THE USE OF DIGITAL MEDIA WITHIN GESTALT PLAY THERAPY

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DECLARATION

I declare that THE USE OF DIGITAL MEDIA WITHIN GESTALT PLAY THERAPY 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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ABSTRACT

The world is dominated by digital media that have become central to many children's lives. Children born in the last 30 years have become known as 'digital natives', as digital technology has always been part of their experiential field. The use of such media in play therapy could offer innovative ways of enhancing dialogue with those children in whose field they are included, as they have been to date unexplored in play therapy interventions, possibly resulting in missed therapeutic opportunities.

This mixed methods research took the form of an email questionnaire sent out to play therapists in South Africa to ascertain whether digital technology is being used in therapy and, if so, which digital media are being used and how. Additionally, a focus group interview was conducted using the same questionnaire to ensure data triangulation. The data gathered were analysed qualitatively, and an understanding was gained regarding the current use of digital media in play therapy.

Key terms: digital technology; digital media; digital natives; play therapy; Gestalt philosophy; field theory; email survey; questionnaire; focus group; mixed methods research.

OPSOMMING

Die wereld is gedomineer deur digitale media en staan sentraal in die meeste kinders se lewens. Kinders gebore in die laaste 30 jaar staan bekend as Digitale Boorlinge aangesien digitale tegnologie altyd ‘n deel was van hulle ondervindingsveld. In spelterapie kan die gebruik van hierdie media innoverend wees om dialoog te verbeter met kinders vir wie digitale media ‘n deel van hulle veld is, en blyk ‘n leemte in spelterapeutiese intervensie te wees, wat veroorsaak dat terapeutiese geleenthede dalk verlore kan raak.

Hierdie gemengde metode navorsing het die vorm geneem van ‘n vraelys, uitgestuur per epos aan spelterapeute in Suid Afrika om vas te stel of digitale tegnologie in terapie gebruik word, watter media gebruik word, en hoe dit toegepas word. ‘n Fokus groep onderhoud was addisioneel gedoen om data triangulasie te verseker. Die versamelde data was kwalitatief ge-analiseer, en kennis was ingewin met betrekking tot huidige gebruik van digitale media in spelterapie.

Sleutelterme: digitale tegnologie; digitale media; Digitale Boorlinge; spelterapie; Gestalt filosofie; veldteorie; epos opname; vraelys; fokus groep; gemengde metode navorsing.

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CHAPTER ONE

INTRODUCTION TO THE STUDY

1.1 INTRODUCTION

This research study focuses on the possibilities of using various forms of digital technology as media in a play therapeutic situation with the aim of finding out how play therapists are using this technology in the therapeutic process. The theoretical foundation for the research was field theory, an aspect of Gestalt philosophy.

Modern youth and young adults, who have always had digital technology in their lives, have been dubbed ‘digital natives’ (Flanagin & Metzger, 2008:6). By the end of 2009, one in four people globally was using the Internet. At the time, Africa had 86,2 million Internet users – a 1 809,8% growth since 2000 – and South Africa had 4,6 million Internet users – a 120% growth since 2000 (*Internet Usage Statistics for Africa*, 2010).

Children are living in a world that is saturated with digital media. In addition, an enormous portion of the digital media market is aimed at children as young as nine months (Wartella, Vandewater & Rideout, 2005:501). In the USA, in 2005, it was found that 58% of three to four year olds, and 77% of five to six year olds had used the computer (Calvert, Rideout, Woolard, Barr & Strouse, 2005:598). This figure could be even higher now, given the fact that laptop ownership among the 8 to 18 year olds increased from 12% in 2004 to 29% in 2009, iPod/MP3 player ownership increased from 18 to 76% in the same period, and overall time spent on electronic media use increased by an hour every day in that five-year period (Media Use Statistics, 2010).

Mobile phone technology has also grown tremendously. A large study (6 000 respondents) done across five countries (Japan, Korea, China, India and Mexico) showed that, by the time children were 10½ years old, between 10 and 45% of children had phones; this number steadily increasing so that by 18 years of age between 65 and 98% had mobile phones (Aviles, 2009:8). With an almost 100% penetration of the South African market for mobile phones by October 2009 (Smith, 2009), it can be estimated that a large percentage of children and teenagers in this

country own their own mobile phones. Aggressive marketing of products such as mobile gaming for phones (Comviva, 2009:1) promises the continued growth of this media, especially among the youth.

With more than four billion mobile phone subscribers globally (McNab, 2009), and 400 million active users of Facebook (*Facebook Statistics*, 2010), digital media is changing the way people communicate. In this regard, such media allow for communication that is less demanding and time consuming than direct communication, making keeping in contact and maintaining relationships easier to manage (Facebook Data Team, 2009).

Taking the above statistics into consideration, it becomes clear that digital media pervade the lives of children who, from pre-school age, play with computers in the same way as they play with other toys (Plowman & Stephen, 2005:149). The researcher is of the opinion that play therapists need to use media that is relevant to their clients; accordingly, digital media can be used in many ways and in different phases of therapy.

