relationship with him as perfect. She created an unrealistic world of her own where she believes that her father loves and cares for her. She created a fantasy around her father to fulfil her own emotional needs.

Sammy has an anxious-avoidance attachment with her father. Sammy's father's irresponsibility and non-acceptance of his parenting role confirm this attachment. Her

father does not react towards nor is he available to fulfil in her emotional needs. In this kind of attachment the parent often has an emotional disorder, as is the case with Sammy's father. Also, in this type of attachment, in spite of no or little contact with the parent, the child will typically idolise the parent and deny any mistakes. Sammy wants to please her father, but is unable and unsure how to do so because she has no contact with him. In this attachment the child becomes the parent-child and the child worries and is concerned about the parent instead of visa versa. As a result Sammy becomes anxious and worried, which leads to a negative behavioural pattern such as incessant worry about the adult.

### 5.4.2 Relationship with her Mother

Sammy described her mother as beautiful and friendly. In the fantasies she experienced her mother as a peacock and described her as pretty and nice. She portrayed their relationship in the animal fantasy as happy and said that they hug and talk all the time. During the family projection, she chose as positive picture two the card where the mother and daughter are happy together. In the kinetic family drawings and graphic family sculpture techniques, she placed her mother on one side of the page busy communicating and interacting with the stepfather.

The information gathered from the mother during the interview indicated that she works night shifts and she is very busy. Although the assessment did not show a lot of interaction between Sammy and her mother, the mother is very loving and shows a lot of affection.

Sammy has a secure attachment with her mother. Sammy's mother is aware of her emotional and physical needs and spontaneously reaches out to her. She is sensitive towards Sammy's emotional needs and supplies appropriate support. There is a great deal of trust between Sammy and her mother. Sammy has no separation anxiety and she separated easily from her mother and believes that her mother will not reject her. When she feels she needs her mother's attention she will seek her spontaneously.

### 5.4.3 Relationship with Siblings

Throughout the assessment she indicated that her two older sisters are very important and close to her. In the world, the graphic family sculpting and the kinetic family drawing, she placed them close to her. They have positive interaction with her and take care of her emotional needs especially the elder sister. In the family projection cards, her choice for positive picture one was the one that portrayed siblings together. She stated that they do not interact but they are happy. In the zoo technique she described her middle sister as a tiger and indicated that she is suspicious. She identified her eldest sister as a chipmunk and described her as very adorable and soft. When the three sisters are together they talk all the time.

From the information gathered through the assessment, it was indicated that Sammy has interaction with her sisters. She is wary towards the middle sister. She communicates well with her eldest sister, who is emotionally available for Sammy and supports her.

### 5.4.4 Relationship between Family Members

Sammy indicated during the interview that the family interacts well. However, she and her stepfather do nothing together. In the zoo technique she showed that she, her sisters and their mother talk all the time, although not with her stepfather. She identified her stepfather as a monkey and described him as nice. In the kinetic family drawing her stepfather is busy barbecuing while interacting only with her mother. In the sentence completion, she said she is happy when she is with her family although she consistently places her stepfather away from her with no interaction between them.

In the interview with the mother, she indicated that the stepfather takes responsibility for the day-to-day care of the home but acknowledged that he has very little personal interaction with the daughters. He takes care of the basic and physiological needs of the

children but supplies little emotional support and validation as a significant adult. He does not play with or have much personal interaction with Sammy.

### 5.4.5 Marriage Relationship

During the conversation with Sammy she portrayed that her mother and biological father had a good marriage and got along well. She remembered that while the family was still together it was enjoyable.

She described that her mother and stepfather interact a lot. They do various things together and talk frequently. According to her they have a healthy relationship with good interaction and communication. In the interview with the mother, it was indicated that her marriage with the biological father was filled with conflict and she has had no contact with him since the divorce. In the sentence completion, Sammy acknowledged that people who divorce no longer love each other, but also that she still wishes that one day her mother and biological father will be happy.

### 5.4.6 Relationship with Other People in the Family

Throughout the assessment, Sammy indicated that her maternal grandparents are an important part of her world. In the fantasies she described them as a loving and caring couple; in the zoo she identified them as lovebirds; in the kinetic family drawing and graphic family sculpting they are placed prominently.

During the interview with the mother, she confirmed that her parents play an important and significant role in the family's life. Following her divorce from Sammy's biological father they lived with them for one year. They care for the children and provide emotional support and nurturance.

### 5.4.7 Cognitive Development

The data gathered during the interview showed a discrepancy between the mother's perspective and Sammy's perspective about her cognitive development. The mother said she feels that Sammy struggles with learning while Sammy stated that she does well and always works hard.

During the structured play technique, Sammy's performance was average during the math card game. However, with the block pattern, she was unable to complete the task according to the set parameters. She changed the instructions when she became frustrated and completed the design differently than the instructions stated. She displayed frustration and intolerance with difficult cognitive development tasks.

### 5.4.8 Emotional Development

During the interview, Sammy described herself as a nice person who likes to play with dogs and take care of people. In the zoo fantasies, she identified herself as a rabbit and described herself as happy and friendly. In the world fantasy, she placed herself between her mother and biological father. She has a need to take care of people and her main wish is to take care of homeless people. In the graphic family sculpting, she portrayed her biological father as if he were part of her original family, and it seemed as if nothing has changed after the divorce. However, in her human drawing she portrayed herself as lonely and insignificant in her world. She indicated that she is alone and dark blue clouds surround her. In the kinetic family drawing, Sammy is not interacting with anyone. During the self-projection, she portrayed herself as frightened and scared and as the child who is ill, taking medicine because she feels sad. The sentence completion revealed that she cried a lot when she was younger. She also reiterated during the sentence completion that she would like to fly away or escape her world. Her fantasy story about the little bird was morbid and featured a bird that flew away from the nest and eventually died alone.

During this assessment, the information gathered shows that Sammy is sad, lonely and scared and that she is not functioning well emotionally. She displaced her need to be taken care of onto a need to take care of animals and other people. In the interview with the mother, it was confirmed that Sammy has become over-adjusted and excessively compliant. The mother shared that even though Sammy pretends to function well during the day, she does not sleep well and tosses and turns continuously during the night.

### 5.4.9 Socialising

Sammy is outgoing and has many friends. In the interview, she indicated that she enjoys being with her friends. In the interview with the mother, the mother complained that Sammy is always with friends and never at home. In the self-projection card, she interacted with her friends and she feels happy to be with them.

### 5.4.10 Self Image

In the interview with Sammy, she indicated that she considered herself an average child and that she has a positive view of herself. In the sentence completion, she indicated that she thinks other people have a positive view of her. On the other hand, the mother indicated in the interview that she believed Sammy has a self-image problem and that she is afraid of rejection.

### 5.4.11 School

In the sentence completion, she indicated that she likes school because it is fun to be with her friends. However, during the interview with the mother she indicated that over the last year Sammy has developed academic problems at school and her grades have dropped.

## 5.5 RESULTS OF THE PLAY THERAPY PROGRAM

### 5.5.1 Stage One: Describing the Divorce

**Treatment Goal**: Dealing with the reality of the divorce

- To ensure that Sammy has a realistic understanding of her parents' divorce
- To help her to accept the finality of the parental divorce

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

Several coloured balloons, thin twine, thicker twine, blunt scissors and a black marker pen to write on the balloons

**Session activity**

Sammy was first seen individually to acquaint and familiarise her with the play therapy activity. The therapist explained to Sammy that her mother would soon join them and they would participate in an activity involving blowing up and drawing on balloons. Sammy expressed her willingness to continue and her mother was called into the session.

The therapist also explained to Sammy and her mother that the session's activity would involve balloons representing Sammy, her mother and biological father. The mother was instructed to tell Sammy the history of the family while they blew up and tied the balloons.

The mother and Sammy participated well and with enthusiasm while choosing and blowing up the balloons. The mother told the story of how she met Sammy's father and Sammy's birth with positive detail and several anecdotes. Sammy participated enthusiastically and asked questions. She was delighted to hear that everyone was excited about her birth. Due to her mother being a nurse at the hospital where Sammy

was born, all the staff members were excited and gave Sammy a lot of attention when she was born.

Sammy's mother explained that there was conflict between her and Sammy's biological father, which led to them breaking up. She told Sammy that the conflict was due to adult concerns and not in any way Sammy and her sisters' fault. She went on to say that the relationship suffered due to her and Sammy's father's differences. When Sammy's mother had to cut the string between the balloons of the mother and father signifying the divorce, Sammy and her mother cried excessively and had difficulty completing the task. Sammy cried and said that she missed her father and that she worried about him.

When Sammy attempted to cut the thicker twine tying the child-balloon to the father-balloon with blunt scissors, she was unable to cut them apart. During the following discussion with her to probe the symbolism of the activity, she acknowledged that she could see it was impossible to cut the cord between the child and the father. She realised that although her father divorced her mother she was still tied to him and would remain his daughter.

When the therapist asked her if she wanted to add a balloon representing her stepfather to her mother's balloon, she declined and said that she will maybe do it later.

During the feedback with the mother individually, she said it was the first time Sammy really cried about her father in front of her. She explained that she never in the past talked with Sammy about the divorce because they all thought she was too young to understand. The session helped her come to the understanding that although Sammy was very young when the divorce occurred, it had a significant emotional impact on her. She also came to the realisation that on an emotional level, Sammy never came to grips with the divorce and always hoped for a reunification of her parents.