Gardner (1991:667–670) suggests the use of Nintendo games in therapy as either an icebreaker or to help with certain issues such as problem solving, a means of dealing with success and failure, and a way to release and control aggression. Gardner goes further, saying that the use of such games can help children's perception of the therapist as being reasonably 'with-it'. Although there seems to a myriad of information with regard to the use of digital media, advanced Google Scholar and Unisa Library Searches found very few references to the use of digital media in therapy. According to the researcher, a therapist using digital media – be it computer, games or other – will indicate willingness to be a part of the child's world, and this could contribute towards developing and enhancing the therapeutic relationship. Johnson (2002:365) considers the use of a graphics pad – a computer input device for hand-drawing on the computer (Wikipedia, 2010) – to be a novel play medium owing to its ease of use and the interest it generates in both child and therapist. Other possibilities include making use of a camera or cell phone by taking pictures of children playing, sand-tray work or puppet shows in order to create a book or story that can be taken home to reinforce and amplify the work done in the

therapy room (Gentz, 2003:162; Surkin, 2003a:111; 2003b:115). These are easy and relatively cheap to do with the aid of a standard personal computer and printer.

According to Parlett (2005:43), the field perspective of Gestalt therapy is critical in defining the Gestalt approach. This field includes children in their family contexts, as well as in relation to the social, economic or other forces they might embody or reflect (Parlett, 2000, cited in Parlett, 2005:51). Gestalt therapists need to consider the self in the context of the field in the here and now (Toman & Bauer, 2005:182). According to the researcher, the field of young people has been affected by digital media which influence their approach to the world and the way they maintain relationships. This needs to be taken into account when the Gestalt play therapist works with children.

The researcher, as a mother of two teenagers and a seven year old, has been intrigued for many years to see how pervasive the influence of the computer is – despite restrictions on computer usage in the home – and how children's language and thoughts have been shaped by computer games and concepts. The games themselves are often played out in active play, and children have been seen to project parts of themselves onto characters from the games with excitement and energy. Hearing conversations among teens, it is noticeable how their field includes well-known computer games, current Mxit conversations and cell phone applications, serving as the basis for some of their conversations. Digital media would then seem to be both suitable and sometimes necessary for use in therapy to make contact with digital natives. In this study the researcher wanted to establish how play therapists use digital media in the different stages of the therapeutic process, and which digital media they find effective in therapy.

1.2 PROBLEM STATEMENT AND FOCUS

As soon as a researchable topic has been identified, a specific problem needs to be pinpointed (Fouché & De Vos, 2005:100). According to Hofstee (2006:85), the problem needs to be named within the topic that has been chosen.

It is clear that the world has become dominated by digital media in all walks of life, that this media is central to a large part of children's lives, and that it makes up a large proportion of their recreational time (Media Use Statistics, 2010; Plowman &

Stephen, 2005:149). As a result, there seems to be a need to be able to use this media in therapy as it can offer innovative ways to enhance dialogue with some children. Furthermore, it would appear to be an unexplored medium in play therapy intervention, possibly resulting in missed therapeutic opportunities.

The problem statement for this study is that, although children and adolescents live in a digital-media saturated world, very little has been written on how digital technology is being, or can be, used as a medium within the context of play therapy, possibly resulting in missed opportunities to make contact with some children. The focus of this research was thus on play therapists in South Africa and how they use digital media in therapy.

1.3 THEORETICAL POINT OF DEPARTURE, RESEARCH QUESTION, GOALS AND OBJECTIVES

1.3.1 Theoretical point of departure

Scientific research needs to be conducted within a specific paradigm (De Vos, 2005a:40), as this is a way of viewing research material (Delport & Fouché, 2005:262). Gestalt philosophy, in which Gestalt play therapy is grounded, and field theory, an integral part of Gestalt philosophy (Parlett, 2005:43), were the point of departure for this study. Field theory is concerned with a person's internal and external worlds, and the ever-changing relationship between them (Joyce & Sills, 2001:24), and thus people can only be understood within the system of which they are part (Clarkson, 2004:9). The field of many children and adolescents is dominated by digital technology, which needs to be taken into account when working with them.

1.3.2 Research question

Strydom (2005c:278) states that the research question should be refined from the problem statement and should lead to the goal.

The research question that was formulated for this research was: How is digital media being used by play therapists in South Africa?

1.3.3 Goal

The goal of a research study can be defined as the primary aim of the study – first-order thinking – and the objectives as the individual steps one has to take to achieve

the goal by breaking it down into more manageable units – second-order thinking (Fouché & de Vos, 2005:105; Lourens, 2007:13–14).

The goal of this study was to gain an understanding of the way in which digital media are being used by play therapists in the therapeutic setting.