**Evaluation of the session**

As a result of Sammy's denial about the reality of the divorce, this part of the session was extremely painful and emotional. The pre-treatment assessment indicated that Sammy clung to the wish that her parents would get back together and that they would all be a happy family, although in reality this has never been the case. This activity, especially cutting the string between the mother's and father's balloons signifying the divorce, interrupted her fantasy. In this session Sammy was faced with the realisation that her parents' divorce was final and that there was nothing she could do to alter it. It helped Sammy come to a clearer understanding of the reasons for her parents' divorce. An important message to her through the activity was that the divorce was neither her fault nor was there anything that she could have done to prevent it. The activity emphasised to her that the divorce was not a result of her misbehaviour, but rather because her parents could not get along and that did not mean they did not love her.

A crucial point in the session occurred when the mother had to cut the string between the mother- and father-balloon. Sammy and her mother cried excessively and had difficulty completing the task. Sammy communicated openly to her mother her concerns about her father.

Another critical moment during the session occurred when Sammy could not cut the thicker twine tying the child-balloon to the father-balloon, signifying that despite the divorce and the separation between her mother and father, she was still tied to him and would remain his daughter. It was also significant that she was not ready to tie the balloon representing her stepfather to that of her mother since this would signify the end of the relationship between her mother and biological father and a permanent relationship between her mother and stepfather, a task for which she was not yet ready.

During the feedback with the mother, she said it was the first time that Sammy cried about her father in front of her or told her directly that she worried about him. The mother explained that she never talked with Sammy about the divorce because she thought Sammy was too young to understand. The session helped the mother realise that

despite Sammy being the youngest, she had a deep longing for her original family as it was.

**Planning for next session**

The therapist asked the mother to initiate a discussion with Sammy about the history of her family and her parents' previous marriage as a homework assignment before the next session. She was encouraged to show Sammy pictures and other family memorabilia to emphasise to her the permanence of her family history and background. During these discussions, she had to confirm to Sammy that in spite of the divorce there remained an inseparable bond between her and her parents as was illustrated in the session with the balloons and twine.

### 5.5.2 Stage Two: Individualising the Divorce

**Treatment Goal:** Dealing with loss and rejection

- To help Sammy understand her different emotions about the divorce

This stage took place over two sessions

#### 5.5.2.1 Session One

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

Two brown bags, wool, glue, coloured pencils, markers, coloured paper and scissors

**Session activity**

The therapist first met individually with Sammy to discuss the previous session with her and to review if her mother and she participated in the homework activity. Sammy confirmed that her mother talked to her at home about their past and showed her more

pictures and photo albums. She indicated that she understood that she still has a family and that it was good to talk to her mother about her feelings concerning her father. She took the balloons from the previous session home and upon probing about her stepfather, she again stated that she was not ready to tie him to her mother's balloon. She was positive and excited to continue with the next activity.

The therapist explained to Sammy and her mother that they would both participate in making two masks out of the paper bags and other material provided. The first would be a sad-face mask, followed by the making of a happy-face mask in the next session. While they made the sad-mask, the therapist engaged Sammy in a discussion about sad feelings. Sammy found the mask-making process enjoyable and she became comfortable talking while engaged in the process. The conversation focused on things that made her feel sad. She relayed that what makes her the saddest is the divorce of her parents. She cried and said the fact that her father does not call her makes her extremely sad. Her mother told Sammy in the session that she was sorry that she did not realise how much the divorce affected Sammy and how much she missed her father. Sammy's feelings were validated through the therapist's empathetic response to her that it is acceptable to feel sad when things change.

During the feedback session with the mother, she said that following the first session Sammy was somewhat "clingy" and did not want to go out with her friends at all. She mostly sought her mother's attention and affection. The mother acknowledged that in the past she did not validate or deal with Sammy's emotions about the loss of her relationship with her father. She was relieved to be able to talk to Sammy about the past. She indicated that the session with the mask made her more sensitive and willing to help Sammy openly express her sadness and her need to have a relationship with her father.

**Evaluation of the session**

The mask made Sammy less defensive, making it possible to explore her feelings and other intense emotions she experienced about the divorce. She was challenged with the reality that her father would probably not call her regularly and she was encouraged to

express her negative and sad emotions about this. The mask-making activity seemed to help Sammy to become open about her feelings of sadness. It was easy for her to project her sad feelings to the sad-mask she made and it helped both her mother and her talk openly about the sadness of the divorce.

**Planning for next session**

For homework Sammy's mother was instructed to use the medium of the mask at home to help Sammy talk to her about her sad feelings. She had to ask Sammy what made her sad during the day and list the feelings associated with those events.

### 5.5.2.2 Session Two

This session had to be rescheduled, because on the day of the session Sammy went to friends without telling anyone. Her mother was unable to find her in time. This behaviour was a problem that the mother reported during the initial interview.

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

Two brown bags, wool, glue, coloured pencils, markers, coloured paper and scissors

**Session activity**

The therapist first met with Sammy alone. She was engaged in a discussion about the events since the last session. She told the therapist that it made her extremely sad to think about her father although it was better now that she could talk to her mother about her feelings. She said she missed her previous session because she forgot the time although her mother did remind her that morning. She was enthusiastic in continuing with the session.

Sammy and her mother were instructed to construct a happy mask. They both enjoyed the process and the therapist engaged Sammy in a discussion about things that made her happy. She talked about her sisters, her dogs, her school activities and her friends. She was helped to identify strengths in herself and other positive elements in her life. She talked about her best friends and how much she enjoyed soccer. The happy mask was compared to the sad mask and the therapist conveyed the message that sometimes a person has sad times in life but there are also positive and happy times.

During the feedback with her mother, she relayed that Sammy's grandmother reported that Sammy woke up several times during the night and cried. The mother felt that during the last week Sammy's energy level was lower although she was much more open about her feelings and able to talk to her mother on several occasions about the past.

**Evaluation of the session**

The positive mask was used to offset the sad feelings that were triggered by the previous session and to confirm to Sammy that her life is not only filled with sad and negative feelings and events, but that she also has several positive elements and strengths in her life. Both masks worked effectively and helped Sammy converse openly with her mother about her feelings.

**Planning for next session**

Sammy's mother was instructed to play with Sammy during the next week using the happy mask. During the play sessions, she had to engage Sammy in discussions about things that make her happy and positive things that happened to her during the day. They had to do one positive and enjoyable thing together.

### 5.5.3 Stage Three: Impact of the Divorce

**Treatment Goal:** Dealing with and resolving feelings of anger and helplessness

- The release of aggression, irritation and frustration Sammy feels towards her parents over the divorce

- To change Sammy's sense of helplessness to a feeling of control

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

A large number of coloured balloons of assorted sizes and shapes, marker pen, string and scissors

**Session activity**

The therapist initially met with Sammy to discuss the previous session and the homework. She was excited about the last week because her mother allowed her to go to a boat party with her friends. She and her mother also baked cookies together, which she enjoyed. She said that she talked a lot to her mother about positive and negative things.

Her mother was invited into the session and the therapist explained that the session would again involve balloons. Sammy and her mother enthusiastically participated in the session and blew up several balloons representing the members of her family. Sammy chose a red balloon to represent her father and was given the opportunity to elaborate on her choice of balloon colour for the balloons representing her family. She said that she chose a red balloon for her father because she was angry with him for not calling her. Sammy explained that when one becomes angry you turn red. She proceeded to draw an angry face on his balloon. The therapist prompted further discussion with Sammy about her anger and she freely expressed her negative feelings about the divorce. Sammy explained that she was most angry with her father because he does not regularly contact her. She related that she is also angry with her mother because she divorced her father. She also expressed anger towards her stepfather because he married her mother and now her family can never go back to what it was before.

Furthermore, she expressed anger towards her middle sister who is always moody and unfriendly, and she proceeded to draw an angry face on her sister's balloon. She was

helped to label her anger and decide what caused it. The therapist conveyed to Sammy that angry thoughts and physical sensations of anger do occur normally among all people and that it was expected and accepted. She had to decide to do something positive about these feelings and opted to share it with her mother.

Sammy and her mother then attached strings to the different balloons and tied them to their feet. They were instructed to try and step on the balloons tied to each other's feet and attempt to burst them. They had fun and laughed while trying to burst each other's balloons. Afterwards Sammy had to decide what to do with the pieces of busted balloons. She decided to take them home with her.

During the follow-up discussion with Sammy's mother, she revealed that it had been a very significant session for her. Her mother confirmed that Sammy had never openly expressed her anger towards people around her as she did during the session. The mother always suspected that Sammy was angry with her about the divorce and for marrying Sammy's stepfather, but they have never talked openly about it. Sammy has also never expressed her anger at her biological father because he does not contact her. She felt it was a positive step forward, although she found it difficult that Sammy still harboured intense negative feelings so long after the divorce. The mother explained that she did discuss the divorce with the two older daughters but never with Sammy, because she thought Sammy was too young and she seemed to be doing well during the initial years after the divorce.

**Evaluation of the session**

Sammy internalises her anger instead of expressing it appropriately. She does so because she is afraid of upsetting her mother and in the past would typically feel guilty for having angry thoughts. Sammy's repressed anger was expressed through over-compliant or alternatively "perfect child" behaviour. However, over the last year Sammy began to act out passive aggressively by disappearing to visit friends without permission. She uses denial to hide her feelings and truly believes the anger is not there, which results in losing touch with her real feelings and leads to the idealised image of a perfect father. Her

mother was encouraged to allow Sammy to continue to talk to her about her feelings of anger and express them after the session.

This session was instrumental in releasing Sammy's suppressed anger and the therapist was able to subtly make connections between Sammy's symbolic play and her own life, specifically her unexpressed feelings of anger at the adults in her life about the divorce.