1.3.4 Objectives

The following objectives were identified in terms of the research goal:

- to undertake an in-depth literature study on aspects of digital technology as used by children and adolescents, which could have potential for application within the play therapeutic situation
- to describe the theoretical basis of Gestalt philosophy and field theory
- to carry out a pilot study using an email survey in order to correct any design errors
- to gather data with the aid of an email survey using open-ended questions to gain information on the use of digital media by play therapists in the therapeutic setting
- to gather data from a focus group interview with play therapists
- to analyse and interpret collected data against the background of the literature study
- to make recommendations regarding the use of digital media to others in the field of therapeutic work with children

1.4 RESEARCH DESIGN AND METHODOLOGY

1.4.1 Approach

The approach used in this study contains elements of both basic research and applied research: basic research for the purposes of providing knowledge and understanding, and applied research as the study was directed at helping practitioners achieve their aims or at improving a situation (Fouché & de Vos, 2005:105; Jansen, 2007:9). As the researcher used both a questionnaire and a focus group interview for data collection, a triangulation mixed methods design was

implemented, with the collection and analysis of both quantitative and qualitative data being done at the same time (Ivankova, Creswell & Clark, 2007:268).

Use was made of an instrumental case study, which is an empirical inquiry that investigates a problem in its real-life context and occurs when cases are described in order to provide insight into an issue or phenomenon (Fouché, 2005:272).

1.4.2 Research method

Survey research – a quantitative design – was undertaken to collect the necessary data (Moore, 2006:xi), as there was a need to discover something and, according to Maree and Pietersen (2007a:155), to set out to describe and interpret 'what is'. This survey was undertaken via email, with an open-ended questionnaire being sent out to play therapists in South Africa in order to ascertain how they use digital media in the therapeutic setting. Open-ended questions, which were included in the questionnaire, have the advantage of respondents being able to provide detailed responses to complex questions, in the process revealing their thinking processes. Thematic analysis – a qualitative approach – of these responses yielded interesting information (Maree & Pietersen, 2007a:161).

Subsequently, a group of four play therapists and two remedial teachers was asked to participate in a focus group interview with the researcher using the same questions from the email questionnaire. This allowed for probing and clarification in order to obtain rich descriptive data (Nieuwenhuis, 2007:87). Using these different data sources ensured triangulation, thereby enhancing the trustworthiness of the study (Maree & Van der Westhuizen, 2007:41).

1.4.3 Sampling method

In research, the universe is defined as all potential subjects possessing the attributes which are of interest to the researcher (Arkava & Lane, 1983:27, cited in Strydom, 2005b:193). The universe of this study was play therapists in South Africa. In the same context, the population comprises the individuals in the universe who possess certain characteristics (Arkava & Lane, 1983:27, cited in Strydom, 2005b:193), which, for the purposes of this study, comprised play therapists who had completed their training at Huguenot College in Wellington.

Criterion sampling was used for this study, as certain characteristics of the respondents needed to be addressed (Nieuwenhuis, 2007:79–80). Criteria for selection for the survey were that respondents had to be practising play therapists in South Africa with access to email, and whose details had been made available to the researcher for research purposes by the Huguenot College. In order to ensure triangulation of data, a group of therapists was invited to participate in a focus group interview, with both criterion and snowball sampling being employed.

1.4.4 Data preparation and collection

1.4.4.1 Data collection

Data collection was done by means of an email questionnaire sent out to play therapists in South Africa. The relative cost of surveys administered via email made this a more accessible method of data collection than telephone or face-to-face interviews, and it sped up the data collection process (Couper & Miller, 2008:831–832). Further data collection was done by means of a focus group interview with six participants who met the selection criteria. Field notes and a recording were made for analysis.

1.4.4.2 Analysis

Data reduction was done by coding or assigning data to categories in order to organise information (Adler & Clark, 2008:461–462). Guided by the aims and objectives of the research, the data were broken up into meaningful segments and arranged systematically (Moore, 2006:153–154) so that conclusions could be drawn. Data analysis continued until no new themes emerged; this is referred to as data saturation (Nieuwenhuis, 2007:79). The data obtained from the email questionnaire, as well as those obtained from the semi-structured interviews, were analysed in this manner.

1.4.5 Trustworthiness

The two forms of data collection ensured triangulation which, in turn, assured the trustworthiness of the research. Furthermore, a thorough literature study was done against which the information obtained from the survey and the interviews can be understood. This ensured that the pattern that emerged from the data is credible (Nieuwenhuis, 2007:81). A pilot study was carried out using the email questionnaire in order to ensure that the questions were clear, thereby ironing out difficulties and

fixing design errors (Moore, 2006:127) that could have affected the outcome of the survey.

1.5 ETHICAL CONSIDERATIONS

Ethical constraints are put in place in order to protect all those who may be involved in the data collection so that no individual or group is harmed in any way (Hofstee, 2006:210). Although the research was of such a nature that it did not involve vulnerable people, the researcher did make sure that respondents to the survey and the participants of the focus group were well informed about the nature of the research, that they knew that they were free to back out of the study at any time without consequences of any kind, and that their anonymity would be protected (Hofstee, 2006:211). In order to do this, the researcher deleted personal particulars from all the survey responses and assigned a letter to each focus group participant instead of naming them. Furthermore, each email survey was accompanied by a short description of the research along with a copy of the research respondents' rights (Appendix B), and each focus group participant was given a form to complete and sign containing the same information (Appendix C).