**Planning for next session**

As homework Sammy's mother was asked to repeat the balloon-play with Sammy at home and to use the play as an opportunity to discuss Sammy's feelings of anger.

### 5.5.4 Stage Four: Processing the Divorce

**Treatment Goal:** Facilitating forgiving the parents and dealing with self-blame

- To aid Sammy in developing a more realistic perspective regarding the divorce and a better understanding of its consequences
- To help Sammy to forgive her parents for divorcing and herself for failure to restore or save the marriage
- To facilitate a new and reaffirmed relationship between Sammy and her parents

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

Finger-puppets, brown paper bag, coloured pieces of paper and coloured pencils or markers

**Session activity**

The therapist met individually with Sammy to discuss the previous session with her. She said that the therapy has helped her to understand her middle sister. Her sister is always angry and Sammy had a difficult time understanding that. She said she realised that her

middle sister is also angry about the divorce and the poor contact they have with their biological father, although the children have never talked to each other about it. She indicated that she and her mother played the balloon game during the week and she enjoyed it. The therapist then explained to her that this session would deal with letting go of anger. She stated that she was looking forward to the session.

The mother was invited into the session and the therapist explained that she had to help Sammy construct finger puppets representing Sammy's family members. Her mother helped her construct faces and other features for each puppet. While Sammy and her mother constructed the finger puppets, the therapist prompted Sammy to describe each family member and tell a story about each one. She then had to write down her description of each family member.

She was able to openly express a range of negative emotions with little prompting from the therapist. Concerning her father, she stated that she was "really mad; he is not nice; he is not loveable." For her stepfather she wrote, "not nice; not fun; and he is not caring." About her mother she wrote that her mother is "mad; sometimes not nice." Concerning her middle sister she wrote, "she is also mad at dad." She also wrote positive words for each puppet on coloured pieces of paper. She assigned several positive attributes to all her family members except her stepfather. She was able to attribute only one positive word to him, describing him as "nice." She was not able to expand at all on further positive attributes for him.

After Sammy clearly expressed her positive and negative feelings about the different family members, the therapist guided Sammy to take a brown paper bag that represented a garbage bag and decorate it using coloured pencils and markers. The therapist and Sammy explored the fact that throwing away the pieces of paper with the negative feelings represented an act of "letting go" of those negative feelings and forgiving the people in her life. The therapist connected the symbolism of the garbage bag filled with pieces of paper representing her negative feelings and anger to the fact that Sammy does not need to hold on to it any longer. Sammy was then asked whom she wanted to

forgive. She chose to throw her eldest sister's piece of paper in first, followed by her mother, then herself, then her middle sister followed by her stepfather. Sammy initially had difficulty forgiving her father and letting go of her negative feelings towards him and refused to throw in his paper. The therapist then encouraged her to express her negative feelings toward him using the finger puppet. She started to have an animated and intense conversation with the puppet and verbally expressed her anger saying, "I'm so mad at you; you lied to me; I can't trust you because you don't call me. I'm worried about you everyday." She then decided to throw the paper with negative feelings about her father in the trash bag with all the others. Sammy was asked what she wanted to do with the garbage bag filled with negative feelings, and she said she wanted to take it home and throw it away.

During the feedback with the mother at the end of the session, she told the therapist that Sammy, on her way to the session, said that her middle sister also needed therapy because she is also angry about the divorce. She experienced a marked difference in Sammy, who now openly talked to her about the past and negative feelings.

**Evaluation of the session**

This session showed that Sammy is moving towards a concrete-operational phase where she is beginning to understand that the divorce is irreversible and a reality. During the previous session and this session, she began to express her anger openly and there was ample opportunity to validate her negative feelings. By expressing her anger, it diminished and allowed her to develop a more expansive and realistic sense of the adults in her life as well as facing the reality of the divorce. This fostered the ability to forgive the people in her life and to let go of repressed negative feelings such as anger that inhibited her natural development and growth.

During the pre-treatment assessment she idolised her father and held on to a view of a perfect father who cared for her and who had lots of contact with her, although this was clearly not the case. During sessions three and four, she proceeded to express her true feelings of anger towards him and was able to acknowledge them. This led to the ability

to forgive him, as well as the other people in her life, and to let go of her anger as well as the unrealistic view she had of him.

**Planning for next session**

For homework the mother had to play with Sammy using the finger puppets. Any further negative feelings that Sammy expressed could also be written down and added to the garbage bag before Sammy threw it way. Together they could go over Sammy's message to different family members about forgiving and letting go as played out in the session.

### 5.5.5 Stage Five: Restoration

**Treatment Goal:** Accepting the permanency of the divorce and relinquishing longings for the restoration of the pre-divorce family

- To help Sammy deal with her fixation on restoring the original family
- To help Sammy gain insight into the reality of having two homes
- To help Sammy understand that there are many different types of families and that she is now part of a divorced family

This stage took place over two sessions.

#### 5.5.5.1 Session One

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

Two small cardboard boxes, water-colour paint, paint brushes, construction paper, glue, coloured pencils or markers, scissors and small figurines

**Session activity**

The therapist saw Sammy individually to discuss the previous session and the homework activity. Sammy said that she and her mother played with the finger puppets. She said that she put the brown garbage bag in the garage. She appeared relaxed and at ease. She stated that she looked forward to the session.

Her mother joined the session and the therapist explained to them that this stage would cover more than one session and that they would be constructing the different houses of Sammy's family. Sammy was provided with a small box that would represent her mother and stepfather's house. Her mother helped her paint and decorate the house while they talked about their history and the different places they have lived. Her mother provided anecdotes about events such as when Sammy broke her arm as well as the time they lived with her grandparents. They laughed and had fun while participating in the activity.

She then had to select dolls from a collection the therapist provided to represent the different family members in her house. Sammy found it difficult to place the doll representing her stepfather in the house with her mother. She expressed that she is afraid that he will take the place of her father. The therapist used this opportunity to refer back to the first session and to remind her that just as the string between her and her father's balloons could not be cut, no other person could take the place of her father. The mother was incorporated to reassure Sammy that her stepfather would be a significant adult in her life, but he would not take the place of her father. She then decided to place him in her house as a good friend. Sammy role-played activities and routines in her mother's house and incorporated her stepfather as he took her to soccer or school while her mother commented.

During the feedback with the mother, she indicated that she never realised that Sammy was afraid that her stepfather would take the place of her father. The mother thought that the children would gain emotionally by having a father figure. Sammy's mother was glad that Sammy did accept her stepfather as part of her home at the end of the session.

**Evaluation of the session**

Since the beginning of the therapy, it has been clear that Sammy has not yet emotionally accepted her stepfather as part of her life. In the first stage she refused to tie his balloon to her mother's balloon. In this session she initially did not want to place him in the house with her mother and her sisters. At the end of the session there was a marked change after she realised he would not take the place of her father and also that her stepfather was actually positively involved in her life, attending activities such as her soccer games. At the end she accepted him in the role of a good friend.

It seems that Sammy has made significant progress in order to emotionally allow her stepfather into her life. In the past she felt that to accept her stepfather and his marriage to her mother would be a betrayal of her father. Her emotional functioning was dominated by concrete thinking, which meant that to accept her stepfather would be to lose her father.

**Planning for next session**

For homework the mother had to play with Sammy using the box house constructed during the session. The routines and activities of a normal day had to be acted out. They could use the finger puppets or construct simple paper figures to represent the family. They had to bring the house back to the next session.

**5.5.5.2 Session Two**

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

Two small cardboard boxes, water-colour paint, paint brushes, construction paper, glue, coloured pencils or markers, scissors and small figurines

**Session activity**

The therapist met with Sammy and discussed the previous session. She relayed that she and her mother played with the box at home and she stated that she enjoyed it and sometimes even played with the house on her own. She brought it to the session and she was excited to carry on with the activity.

Sammy and her mother were given the same instruction as the previous session about constructing a house out of the box provided, only this time it would represent her father's house. They proceeded to paint and decorate the box. Sammy talked about the time that they visited him after the divorce and related some positive memories. She remembered that he could prepare nice food.

The therapist led Sammy in a role-play with the dolls and her father's house. This role-play manifested her concern that her father does not have a house, food or a job. Upon probing why she thought that her father was near-destitute, she revealed that her mother has always portrayed Sammy's biological father in an excessively negative light, saying things in front of the children such as that he does not have a job or a house. As a result of Sammy's developmental stage, she took these things literally and became excessively concerned with his well being. Sammy's mother explained that her father did indeed have a job and a house and that he is taken care of. The therapist led Sammy in a role-play using both houses and acted out how she and her sisters would visit their father in his house. When they played out the children leaving to go back to their mother's house, Sammy realised her father was still safe and taken care of while she continued with her life and routine at home. This role-play emphasised that while Sammy was in the one house, the other parent was safe and carrying on with his or her life.

During the feedback with the mother, she related to the therapist that she caused Sammy to be excessively concerned about her father because she portrayed an image that he is drifting and has no place to stay. She did this because she was angry with him about the past and wanted to place him in a negative light with the children. She realised that she

inadvertently created an image that he was destitute and in need of care. The children, particularly Sammy, became increasingly concerned about their father.

**Evaluation of the session**

It seems through the role play of the two houses and the way that Sammy interacted with the different dolls representing her family, including her stepfather and her father, that Sammy came to a clearer comprehension of the structure of her life. She seemed to make room for the thought that the divorce was a reality and permanent. She seemed more accepting of the divorce and less concerned about her father's well being and the presence of her stepfather in her life.