A research project must be done in an ethically correct manner, and a competent researcher has to be objective (Strydom, 2005a:63). The researcher strove to maintain objectivity in this research and not to include her own biases in the evaluation of the data. She also aimed to write the report accurately and clearly, setting out all the essential information and pointing out all the observed shortcomings, with recognition given to all sources consulted, as pointed out by Strydom (2005a:66).

1.6 DEFINITION OF MAIN TERMS

Digital technology

Digital technology refers to all electronic goods, the content of which is based on zeros and ones, which are commonly used in the 21st century. These goods include computers and their various applications, laptops, mobile phones, DVD players, CD players, cameras, mp3 players, and console games.

Digital native

A digital native is loosely defined as someone who is under the age of 30 and therefore has had contact with digital technology since birth. A digital native is more comprehensively defined by how their immersion in digital technology has impacted on the manner in which they interact with information technologies, information itself, one another, and other people and institutions (Digital Natives, 2010).

Digital media

Digital media, in this study, comprise any form of digital technology used in play therapy as a means of facilitating the therapeutic process.

Gestalt philosophy

Gestalt philosophy is based on the philosophies of phenomenology and existentialism, dialogue and field theory (Yontef, 1993). Phenomenology states that it is impossible to know reality as it really is, and that we can only know it through our own perceptions and understandings (Crocker, 2005:66). Dialogic existentialism holds that change happens through contact between the therapist and the client (Yontef, 2005:83, 95).

Field theory

Field theory holds that the individual is a function of the organism/environment field, and behaviour is a reflection of an individual's relatedness within that field (Perls, 1973:25). The field as an encompassing concept concerns the relationship between part and whole, and in human behaviour this means connecting with others yet maintaining separate identities (Parlett, 2005:44).

1.7 CHAPTER LAYOUT

Chapter one: Introduction to the study

Chapter two: The application of digital technology in the play therapeutic situation

Chapter three: Gestalt philosophy, field theory, and the potential for the use of digital technology in Gestalt play therapy

Chapter four: Empirical study, findings and literature control

Chapter five: Conclusions, limitations, and recommendations

1.8 CONCLUSION

This chapter formulated the rationale for this study and briefly described the theoretical point of departure, the research question, goals and objectives, and the research design and methodology. Ethical issues pertaining to this study and the definition of the main terms were also dealt with. Chapters two and three will cover the literature background and theoretical foundation in more detail.

CHAPTER TWO

THE APPLICATION OF DIGITAL TECHNOLOGY IN THE PLAY THERAPEUTIC SITUATION

2.1 INTRODUCTION

We live in a world pervaded by digital technology. It is no longer possible to run a successful business without most, if not all, the up-to-date technology such as mobile phones, computer records, Internet facility, up-to-date websites and other applicable technology. People who were born within the last 30 years, since 1980, have always had the presence of digital technology in their lives, and have been dubbed ‘digital natives’ (Flanagin & Metzger, 2008:6). However, rather than defining a digital native by age only (those under 30), they are also defined by the way in which their immersion in digital technology has impacted on how they interact with information technologies, information itself, one another, and other people and institutions (Digital Natives, 2010). The purpose of this chapter is to give a brief overview of the development of digital technology, its various applications and use among the youth, and how it has been applied therapeutically.

2.2 DEVELOPMENT OF DIGITAL TECHNOLOGY

From the Electrical Numerical Integrator and Calculator (ENIAC) computer developed in 1946, which covered 167 square metres of floor space, weighed 30 tons and consumed 160 kilowatts of electrical power (Bellis, 2010), to the current PCs and laptops available which can handle vast amounts of data in fractions of seconds, and have the ability to store massive amounts of information on tiny microchips, it is clear that digital technology has moved fast. The past three decades in particular have been marked by an explosion of digital technology. Some noteworthy developments include the following:

- In 1980, 3,5 inch floppy discs for information storage were introduced, which were capable of storing a capacity of 1,5 megabytes of information (Floppy Disc Primer, 2010); in 2010, it is possible to buy small pocket-sized flash drives with a storage capacity of 128 gigabytes and a writing speed of 34 megabytes per second (Pilgrim, 2010).

- Compact discs (CDs) were first released in 1982, moving vinyl records out of the market by 1988, and cassettes by 1992 (*Timeline: Digital Technology and Preservation*, 2010).

- In 2004, just three years after its first appearance on the market, the iPod had sold over 5,7 million units, and in 2007, Apple released the first iPhone which is a mobile phone, iPod and Internet communications device combined in one unit, and includes a 2 megapixel camera, Google maps, traffic information, and many other features (Apple.com, 2007).

- The World Wide Web (www) was first released into the public domain in 1993 (*Timeline: Digital Technology and Preservation*, 2010) and had grown in usage to nearly 2 billion people worldwide by June 30, 2010 (*Internet Usage Statistics for Africa*, 2010).