It was significant for Sammy to realise that her father is probably carrying on with his life and that she does not need to be overly concerned about him. The role-plays using the houses and dolls helped Sammy come to a clearer understanding that she now has two houses and two families with different settings and routines. She came to understand that both families have lives that continue even when she is not present.

**Planning for next session**

Sammy was ready to proceed to the next stage that involved planning the future and the therapist asked her mother to help her choose pictures and family memorabilia to bring to the next session for the construction of the life-story book.

### 5.5.6 Stage Six: Recovery

**Treatment Goal:** Planning the future and restoring relationships

- To help Sammy disengage from parental conflict and distress while resuming customary pursuits and achieving realistic hope regarding relationships
- To help Sammy explore pursuits that she enjoys
- To help Sammy gain hope and a realistic vision for her future

**Persons attending the session**

The therapist, Sammy and her mother

**Materials needed/preparation required**

Family photos, memorabilia, scrap book, paper, ribbon, coloured pencils and markers, glitter, glue, stickers, magazine cut-outs, pictures, cards and souvenirs

**Session activity**

Sammy was first seen and asked about her feelings about the previous session. She stated that she felt relieved to know about her father's well being and that she sleeps better. She told the therapist that she often could not sleep because she worried about him. The two houses reminded her that he had a home and she could see him there.

The mother joined the session and the therapist explained that they would now use the pictures and other memorabilia to create a life-story book of Sammy and her future. Sammy brought pictures, photos, stickers and any other materials from her life she desired to incorporate. The therapist had several magazines with pictures and stickers depicting various activities available for Sammy to use for her book. She began her book with pictures and mementos about her birth and infant years. Sammy actively and enthusiastically decorated the pages with bright stickers and vibrant crayon colours. She reminisced about various events from her early years. Sammy and her mother included her father into her early years and focused on the role he played in her life. The activity continued to the time of the divorce when Sammy was six years old. She took a picture of her mother and biological father and cut it in two and then pasted the pictures on different corners of the page to symbolise that the separation occurred. Her mood changed and she decorated the page with darker colours and large raindrops. Upon probing about the meaning of the raindrops she described them as tears because she was sad about the divorce. She also drew thick, black frames around each picture emphasising that her parents were separated from each other.

After the divorce the children and their mother moved to a house next to the mother's parents. They play a major role in Sammy's life and she brought pictures of her grandparents. While they reminisced about things that happened during that time, she decorated the pages with happy stickers and bright colours. During that time she broke her arm and she and her mother related how she was ill during the recuperation period. Animals played a major role in Sammy's life from this point on and she insisted on including various pictures of all the different animals they kept as pets. She lovingly talked about each one of them and took a long time to decorate the pages. They created a page with wedding pictures of her mother and her stepfather and Sammy told her mother that she has forgiven her stepfather for marrying her mother and that he could join them in the last session.

Sammy concluded her book with pictures and mementos about their move to America and her experience in school. She created pages depicting her sports activities and talked about her stepfather and how he comes to her soccer games. She decorated the pages with fun stickers and many bright colours. She chose pictures from the magazines depicting her future career as a teacher and also included pictures of families with children and weddings. She sounded certain about her future and said that she wants to marry and have children of her own one day.

During the feedback with Sammy's mother, she reported that Sammy asked if she could call her father. It was notable for the mother since she never requested it before. She was glad that Sammy decided that her stepfather could join them during the last session. She confirmed that Sammy is sleeping better and she has not left the house without permission, and in fact, has far less interaction with friends.

**Evaluation of the session**

From the way that Sammy constructed her life-story book, it seemed as if she has become more hopeful and certain of the future. The fact that she invited her stepfather to the last session and that she included his marriage to her mother in her book indicated that she has forgiven him for entering their lives. Her positive focus on her own future in the life-

story book indicated that she was able to disengage from her parents' conflict and is able to resume pursuits that she enjoyed.

**Planning for next session**

Sammy was invited to bring with her any board or card game that she would want to play to the next session. She was prepared that the next session would be the last and that it would be about saying goodbye to each other.

### 5.3.1 Stage Seven: Termination - Achieving Closure

**Treatment Goal:** Termination

There are three tasks in the termination stage:

- To help Sammy celebrate the gains she has made over the course of the play therapy
- To ensure that the gains Sammy has made in play therapy are generalised to other areas of her life
- To create a meaningful end of the therapy for Sammy.

**Persons attending the session**

The therapist, Sammy, her mother and her stepfather

**Materials needed/preparation required**

Board games or card games

**Session activity**

Sammy was first seen and asked about her life-story book and what she did with it at home. She said she puts her life-story book on the table next to her bed. In reviewing the previous session with her, she indicated that she would miss coming to the sessions but understood that therapy had to end. She was looking forward to new activities at school such as the beginning of cheerleading, which she planned on trying out for, and also spending more time with her grandparents before they went back home. She related that

her stepfather did come with her to the session and that she was glad about it. She was prepared for the session and brought two card games.

Her stepfather and mother were brought into the session and the stepfather was introduced to the therapist. The therapist gave Sammy the opportunity to explain the rule of the games to them. The mother and stepfather quickly followed the cue from the therapist that Sammy was in control of the session and that she had to be empowered by the adults to run the activity. Sammy had ample opportunity to win but also to be challenged by the adults during the card game. She enjoyed it so much that she wanted to play a third game. By explaining to her that the time was over and that it was time to say goodbye, Sammy was helped to understand the limits and boundaries of therapy and that it was time to terminate. She warmly bid farewell and thanked the therapist.

During the final discussion with the parents, their feelings about the termination were explored. Sammy's mother noticed that Sammy took the picture of her biological father out from under the pillow where she always kept it and added it to the last page of her life-story book. She decorated it with stickers of little flowers and stars. The mother confirmed that the book was openly displayed on the table next to Sammy's bed.

Sammy's mother and stepfather realised that the children needed more access and contact with their biological father, especially Sammy, and they planned to buy them telephone cards with which they could call him at any time. The mother understood that the children worried about their father and she would help and encourage them to send more care packages and letters to him. She realised that in the past she discouraged contact with their biological father and she wanted to change that. They also realised that the children needed to bond more closely to their stepfather. In the past they would exclude the children from their vacations and would leave them with her parents.

They planned to have family vacations with all the children. During the previous sessions, she also discussed some of the issues that came up in therapy with her husband, including the need for Sammy to bond emotionally to him. The stepfather brought a list

of activities to the session that he prepared over the last week of things that he could do with Sammy and her sisters to increase interaction with him. He understood that it was necessary to do fun things with them such as going to the movies.

**Evaluation of the session**

The stepfather was an introverted person and was initially somewhat uneasy but still participated extremely well in the session. Sammy was ready for termination. Since the end of the sixth stage, many of the problematic behaviours that Sammy's mother reported at the beginning of therapy had dissipated. Both Sammy and her mother reported that her sleep pattern had improved. She did not leave the house to visit friends without permission anymore and overall spent less time with friends. They both reported an increase in the communication and interaction between Sammy and her stepfather over the last few weeks of the treatment. They were invited to come back for a follow-up in six months and would call to make the appointment.

## 5.6 POST-TREATMENT ASSESSMENT DATA

**TABLE 5.11: Interview with Child**

| **SAMMY** | |
|---|---|
| Relationship With Father | Sammy's father has not contacted her yet. He is not nice and he makes her sad. |
| Relationship With Mother | Her mother is beautiful and they talk a lot. |
| Relationship With Siblings | She loves her older sister, but her middle sister is angry and not nice. |
| Relationship Between Family Members | Her stepfather is a good friend. He is nice and friendly. They do not talk much, but he loves to take her to soccer. |
| Marriage Relationship | She acknowledged that her father and mother did fight a lot before the divorce and that he was not nice. Her mother and stepfather talk a lot and love each other. Her mom and biological dad never speak to one another. |
| Relationship With Other Persons In Family | Grandma and Grandpa are nice. They are going back home after a visit of three months. She will miss them. |
| Cognitive Development | She is doing her homework regularly and studies in the afternoons. She is doing better in school. |
| Emotional Development | She sees herself as nice. She reports that she sleeps better during the night. |
| Socialisation | She likes her friends, but spends less time with them. |
| Self-image | She thinks that she is nice and friendly. |
| School | She is positive about school and plans to do her homework on time. |

**TABLE 5.12: Fantasies**

| **SAMMY** | |
|---|---|
| Relationship With Father | WISHES: #1 That her father comes to visit. WISHES: # 2 That her father calls her. ZOO: Her father is seen as a giraffe; sometimes he is friendly. When the giraffe and tiger (Sammy) are together she will ask him why he did not call her, then he will tell her. WORLD: She places her father above herself away from the rest of the people. |
| Relationship With Mother | MOON: She wanted to take her mother with her.<br>ZOO: Her mother is seen as a rabbit: pretty and friendly. Sammy loves to be with the rabbit.<br>WORLD: She places her mother right next to her on the left-hand side. |
| Relationship With Siblings | ZOO: Her older sister is seen as a little bird; she is pretty like her mother. Her middle sister is like a snake; she thinks that her sister cannot take any jokes and if you do something wrong she will bite you.<br>WORLD: she places her two sisters next to each other right beneath herself. |
| Relationship Between Family Members | WISHES: # 3 That her whole family must be happy.<br>ZOO: She wants to play with the bird that represents her stepfather. |
| Marriage Relationship | ZOO: Her stepfather is a bird. Her mother and stepfather talk a lot with each other.<br>WORLD: She puts her mom and stepfather next to each other on her left-hand side. |
| Relationship With Other Persons In Family | ZOO: Her grandfather and grandmother are like horses; they are beautiful and friendly. They play a lot. |
| Emotional Development | STORY OF THE BIRD: Her story has a positive end with the little bird happily reunited with his family.<br>WORLD: She places herself between her mother and her father. |
| Socialisation | WORLD: She puts her friends above herself on the left-hand side away from the rest of the people. |
| Self-image | ZOO: She sees herself as a tiger; she is beautiful but only sometimes friendly. |

**TABLE 5.13: Family Projection Pictures (APPENDIX 1)**

| **SAMMY** | |
|---|---|
| Relationship With Father | CARD 5: A man and a child; they say nothing, they feel nothing.<br>CARD 9: A father and his two children. They also take a photo; they feel bored. |
| Relationship With Mother | POSITIVE PICTURE #1 - CARD 7: A mother and her child. They talk about the day. The mother worked and the child was in school. They are happy together. |
| Relationship With Siblings | CARD 4: It is two sisters; they feel good. |
| Relationship Between Family Members | POSITIVE PICTURE #2 - CARD 2: Photo of her mother, older sister, her middle sister and herself. They talk about their hope that the photo will be beautiful. They feel happy<br>CARD 6: The family plays in a park. They feel happy. |
| Marriage Relationship | NEGATIVE PICTURE #1 – CARD 3: A man and a woman. They are looking at the flowers. They are not saying anything.<br>NEGATIVE PICTURE#2 - CARD 8: A man and a woman. They just woke up. They feel tired. They also make her feel tired. |
| Relationship With Other Persons In Family | CARD 14: Stepfather, mother and Sammy; they play. |
| Socialisation | CARD 1: Sammy and her friends. She feels very happy. |

**TABLE 5.14: Drawings**

| **SAMMY** | |
|---|---|
| Relationship With Father | KINETIC FAMILY DRAWING (p.205): Sammy did not include her father in the family drawing, but instead wrote in the top corner of the page "Dads not here. He's in S.A. He's working". |
| Relationship With Mother | KINETIC FAMILY DRAWING (p.205): She placed her mother with her stepfather in the middle of the page. |
| Relationship With Siblings | KINETIC FAMILY DRAWING (p.205): She and her middle sister were busy playing together. |
| Relationship Between Family Members | KINETIC FAMILY DRAWING (p.205): In her family she included her mother, stepfather, grandmother, grandfather, her sisters and herself. The family was busy with a picnic. |
| Marriage Relationship | KINETIC FAMILY DRAWING (p.205): In this drawing, she excluded her biological father and includes only her stepfather with her mother. |
| Relationship With Other Persons In Family | KINETIC FAMILY DRAWING (p.205): Her grandmother and grandfather are a prominent part of the family. |
| Cognitive Development | HUMAN (p.204) and KINETIC FAMILY DRAWINGS (p.205): The drawings are still below her age development. As in the pre-treatment assessment she drew mainly stick figures with little detail. |
| Emotional Development | KINETIC FAMILY DRAWING (p.205): She drew herself in the family drawing with a huge red smile on her face. She wrote above her figure on the drawing that she feels happy.<br>HUMAN DRAWING (p.204): She drew herself very small under an apple tree. She eats an apple and feels happy. |
| Socialisation | KINETIC FAMILY DRAWING (p.205): In this picture she drew herself playing and interacting with her sisters. |
| Self-image | HUMAN DRAWING (p.204): She drew herself small and with no significant features. She used a stick figure to depict herself. |

**FIGURE 5.3: POST-TREATMENT ASSESSMENT HUMAN DRAWING**

**FIGURE 5.4: POST-TREATMENT ASSESSMENT KINETIC FAMILY DRAWING**

**TABLE 5.15: Graphic Family Sculpting**

| **SAMMY** | |
|---|---|
| Relationship With Father | Sammy placed her father above her on the right hand side. He looks at no one. He is happy. |
| Relationship With Mother | Her mother is on her left hand side. She looks at everybody. |
| Relationship With Siblings | Both her sisters are below her. Her sisters look at their mother and stepfather. |
| Relationship Between Family Members | There is interaction between Sammy's mother, her stepfather, her two sisters and Sammy. They play together and have fun. |
| Marriage Relationship | Her stepfather is placed just above her mother and he is right next to her biological father on the left-hand side. He looks at all of them except to her biological dad. |
| Relationship With Other Persons In Family | Her grandfather and grandmother are placed below the rest of the family. They look at the family and they are happy. |
| Emotional Development | There is interaction and communication between the family members and with the stepfather. They play together and have fun. Sammy looks at her mother and two sisters. |
| Socialisation | She places her friends on the right hand side away from the rest of her family. |

**TABLE 5.16: Self-Projection Pictures (APPENDIX 2)**

| **SAMMY** | |
|---|---|
| Relationship With Father | CARD 3 (a) Sometimes when she misses her father she feels sad.<br>CARD 4 (b) Sometimes she wonders if her father will call her. She feels sad.<br>CARD 8 (a) She is standing and is bored. |
| Relationship With Mother | CARD 13 (b) She is spending time with her mother. They are happy together. |
| Relationship Between Family Members | CARD 9 (b) She is eating. She is happy.<br>CARD 18 (b) She is building a puzzle with her stepfather and her older sister. She feels happy. |
| Marriage Relationship | CARD 19 (a) She looks at her mother and her stepfather. She feels happy. |
| Emotional Development | CARD 4 (b) She is drawing and is happy. |
| Socialisation | CARD 3 (b) She is dreaming about the next day with her friends.<br>CARD 15 (c) She is skipping rope. She is happy. |
| Self-image | CARD 1 (a) She combs her hair and she is happy. Sometimes she feels like (b) when she wishes that she did not cut her hair. |
| School | CARD 10 (a) She is ready to go to school and is happy. |

**TABLE 5.17: Sentence Completion (APPENDIX 3)**

| **SAMMY** | |
|---|---|
| Relationship With Father | USUALLY DAD IS "not nice."<br>THE WORST THING THAT CAN HAPPEN "is when dad is not calling."<br>I WISH I HAD "my dad calling me." |
| Relationship With Mother | MOM USUALLY IS "is nice." |
| Relationship Between Family Members | I AM HAPPY WHEN "I am with my family."<br>MY FAMILY "doesn't live together." |
| Marriage Relationship | PEOPLE THAT DIVORCE "doesn't get along."<br>ONE-DAY MOM AND DAD "will never be together again." |
| Relationship With other Persons In Family | I FEEL BAD WHEN: "my grandpa and grandma have to go home." |
| Cognitive Development | I WANT TO BE: "a teacher." |
| Emotional Development | MY BIGGEST WORRY "I worry about nothing."<br>I OFTEN FEEL "happy." |
| Socialisation | BIRTHDAYS "my friends come to visit." |
| Self-image | PEOPLE THINK I CAN "play great soccer." |
| School | AT SCHOOL "I am happy with my friends at school." |

**TABLE 5.18: Projective Play**

| **SAMMY** | |
|---|---|
| Relationship With Father | She used the father-doll to portray where he lives and how he goes to work. |
| Relationship With Mother | She first chose the mother doll. Sammy portrayed that she and the mother-doll talk a lot and bake cookies together. |
| Relationship With Siblings | Her play portrayed interaction and communication between her and her sisters. She and her older sister have fun and games, while she and her middle sister have a lot of conflict. |
| Relationship Between Family Members | Sammy included the stepfather-doll and portrayed that he talks with her mother and goes to soccer with Sammy. |
| Marriage Relationship | The mother-doll and the stepfather-doll have a lot of interaction and communication. |
| Relationship With Other Persons In Family | She loved to play with the grandfather and grandmother dolls. |
| Socialisation | She included some of her friends and pets in her play. |

**TABLE 5.19: Structured Play**

| **SAMMY** | |
|---|---|
| Cognitive Development | She talked easily and fluently. She performed well with the math games but struggled with the block formation game. She found it difficult to maintain concentration with the block formation, taking longer than the criteria for her age although she did get it correct. |
| Emotional Development | She became very unsure and frustrated with herself when she did the block formation. |

**TABLE 5.20: Interview with Mother**

| **SAMMY** | |
|---|---|
| Relationship With Father | She acknowledged that in the past she portrayed Sammy's father in a negative light, but she now realised that it only enhanced Sammy's concern about her father. Sammy's father has not contacted the children yet. |
| Relationship With Mother | She feels that she and Sammy are closer to each other than before the therapy. |
| Relationship With Siblings | Sammy's middle sister is a problem and Sammy does not like her. She adores her older sister. |
| Relationship Between Family Members | Sammy and her stepfather have more interaction and talk about soccer. |
| Marriage Relationship | She and the children's stepfather have a good marriage relationship. Although they love time alone they are planning several activities to include the children. |
| Relationship With Other Persons In Family | Sammy's grandfather and grandmother are a great help. They are on their way back home after a long visit. |
| Cognitive Development | According to her mother, Sammy attitude changed towards school and she is more motivated for the challenges surrounding it. |
| Emotional Development | She feels that Sammy is fine and deals with the divorce better. |
| Socialisation | Sammy has a very easy personality and her friends love her. |
| Self-image | Sammy seems happy and more sure of herself. |
| School | Sammy's is interested in sports activities and she and the stepfather will support her. |

## 5.7 EVALUATION OF THE POST-TREATMENT ASSESSMENT DATA

### 5.7.1 Relationship with her Father

Sammy acknowledged her feelings about her father as sad and bored. She invariably described him as not nice and that he made her sad. In responding to the self-projective cards, Sammy distanced herself from her father. She reported that she felt bored. In the fantasies, she depicted him as a giraffe and described her father as somebody who is only sometimes friendly. She isolated her father in her world away from the rest of her family and her friends. She repeated his exclusion from the rest of the family in the graphic family sculpting. She also excluded her father in the kinetic family drawing. She said that her father is in South Africa and that he had no interaction or communication with anyone in her family. She role-played in the projective play that her father lives in a different home and he goes to work. During the assessment she reported the reality of her father's behaviour and his absence from her world.