2.3 DIGITAL MEDIA AND THE YOUTH

2.3.1 Time spent at screens

This explosion of digital technology is being met with varied responses from adults, as young people are embracing and absorbing every new type of technology that becomes available – much of it aimed specifically at the youth. A study done in 2009 shows that 72% of middle school students in the United States spends more than three hours every day in front of a screen – TV, mobile phone or computer – instead of doing homework (Trading Markets, 2009). In addition, parents are leaving learning up to computers and spending less time with their children (*Computers – a blessing or a curse?* 2010). Although this arrangement may be useful for overworked parents, many of whom believe that their children are learning from computers, there are others who caution against this.

2.3.2 Educational effects

Some studies have shown that the average young American's breadth of knowledge is being affected negatively, and this is attributed to the fact that teens prefer to go onto social sites than to use the Internet for information (Bauerlein, 2009:9–10). Braun (2007:9), however, contends that adolescents are practising literacy every time they use instant messaging, write a blog, or post something on a wiki, enhancing their identity at the same time. Accordingly, it would seem that not only

are there both pros and cons to the explosion of digital technology, but also that it would depend on each person's frame of reference or field as to whether they see advantages or disadvantages in the pervasive use of computers and the Internet.

2.3.3 Early childhood

There is a booming market for digital media aimed at every age. Videos, computer games and TV shows are developed and marketed for preschoolers, toddlers and babies, with some TV shows specifically aimed at children as young as 12 months and some DVDs aimed at an age range of between one and 18 months (Rideout, Hamel & Kaiser Family Foundation, 2006:4; Wartella *et al.*, 2005:504). Computers are being used in preschools where it has been found that children play with the computers much in the same way as they play with other toys (Plowman & Stephen, 2005:149). Furthermore, it has been found that with minimally invasive education (MIE), children are able to learn how to use computers effectively and the Internet independently, irrespective of whom they are or where they are in the world (Mitra, Dangwal, Chatterjee, Jha, Bisht & Kapur, 2005). This means that anyone with access to a computer can learn how to use one and explore its uses, as well as exploring Internet applications with their seemingly endless choices. Therefore, all children need is a computer in their home in order to have the door opened for them in terms of being able to develop the skills to use it.

2.3.4 The mobile phone

One rapidly growing market for digital technology among children and adolescents is the mobile phone. According to McNab (2009:566), there are four billion mobile phone subscribers globally, and social media are changing the way people are communicating. A large study (6 000 respondents) carried out across five countries (Japan, Korea, China, India and Mexico) showed that, by the time children were 10 and a half years old, between 10 and 45% of them had phones, with this number steadily increasing so that by 18 years of age between 65 and 98% had mobile phones (Aviles, 2009:8). With an almost 100% penetration of the South African market for mobile phones by October 2009 (Smith, 2009), it can be estimated that a large percentage of children and teenagers in this country own their own mobile phones. Aggressive marketing of products such as mobile gaming for phones (Comviva, 2009:1), the growth in the number of Facebook subscribers who log on

from their mobile phones (Facebook Statistics, 2010), and the increasing sophistication of the phones themselves which now include cameras, music players, and so on (Apple.com, 2007), promises continued growth of this media, especially among the youth.

Digital media is therefore an inescapable part of the lives of the youth. It is embedded in almost everything with which they engage, and is a part of the way in which they relate to their peers. Accordingly, it has affected their approach to developing and maintaining their relationships, and the way in which they conceptualise socialising.

2.4 TECHNOLOGY AND SOCIALISATION

In research conducted by the Nielsen Company it was found that the use of screens – TV, computer, and mobile phone – by Americans is still rising (Nielsen, 2009:4). Further findings show that the largest percentage of an individual's time (22,7%) is spent on social networking sites, with online games (10,2%), and email (8,3%) coming second and third. Another 12,3% of time is spent on portals, instant messaging and videos. This would indicate that much of the large amount of time spent on digital media is related to making and maintaining social contacts. As Nielsen reports, 12 to 24 year olds are increasingly connected and tech savvy (Nielsen, 2010) and would seem to be redefining the way in which they relate socially.

2.4.1 Relationships with others via social networking

Social networks such as Facebook, MySpace, Bebo and LinkedIn, among others, are growing rapidly. These social networking sites allow users to participate in online communities. Many of these sites are set up for members who share a common interest, although others do not have a main focus, with everyone being eligible to join (*Social Networking*, 2010).

Facebook is currently the world's largest social networking site and has grown rapidly in the six years since it was founded in February 2004 by the then 19-year-old Mark Zuckerberg (CrunchBase, 2010). It is now among the top ten sites visited by mobile users in the US, and is the most visited site in the UK via mobile device (mobiThinking, 2010). By the end of 2007, over one million new users were signing

up to Facebook every week (CrunchBase, 2010) and by 2010, in the space of less than two months, the researcher noted growth from 400 million active users with 100 million logging on via their mobile phones (Facebook Statistics, 2010, 12 June), to over 500 million users, of whom 150 million log on with their mobile phones (Facebook statistics, 2010). According to Facebook statistics (2010), 50% of active users log onto Facebook on any given day; the average user has 130 friends; and those using their mobile devices to access Facebook are twice as active as the non-mobile users.