Her withdrawn behaviour towards her father during the assessment is typical of the anxious avoidance attachment between a child and a parent. The anxious avoidance attachment between her and her father shows Sammy's need to have nearness to and acceptance by her father, but her father makes her feel unsure and uncertain in their relationship. She is aware that her father does not respond to her needs and that she experiences rejection from him.

### 5.7.2 Relationship with Mother

During the interview, Sammy described her mother as beautiful, pretty and friendly. She indicated that there is good interaction and communication between her and her mother. She portrayed a very close relationship with her mother in the fantasies where she had to undertake a trip to the moon and her mother is her most important person to take with her. The family projection cards and world drawing indicated that she perceived her

mother as the most significant person in her life. There is a secure attachment between Sammy and her mother and her self-projection card shows that she trusts her mother and views her as consistent.

The assessment data collected revealed a secure attachment between Sammy and her mother. Her mother responds appropriately to Sammy's physical and emotional needs. Sammy and her mother spontaneously reach out to one another and Sammy believes that her mother will not reject her, and if she needs her mother, she can approach her spontaneously.

### 5.7.3 Relationship with Siblings

She described her eldest sister as pretty as her mother, but her middle sister as angry and not nice. During the assessment she placed her sisters very close to her with good interaction and communication between them. She reported an ongoing negative relationship between her and her middle sister. The conflict causes an ambivalent relationship with her middle sister.

### 5.7.4 Relationship between Family members

During the interview with Sammy she identified her stepfather as a good friend. They talk about soccer and build puzzles together. In her fantasies she expressed the wish to play with the bird that represents her stepfather. She included her stepfather in her kinetic family drawing where they are busy with a picnic. In the family projection cards, her feelings are consistently that the family is happy. In the graphic family sculpting, she indicated interaction between Sammy's mother, her stepfather, her two sisters and herself. They play together and have fun. In the self-projection cards, she indicated that there is interaction between her stepfather and her and described that they build a puzzle together. Sammy's mother confirmed during the interview that there is more interaction between Sammy and her stepfather and they talk about various things.

From the information gathered during this assessment, it seems as if Sammy has good interaction and communication with her family, including her stepfather. She consistently portrays the whole family as doing something together.

### 5.7.5 Marriage Relationship

During the interview with Sammy, she acknowledged that the marriage of her mother and biological father was marked by conflict and that the couple never spoke to one another. She said that her biological father was unpleasant. During the family projection cards, , she chose as her two negative pictures those referring to the marriage of her mother and biological father. In one picture, the couple is not saying anything to one another and in the other she said the couple feels tired. In her sentence completion, she acknowledged that her mother and biological father will never be together again. During the projective play, she portrayed her father as alone in his own house busy with his own tasks. She did not include him with the rest of her family during the play.

During the remainder of the assessment, she excluded her biological father from the marriage relationship and included her stepfather. She portrayed her mother and stepfather as having communication and she placed him close to her mother in her world. In the self-projection cards, she chose a card with a couple and identified it as her mother and stepfather with her as the child looking at them. During the projective play she included a stepfather doll with her mother and sisters and played out activities of the family with everyone included. In the graphic family sculpting she indicated that her stepfather is looking at her, her mother and sisters.

From the information gathered during this assessment, it seems as if Sammy views her family constellation in a more realistic light. She admitted that her mother and biological father had conflict prior to the divorce and that they will not reconcile. She acknowledged the family with her stepfather included, indicating consistently that she accepted him as her mother's husband and as an integral part of their lives, specifically as a significant adult in her life.

### 5.7.6 Relationship with Other People in the Family

Sammy consistently, throughout the various assessment activities, identified her grandparents as significant and present in her life. They are emotionally supportive and have a positive influence on her.

### 5.7.7 Cognitive Development

During the interview with Sammy, she reported that she feels positive about school and wants to do her homework on time. Her mother, during her interview, confirmed Sammy's change in attitude. Sammy's human and kinetic family drawings show below age-appropriate development. During the structured play, Sammy struggled to complete the block designs in the time allotted, although she stuck with the task and completed it correctly.

### 5.7.8 Emotional Development

During the interview, Sammy described herself as pleasant and friendly. She reported that she is sleeping better at night. In the kinetic family drawing she drew herself as a happy figure with a big red smile. She wrote above the figure "I feel happy." Her human drawing confirmed this positive stance depicting a child under a tree eating an apple, although the stick-like figure lacked age-appropriate detail and appeared small in relation to the surrounding. In the graphic family sculpting she depicted ongoing interaction and communication between the family members, including her stepfather but excluding her biological father. She indicated that her focus is on her mother and two sisters. During the self-projection, she identified her as the child who is content. Her fantasy story about the bird concluded with a positive end. In the sentence completion, she indicated that she isn't worried and she is happy. During the interview, her mother indicated that Sammy is more open about her feelings and hurt over the divorce and she and Sammy discuss it regularly. She confirmed that Sammy sleeps better.

The information gathered during this assessment indicates that Sammy is functioning adequately. She is more open about the emotional pain of the divorce. Although she expresses hurt and pain because her father does not contact her, she portrayed herself as content. She seems to be more in touch with her negative feelings caused by the divorce and has a more realistic view of her life.

### 5.7.9 Socialising

During the interview, Sammy confirmed that her friends are very important in her life although she spends less time at their houses. In the interview with the mother, she confirmed that Sammy's involvement with her friends has decreased and she does not leave home to visit and overnight at their houses without permission.

### 5.7.10 Self Image

In the interview with Sammy, she described herself as positive although she feels that she is not always friendly. In her human drawing, she portrayed the person as small although with a positive attitude. She feels that she is good at sports and is going to try out for cheerleading. Her mother, during the interview, indicated that Sammy has great potential and she seems more sure of herself.

### 5.7.11 School

During the interview, Sammy stated that she enjoys school and plans to be on time with assignments and complete all her homework. In the self-projection cards, she identified with the person who is ready to go to school and described the person as happy. In the sentence completion, she stated that she enjoys being with her friends at school. Her mother, during the interview, confirmed that Sammy's attitude toward school has improved.

## 5.8 SUMMARY

Following phase five of Rothman and Thomas's integrated model of Intervention Design and Development (1994:6-9), the implementation and systematic evaluation of the treatment program used a Single-Case Experimental Design (Lundervold & Belwood 2000:92-103); the next and last section of the research model includes a dissemination of the research in chapter six. In phase six (Rothman and Thomas 1994:9-11), the researcher discusses the results of the assessments, including a focus on the limitations of the study, areas for future research, suggestions on how the treatment program can be improved and the applicability of this treatment program for the profession of social work.

# CHAPTER SIX

## CONCLUSIONS AND RECOMMENDATIONS

### INTRODUCTION

This sections of the study falls under step five and six of Rothman and Thomas's (1994:9-13) Intervention Research Design and includes an evaluation of the findings of the research program. This study was conducted to develop and test the efficacy of a short-term structured play therapy program specifically designed to address the needs of latency-aged children between six and twelve years of age who went through a parental divorce.

This chapter covers the following:

- A discussion of the research design and development of the study;
- A discussion of the results of the treatment model designed for this study;
- A discussion of the confirmation of the assumptions upon which this study is based;
- A review of the shortcomings of the study that need further attention.

### 6.1 DISCUSSION OF THE RESEARCH DESIGN AND DEVELOPMENT

The purpose of this study was to develop and test the efficacy of a short-term structured play therapy treatment program for latency-aged children of divorce between six and twelve years of age. The type of research utilised for this study was *intervention research*. The following discussion focuses on the research steps utilised for this study.

Rothman and Thomas (1994:9) proposed an integrated model of *intervention research* and referred to it as Intervention Design and Development. Their model had six main phases of development:

- Problem analysis and project planning;
- Information gathering and synthesis;
- Design;
- Early development and pilot testing;
- Evaluation and advanced development;
- Dissemination.

These six phases were utilised as the framework for this study and are discussed fully later in this section. Rothman and Thomas (1994:4-6), in addition to the above six phases, stated that intervention research, as a form of applied research, has three facets. These three facets guided the current study and include the following:

- Knowledge Development (KD) provides more information about the understanding and/or solution of practical problems and contributes knowledge of human behaviour;
- Knowledge Utilisation (KU) focuses on converting knowledge from theory and empirical research of social and behavioural science to application concepts;
- Intervention Design and Development (D&D) embraces several different approaches that seek to construct a systematic methodology for evolving human service interventions.

The strength of intervention research is that it is intentionally interventive in focus. By utilising this approach new human service interventions may be designed, developed and evaluated (Rothman and Thomas 1994:19), which was the aim of this study with the development of the short-term structured play therapy program for children of divorce. As part of the Intervention Design and Development phase of the research model, this researcher developed an innovative intervention to effect change in children who are experiencing debilitating symptoms following parental divorce, a growing problem area of human service.