Digital natives are constantly connected and have collections of friends, the number of which are available for all to see on their social networking sites. In addition, they have that network of support available at any time or in any place (Braun, 2007:15; Palfrey & Gasser, 2008:5). Social media enable communication that is less taxing than direct communication, resulting in relationships that are easier to manage (Facebook Data Team, 2009). It is easy to upload a photo of a person or an event on a computer or mobile device and send it to numerous friends in a few seconds. Such people are able to collaborate with others in a different manner to the previous generation and they experience friendship differently, as friendship can be easy to enter into and easy to leave, sometimes without any farewell (Palfrey & Gasser, 2008:5). This makes for a very different view of the world and of the self in the world, which needs to be taken into account when working with digitally connected children in the play therapeutic situation.

2.4.2 Online abuse

When setting up a personal profile page on a social networking site, personal information needs to be included. Some sites have the option of hiding some of this information, but many people are prepared to disclose vast amounts of personal data about themselves on the Internet. According to Palfrey and Gasser (2008:24), this information feeds into their digital dossiers, which is all the personally identifiable information associated with a person's name, much of which can be accessed by anyone searching the Internet (Palfrey & Gasser, 2008:40–51). This information can be used for the purposes of harassment online, sometimes escalating into the real world (*Media Awareness Network*, 2010).

Concern about online abuse and harassment has put Facebook under pressure to add an application to their site that can be downloaded and used as a direct link to advice, help and the ability to report a problem to the Child Exploitation and Online Protection (CEOP) Centre if they are worried about anyone's behaviour towards them online (CEOP, 2010).

2.4.3 Relationship with the computer

Besides the Internet being a medium for social contacts, Bracken and Lombard (2004:22–24) have found that computer users interact socially with the computers themselves and form relationships with them. Young children have greater social responses to technology than adults and can have intense reactions to computers (Bracken & Lombard, 2004:33, 34). According to the researcher, this is a form of projection whereby children project feelings onto another person or object which they themselves may be experiencing, and is another valuable aspect of children immersed in digital technology to be remembered when working therapeutically with them. Thus, socialisation among people has been influenced at many different levels by using digital media, and needs to be taken into account when dealing with people on an interpersonal level.

2.5 INTERNET AND WEB-BASED THERAPY

In less than 30 years, computers and other technologies have pervaded every aspect of modern life. As with any big change, there are always those who resist it, and others who caution against its use. Computers in therapy have also sparked much debate, particularly within the field of Internet or Web-based therapies (Abney & Maddux, 2004:3), which can take various forms:

- Web-based therapy refers to self-help and online information that is available to anyone searching the Internet.
- E-therapy involves a therapist who is actively engaged in therapeutic communication with clients, merely using the internet as a channel (Barak, Hen, Boniel-Nissim & Shapira, 2008:144).
- Online services can be done via email, which has the qualities of a traditional letter.

- Texting is done via mobile phone and is closer to dialogue.
- Video-conferencing adds non-verbal cues to the interaction (Tsan & Day, 2007:40).

Some of the first concerns about these forms of therapy have been about quality control related to therapies given over the Internet, policing the profession and possible addiction by those using the services (Abney & Maddux, 2004:14). However, a number of authors point out that the mental health field needs to take an active role in understanding technological advances, as computer counselling cannot be prevented (Abney & Maddux, 2004:19; Tsan & Day, 2007:53).

2.5.1 Online support

A Google search for online psychological support delivers a seemingly infinite array of options for therapeutic help in terms of self-help books, online counsellors who will answer questions straight away, different psychological approaches and promises of help with many different problems. A further Google search for online support groups reveals the existence of support groups for every conceivable problem, from gay and lesbian support groups, groups for those suffering from Attention Deficit Hyperactivity Disorder (ADHD), bipolar disorder, depression, Alzheimer's disease and autism, to support for people with conditions like fibromyalgia, herpes and lupus. There are also support groups for people involved in adoption, Christian groups, abused people, cancer patients and many others. In addition, there are support groups for people who live with those who have problems such as Sibkids – online support for children with siblings with problems, among others (Tichon & Shapira, 2003).

2.5.2 Advantages

Online therapy has the advantage of being able to reach the underserved population – those who are housebound or hospitalised or who have stigmatising problems. Certain types of online therapy are available 24 hours a day and there is a wide choice of counselling services available. Barak *et al*. (2008:144) found that Web-based therapy is as effective as e-therapy when the cognitive-behavioural and behaviourist approaches are used.