Typical to this research model, this researcher identified a real-world problem, namely available treatment resources for young children affected by parental divorce, as the

original departure for this study. The study viewed the identified problem as a practical goal rather than a hypothesis to be tested or a theory to be explored. As part of the Intervention Knowledge Development (KD) aspect of the research model, the researcher embarked on a study of the relevant target behaviour of potential clients and client systems, which in the case of this study is about divorce and the reaction of children to divorce, particularly in the younger or latency-aged child. The researcher also studied the nature and availability of play therapy and therapeutic interventions for children of divorce. In this study KD was directly joined and incorporated into D&D activity.

In light of Rothman and Thomas's (1994:12) paradigm of Intervention Design and Development (D&D), other existing treatment models for children of divorce were reviewed as well as different theoretical approaches in an effort to seek an effective interventive helping tool to deal with this human and social problem; the aim was to produce a workable human service technology, accessible by all social workers working with children.

### 6.1.1 Problem Analysis and Project Planning

During the analysis and project planning phase, the researcher identified and analysed key problems including a broad and extensive state-of-the-art review of literature to provide general orientation to the problem. The information gathered during this step confirmed the feasibility of the study. Specific steps during this phase included the following:

- Identification and analysis of the key problems

  This researcher's work emphasised the presenting problem of this study. Divorced families, several with latency-aged children, were referred for help because the children manifested disturbed emotional or behavioural functioning in several areas of their lives, including self image problems and poor academic functioning. Families had either little time or limited financial resources to commit to long-term therapy. Often the children's problems were of such an acute nature that families needed effective help in a relatively short time. A literature search revealed several

play therapy modalities for children with some focusing on problems stemming from divorce; however, due to their complex, unstructured and lengthy nature, most of the treatment programs were rendered relatively ineffective for most social workers. This information underscored the need for an effective yet easily useable short-term structured play therapy program that would address the specific emotional, behavioural and psychological needs of children of divorce.

- State of the present social technology

  Available therapeutic approaches for the treatment of children of divorce were shown to be overwhelming, confusing, general in nature, time consuming and mostly unstructured and included a wide and complex array of techniques. The available literature reviewed regarding divorce and play therapy for latency-aged children of divorce confirmed the need within the social work field for a short-term, effective and structured play therapy approach. Younger school-age children or latency-aged children between the ages of six and twelve years were shown by the literature to be a unique, at-risk group for the development of dysfunctional emotions and behaviours following the break-up of a family through divorce and were chosen as the focus of this study.

- Feasibility

  This researcher's extensive training in play therapy and work with children from divorced families who manifested emotional and behavioural problems confirmed the need for an effective, short-term play therapy. Background research showed that a new intervention program could significantly enhance the available resources of the social worker involved with children of divorce. The information showed that a shorter, less complex treatment program could solve the problem of limited finances and time constraints of parents seeking help for their children.

- Developmental goals

  The aim was to develop a short-term structured play therapy program focused specifically on the typical problems manifested by younger children, between the

ages of six and twelve years, following parental divorce. The aim was further to utilise a compilation of existing techniques and approaches but to structure it in a new format. The pilot program was tested for its applicability on a latency-aged child using a Single-Case (N=1) Experimental Design (Lundervold & Belwood 2000:92-103) with a pre-treatment and post-treatment assessment.

### 6.1.2 Information Gathering and Synthesis

The main source of information for this study of intervention development mainly consisted of the customary sources of information used for Knowledge Development. A comprehensive literature study was conducted about the effects of divorce, particularly on the latency-aged child, as well as play therapy and different therapeutic interventions for children of divorce.

### 6.1.3 Design

Rothman and Thomas's (1994:4-6) model of intervention research was utilised. As a type of applied research it consisted of three domains:

- Knowledge Development (KD) that led to increased information about the understanding of the problems associated with children of divorce;
- Knowledge Utilisation (KU), where the theoretical knowledge about the effects of divorce on children and play therapy approaches was converted from theoretical knowledge to an empirical research project for this study;
- The Intervention Design and Development (D&D) phase, where several different approaches were embraced to construct a newly developed short-term structured treatment program for children of divorce.

### 6.1.4 Early Development and Pilot Testing

During this phase the researcher created a limited operational model of the intervention for trial use and implemented a field test followed by revisions of the intervention. The

outcome was a seven-stage, short-term structured play therapy program that focused on the main areas of dysfunction prominent among latency-aged children of divorce, including bonding with parents, anger manifestation, accepting the divorce and understanding the concept of different homes and families. The program made use of different play therapy techniques currently in use but combined them in practical sessions focusing on specific themes. The theoretical tenets of this model were anchored in cognitive-behavioural theory, client-centred play therapy, dynamic elements gleaned from psychoanalysis as well as short-term structured play therapy models. The program was implemented by treating a latency-aged child from a divorced family.

### 6.1.5 Evaluation and Advanced Development

The researcher carried out a systematic evaluation of the efficacy of this treatment program by using a Single-Case (N=1) Experimental Design, developed specifically for evaluation in practice settings (Lundervold & Belwood 2000:92-103). There are typically two generic phases to this design: baseline and treatment. For the purpose of this study these phases were complemented by a comprehensive post-treatment assessment that could be compared with the baseline findings. The baseline evaluation for this study consisted of a comprehensive assessment of the child in his or her social context utilising the adapted model for assessment of the child of divorce (Venter 1999:92-115). Throughout the treatment, the child's progress was monitored followed by a post-treatment assessment utilising the same evaluation used in the baseline assessment.

The following section provides a discussion of the results of the study and a comprehensive description and discussion of the comparison between the baseline assessment and the post-treatment assessment.

## 6.2 DISCUSSION OF THE RESULTS OF THE TREATMENT PROGRAM

### 6.2.1 Comparison of the Baseline Pre-treatment Data with the Post-treatment Data

**Relationship with her father**

The pre-treatment assessment revealed that one of Sammy's major problems following the divorce was her view of her relationship with her father. Wallerstein's research on the effects of divorce on children (in Garmezy & Rutter 1983:283-285) identified the so-called Madame Butterfly complex where girls, especially those who are latency-aged, wait compulsively for the return of the father. The father usually makes no contact and is unlikely to return or resume a relationship with the child.

Sammy clearly manifested Wallerstein's Madame Butterfly complex accentuated by a grossly unrealistic view of her father. She portrayed him as involved in her life and as a caring and understanding person focused on her well being. In all the projective techniques of the assessment she portrayed him as close to her and very involved in her life. The truth, however, was that following the divorce her father had little to no contact with her and her sisters, and in the six years after the divorce, she had visited him once. Even prior to the divorce he was abusive towards the children. Sammy developed a powerful denial response of the reality surrounding her father that her family could not change. In this regard Anna Freud (1965: 9-11), in her landmark work focusing on psychotherapy with children, pointed out that denial defences are particularly strong among latency-aged children and they are often reluctant to change their internal view of events.

Sammy showed a need for the affection and love of her father, but since he was not available she developed a fantasy around him, portraying him and her relationship with him as perfect. She developed an anxious-avoidant attachment with her father and he did not react towards her nor was he available to fulfil her emotional needs. Typical to this type of attachment, in spite of no or little contact with her father, Sammy idolised him

and denied his shortcomings. She became the parent-child, incessantly concerned and worried about her father's well being instead of vice versa. In addition, Sammy's academic performance began to suffer due to an inability to concentrate and complete assignments on time. Her mother discovered that Sammy still slept with a photo of her biological father under her pillow. The mother also reported that Sammy slept poorly and woke up intermittently throughout the night.

Sammy's post-treatment assessment data showed a marked difference. She developed a realistic view of her relationship with her father. She acknowledged her sad feelings and her anger because he made no effort to contact her. Her projective techniques had a consistent theme where she placed him realistically as distant from her and she excluded and isolated him from her world and family activities. She confirmed this with projective play where she showed him busy with his own life. She verbally confirmed her understanding that he was not part of her world, although it saddened her. Although she still had an anxious avoidant attachment with her father with a need for his nearness and acceptance, she was aware that her father did not respond to her needs and that she felt rejected by him. Her mother reported that Sammy placed her father's photo in a special book and kept it next to her bed.

**Relationship with her stepfather**

Another problem area identified by the pre-treatment assessment revolved around Sammy's stepfather. She portrayed little contact between them in the projective techniques and consistently placed him at a distance from her with little interaction between them. During the conversation with Sammy she portrayed that her mother and biological father had a good marriage and got along well. She remembered that while the family was still together it was enjoyable. She revealed a longing for her biological parents to be together again and did not accept the presence of her stepfather in her life. She had never verbalised any anger towards her mother or her need for her original family to be together.

During the post-treatment assessment, Sammy identified her stepfather as a good friend. She portrayed a consistent theme of including him into her world and as part of her life. All the relevant techniques revealed a healthy interaction between them and it seems as if Sammy has accepted him. The information further showed that Sammy viewed her family constellation in a more realistic light. She admitted that her mother and biological father had conflict prior to the divorce and that they would not reconcile.

**Emotional functioning**

The pre-treatment assessment also showed that Sammy, in spite of her denial and insistence on being happy, was struggling emotionally. In the human drawing she portrayed herself as lonely and insignificant in her world and indicated that she is alone. In the kinetic family drawing she was shown not interacting with anyone. During the self-projection pictures she portrayed herself as frightened and scared. Her fantasy was to fly away or escape her world and her story was morbid with a hopeless ending. In addition, Sammy became over-adjusted and excessively compliant. Sammy became very involved with friends and at times would visit them without her mother's permission.