2.5.3 Disadvantages: potential problems regarding Internet use

In a 2006 study (Wells, Mitchell, Finkelhor & Blease, 2006:47), over 70% of health professionals reported working with a client who had had a problematic Internet experience. Some of these problems emerged directly as a result of the Internet, and others were pre-existing problems that were exacerbated by Internet use. There has been an attempt at creating diagnostic criteria for Internet Addiction Disorder, or IAD (Tao, Huang, Wang, Zhang, Zhang & Li, 2010:556), as Internet addiction can lead to poor performance at school, social isolation and the impairment of an adolescent's psychosocial development (Ni, Yan, Chen & Liu, 2009:327). It has further been found that there is a correlation between Internet addiction and symptoms of depression, anxiety and adult attention deficit hyperactivity disorder (Ni *et al.,* 2009:329). This would point to pre-existing problems being exacerbated by Internet use, rather than an addiction problem on its own. Huang and Leung (2009:678) found a correlation between excessive use of instant messaging (IM) and both poor academic performance and shyness – the shyer the adolescents, the more likely they are to be addicted to IM.

There has been an attempt to include IAD for possible future listing in the Diagnostic and Statistical Manual version V (DSM-V) owing to its similarity to pathological gambling, but at this stage there is insufficient research data and the DSM-V workgroup is recommending that it be included in the appendix of the DSM-V only at this stage, with the goal to encouraging further research (American Psychiatric Association, 2010).

2.5.4 Therapeutic applications of the Internet

Gustavsson and MacEachron (2008:46) propose an approach to help young people in foster care to create and maintain a sense of who they are by using the Internet. For children in foster care who may move from home to home a few times in their lives, many memories may be lost owing to lost photos of the families, lost siblings, homes, schools, friends and physical objects such as toys that were special. Being traumatised, as is the case with children in various foster homes, further complicates memory. Unlike a memory book which can also be lost, cyber records persist. These authors recommend a two-tiered approach, the first component of which involves the case worker uploading files and details of certain events – for example a party or

school event. The second component is to get the child to use it as an electronic diary, adding names of friends and pets, favourite music, movies, sport, food, or something memorable that happened. With an email account, enabled with the help of the case worker, the child will be able to access this information anywhere and at any time (Gustavsson & Eachron, 2008:48–52).

The exploration of therapeutic applications of the Internet seems to be in its infancy, with its potential limited only by the creativity of therapists. Although it is not a means within itself in therapy, it is a means to an end, and can be put to good use in many areas of therapeutic work, alongside other digital applications such as computer games.

2.6 COMPUTER GAMES

Computer games abound, and new and upgraded games are being released regularly. The Kalahari website lists 1 259 Playstation-2 games, 1 206 Playstation-3 games and 1 243 PC games for sale (Kalahari, 2010), while Intentmedia, an Internet company specialising in the entertainment, leisure and technology markets (*MCV the Games Business*, 2010), lists 50 games still to be released in the remainder of 2010, with another 17 in the early part of 2011. Aggressive marketing of mobile phone games (Comviva, 2009) is being done, all pointing to a flourishing gaming market.

2.6.1 Therapeutic games

Games have been developed to target certain specific problems. Many of these are downloadable free from the Internet. There are virtual reality games to help people with phobias, games battling fever monsters for paediatric cancer patients, and other games specifically targeted at certain life problems (Kharif, 2004).

The creator of the computer game ‘The Sims’ has suggested that children use the game in a therapeutic manner while playing in that they are able to create a microcosm of their lives and play out various scenarios. This game seems to be popular among adolescents who are able to express themselves by playing as their alter egos (Evers, 2004). Fanning and Brighton (2007:51) have taken this further by investigating the use of ‘The Sims’ in therapy and have found its usefulness to lie in the ability to create a safe place and an ideal family and to project a future and explore the consequences. They caution the presence of a therapist in its effective

use in that children would be interacting with a person and not the computer. In playing the game as intended, children can play a god-like role by creating and shaping characters, directing their lives, recreating relationships and venting emotions (Fanning & Brighton, 2007:48).

Robertson and Good (2005:43) have shown the development of children's narration skills through the authoring of computer games. This can be very useful in the therapeutic application when children struggle to write or express themselves, yet need to narrate aspects of their lives. Although this would be useful in extending the options available in therapy for children to tell their story in a medium with which they feel comfortable, the researcher feels that its limitation is that the therapist would need more specialised computer gaming knowledge than most play therapists possibly have.

There have been therapists who have attempted to create games to address specific problems. Wilkinson, Ang and Goh (2008:373) mention various studies that have used computer-simulated graded exposure to help people with anxiety disorders. Although this has been found to be effective, its effectiveness is limited, as virtual exposure is not as successful as real-life exposure.

A web-based game is being developed for children between the ages of five and 18 who are suffering from Autism Spectrum Disorder (ASD). It is designed to run easily on computers with Internet access, with details of the child's progress stored on a remote server that can be accessed by the player's clinician, ensuring that the game can be customised according to the changing needs of the player (Po, Lin, Chen, Patel, Awon, Allen, Lantz & Gerber, 2010).

Ceranoglu (2010:145) states that the unprecedented advances made in the nature and technology of available digital games has brought the field of psychotherapy to the brink of a revolution regarding the ways in which therapy for the youth is organised and conducted. Some of the advantages of using a game in therapy include being able to observe children handle challenges and frustrations, observe the way their self-regulatory mechanisms work, observe their capacity to improvise and find solutions, and to facilitate children playing out their problems when it may be too hard to talk about them. With careful assessment and awareness of the concerns relating to digital games, as well as increasing familiarity with game content,

therapists will be able to find a useful medium in what is an everyday toy for children in the 21st century (Ceranoglu, 2010:145).