Her post-treatment assessment showed a marked change in her emotional development. All the relevant techniques, including projective play, drawing and sentence completion, had a consistent theme of hope and less worry. She consistently portrayed herself as content with adequate and healthy functioning.

She became more open and expressive about her emotional pain surrounding the divorce. Although she still expressed hurt and pain because her father did not contact her, she also portrayed herself as content. She seems to be more in touch with her negative feelings caused by the divorce and has a realistic view of her life.

### 6.2.2 The Role and Efficacy of the Different Stages of the Treatment Program

Gathering from the comparison between pre-treatment assessment data and post-treatment assessment data, the treatment program proved effective in reaching the stated

goals. The treatment goal of the first stage was to facilitate a process whereby Sammy could deal with the reality of the divorce. This included helping her to develop a realistic understanding of her parent's divorce and accepting the finality of it. This session confronted her with the realisation that the divorce of her mother and father was final and there was nothing she could do to alter it. It served the purpose to help Sammy come to a clearer understanding of the reasons for her parent's divorce. The post-treatment assessment data showed that Sammy began to understand that the divorce was neither her fault nor was there anything that she could have done to prevent it.

As a result of the positive outcome of the first stage of treatment, Sammy was ready to progress to the second stage of the treatment program where she had to deal with the loss and rejection caused by the divorce. The aim was to help her understand her different emotions about the divorce, and it was reached when Sammy became less defensive. She opened up about her feelings of sadness following the divorce and she was able to talk openly with her mother about it during and after the sessions.

Stage three proved effective in helping Sammy deal with and resolve her feelings of anger and helplessness. This involved her release of the aggression, irritation and frustration she felt towards her parents over the divorce followed by helping her regain a feeling of control. Previously Sammy internalised her anger, which manifested through over-compliant and "perfect child" behaviour alternated with passive aggression by disappearing to visit friends without permission, but with this stage she started to openly express her anger about the divorce and her father to her mother through projective play.

Stage four dealt with facilitating forgiveness of her parents and dealing with self-blame, and it aimed to help Sammy developed a more realistic perspective regarding the divorce and a better understanding of its consequences. It included forgiving her parents for divorcing and herself for failure to restore or save the marriage. This stage proved instrumental in helping Sammy move away from concrete-operational thinking and instead towards beginning to understand that the divorce is an irreversible reality as confirmed through the post-treatment assessment data. Since she was able to freely

express her anger towards her father, she could forgive him and change the unrealistic view she had of him.

Stage five helped Sammy accept the permanency of the divorce and relinquish longings for the restoration of the pre-divorce family, a theme that clearly showed in the post-treatment data. She was able to develop a comprehension that she was part of a two-home family and that her father has a place where he lives and carries on with his life. This factor was instrumental in moving her away from the incessant concern about his well being. During this stage Sammy also came to the realisation that her stepfather would not take the place of her father and that her stepfather was positively involved in her life, leading to her finally accepting him in the role of a good friend.

Stage six enabled Sammy to disengage from the parental conflict and distress while she explored pursuits that she enjoyed without being overly concerned about the well being of the adults in her life. It also aimed at helping her gain hope and a realistic vision for her future. She constructed a life-story book that showed she became hopeful and certain about the future, that she accepted her stepfather into her life and that she included her biological father realistically in her life. These factors were all confirmed by the post-treatment evaluation. She also invited her stepfather to the last session and included his marriage to her mother in her book.

During the last stage, termination, Sammy was able to create a meaningful end to the therapy and understood that it had to end. She portrayed independent behaviour and confidence during this stage, as evidenced by her emotional functioning in the post-treatment assessment.

Wallerstein (in Garmezy & Rutter 1983:281) and Moos (1986:139-176) held the view that there are specific psychological tasks the child of divorce must deal with in response to disruption and emotional turmoil. Wallerstein (in Garmezy & Rutter 1983:285-299; Wallerstein & Blakeslee 1996:288-294) identified six developmental tasks that were incorporated into the short-term structured play therapy treatment program developed for

this study. These tasks, already discussed at length in chapter two, included the following:

- Acknowledging the reality of the marital disruption;
- Regaining a sense of direction and freedom to pursue customary activities;
- Dealing with loss and feelings of rejection;
- Forgiving the parents;
- Accepting the permanence of the divorce;
- Resolving issues of relationship.

Gathering from the information gleaned from the post-treatment assessment data in comparison with the pre-treatment assessment data, it seems as if the treatment program effectively addressed these six psychological tasks necessary for the child of divorce. After the divorce Sammy developed powerful denial and an unrealistic image of the divorce and her relationship with her father to shield her from the emotional pain of the reality. She never fully acknowledged that the divorce took place and that her mother remarried since it would have shattered her fantasy about her perfect father and his eventual loving return to her life.

Following the treatment program she was able to acknowledge that her father was not involved in her life and to express her anger openly to her mother about the divorce and her eventual remarrying. She also expressed her anger towards her father and verbalised the sorrow and anger he caused by not contacting her. Her post-treatment assessment data showed that she realistically portrayed him as not being part of her immediate world with no contact with her and her siblings.

This emotional shift helped Sammy deal effectively with tasks three to five outlined by Wallerstein (in Garmezy & Rutter 1983:285-299; Wallerstein & Blakeslee 1996:288-294): dealing with loss and feelings of rejection, forgiving her parents; accepting the permanency of the divorce; and resolving issues of relationship with adults such as her mother and stepfather. The short-term structured play therapy program developed for

this study therefore seems to be effective in dealing with necessary and important psychological tasks identified by major researchers in the field of children of divorce.

### 6.2.3 The Assumptions and Goals of the Treatment Program

- The therapist dealing with the child of divorce can benefit from a treatment program specifically designed to treat the child of divorce.
- The therapist can more effectively and comprehensively focus on the main emotional and behavioural problems of the child if he or she has access to a structured play therapy program.
- This treatment program can assist the therapist and the family struggling with the psychological consequences of divorce as manifested by children in the family to deal with the problems effectively and over a relatively short period of time.

Gathering from the pre- and post-treatment assessment as well as an evaluation of the stages of the treatment program, the assumptions upon which this study is based have been confirmed. The treatment program utilised for this study worked effectively with a female latency-aged child and created psychological and emotional movement in a relatively short period of time. The program also does not need advanced training since all activities are clearly explained and all materials utilised in the sessions are easily obtainable.

The aim of the investigation was to develop a short-term structured play therapy program focused on latency-aged children of divorce and the objectives of the study included the following:

- To compare the newly developed treatment program with the existing literature.
- To test the newly developed model by treating a latency-aged child of divorce.
- To make available to social workers a practical, short-term, structured treatment program uniquely focused on the latency-aged child of divorce.

The available pre- and post-treatment assessment data indicate that the objectives were met.

## 6.3 DISCUSSION OF THE RELATIVITY OF THE RESULTS OF THE STUDY

The results of this study do not exist in isolation. Since all therapy takes place in a given context, several variables played a role in the positive outcome of this study. The context of the current study included the custodial parent, the mother, who accompanied her latency-aged daughter to therapy.

The biological father was not present or active in the child's life and was therefore not available to participate during the treatment. Both mother and daughter were highly motivated and participated well during and between sessions. The divorce also occurred more than six years ago and both mother and daughter brought with them to the therapy a readiness and willingness to pursue the issues underlying the presenting problems of the child following the divorce.

The stepfather, an active adult in the child's life, was also willing and ready to participate and to contribute during the process of treatment. Although the techniques, methods and structure of the treatment program fit this case well, a confluence of all the above factors, the treatment program, the child, the mother and the stepfather, played a role in the positive outcome of the treatment program.

This study provided evidence that a short-term structured therapeutic program for latency-aged children of divorce can result in a positive outcome. However, further study utilising this program with larger groups will shed more light on the reasons for its efficacy. As larger samples are utilised the methods can be refined and adapted over time to increase the efficacy. The technique of this program is based on a short-term, structured play therapy approach with activities already decided upon, which is incorporated within cognitive-behavioural and client-centered theory. Within this

framework, however, various adaptations and refinements can be made as children within different developmental phases are included in future studies.

The (N=1) Single Case Study design has proven effective in determining the initial efficacy of the treatment program in the case of this study. However, this design has certain limitations in generating knowledge about different contexts such as children from different genders and in different developmental phases (e.g., very young children and adolescents). Further research utilizing different designs will provide information about the stability of the treatment program across different samples.

The Single Case Study (N=1) research design is by definition a study with a small sample of one case. Although the single case study design has confirmed that the treatment was effective in this case, a larger sample could determine if the efficacy of the program remains salient when utilized on a larger scale. A larger sample could also include boys and girls. The present study was performed with one female and therefore the current findings cannot be generalised to both genders.

A question that further research may answer involves the participation of different parents. In the case of the present study the mother and stepfather participated. It remains to be seen if the program will be effective if the custodial and active parent during treatment is the father. Also, although the pilot studies during the development of the program included boys, further research with latency-aged boys from divorced families using the treatment program in its current format will shed light on the saliency of its efficacy across different and larger gender samples. The technique and format of developed treatment provides a clear and usable guide for future research in the area of short-term, structured approaches with existing and relevant problems in the field of social work, including children of divorce presenting with behavioural and emotional problems following the break-up of the family.

## 6.4 CONCLUSION

The treatment model developed for this study has the potential to effectively treat latency-aged children of divorce in a relatively short period of time. For social workers specialising in child play therapy the treatment program will be easy to use since all activities are clearly structured and explained with materials utilised in the sessions easy to obtain. As such, it could be a necessary and effective addition to the social work profession.

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