Currently, many therapists are not digital natives, and their knowledge may be limited regarding the field of computer gaming. The researcher feels that a therapist would need to acquire the knowledge necessary in order to use this media effectively if the therapist is uncomfortable with digital technology. Then, as with most media, it can be a powerful asset in the therapy room when combined with skilful knowledge.

2.6.2 Online gaming

Online gaming is another aspect of therapeutic intervention that has been investigated over the past few years. Online gaming involves a game that is generally played over the Internet and includes anything from simple text-based games to games with complex graphics and virtual worlds that can be populated simultaneously by many players. These games have led to online communities, creating a social online activity (Wikipedia, 2010, s.v. 'online games'). In less than 40 years, online gaming has progressed from a two-person game on one campus, to millions of gamers interacting in a virtual three-dimensional world, having significant implications for future socialisation, business and education (Freddolino & Blaschke, 2008:426). These authors elaborate on the virtual world in which children can find themselves, and which provides them with the ability to create an avatar and imagine or role-play a different role to that which they have in reality (Freddolino & Blaschke, 2008:437).

Massively multiplayer online role-playing games (MMORPGs) refer to computer role-playing games in which hundreds, thousands or even millions of players – such as 'World of Warcraft' (WoW) with over 11 and a half million subscribers in December 2008 – can interact with one another in a virtual world (Wikipedia, 2010, s.v. 'massively multiplayer online role-playing games'). Players can join clans who are able to communicate with each other, and have to engage in some form of teamwork at times (Wikipedia, 2010, s.v. 'MMORPG').

Many positive outcomes of being involved in online gaming have been listed by various authors. Computer games have the potential for gamers to attain mastery in such skills as problem solving, self-directed and inquiry-based learning, development

of process intelligence, learning-in-action by developing competence through performance, and developing domain expertise by enacting the role of experts (Bonanno, 2007:6; Freddolino & Blaschke, 2008:430). Freddolino and Blaschke (2008:430), however, issue a warning with regard to the dangers of network intrusion, viruses, worms, cyber bullying and identity theft of personal information online which could lead to online predators finding individuals, increased social anxiety and decreased interpersonal relationships, as well as game-induced seizures.

On the website Video Game Addiction (2010), World of Warcraft (WoW) is named as the most addictive MMORPG as there is something for everyone – fighting, fantasy, playing together or playing alone. Every player can create their own identity and can earn better armour, equipment and WoW gold, and get to higher levels. There is no winning the game, as the game changes often. The game can be particularly addictive for those who feel powerless in the real world, for in the game they can wield great power (Video Game Addiction, 2010).

The virtual world of computer games can give players the opportunity to indulge in other ways of being and behaving, creating projections which can be used therapeutically. It can also create addictions to the games and the alternative personalities, which could create a need for therapy. These aspects will be explored further in the following section.

2.7 DIGITAL TECHNOLOGY IN THERAPY

Gardner (1991) suggests the use of Nintendo games in the therapeutic situation. He suggests this only as an adjunct by using it as an icebreaker and cites its advantage as helping the child's perception of the therapist as 'with-it', which is important for therapeutic effectiveness (Gardner, 1991:670). In the researcher's opinion, if use of the computer game enhances the therapeutic relationship, it not only serves an adjunctive function, as the relationship is not only central to the therapy, but also can be therapeutic in itself; thus using a computer game in this way can be therapeutically beneficial.

2.7.1 As a medium to enhance other work

In the literature, a number of therapists have reported that they have used digital media in therapy as a means of enhancing other therapeutic work done. Surkin (2003a:111) found photographing children's sand-tray pictures, recording any verbal comments made about them, transcribing them at home and creating a book for use at the next therapy session in order to further explore the metaphor to be a useful therapeutic aid. Similarly, Gentz (2003:163) suggests the use of a camera to capture images of puppets in a puppet show, which could be given titles or framed in order to reinforce and amplify the work done with the puppet show. With the digital technology currently available on many mobile phones, photographing and recording can be done very easily, and printing the story in the form of a little book, which is the child's own, can be done with a home computer or laptop and a standard printer in most people's homes.

According to the researcher, the approach of using digital media as a tool in therapy can be expanded as far as the therapist's imagination allows. A simple digital camera can be used by the therapist to take pictures of children or pictures of projections done in the various media – clay, sand-tray, painting, drawing – in order to enhance self-awareness. These pictures can be used to create a book, poster, collage, or anything else that may have meaning for the children, or that they may want to take with them as a memento of the therapy. Alternatively, the children themselves could be given the camera in order to capture images that are meaningful for them, and create a projection in this way. In the same way, a video recorder could be used by either the therapist or the children, and can be played back to them on a computer screen, as many children take great delight in seeing themselves on a screen.

A mobile phone is another item that can be used in a number of ways. Music can be downloaded and listened to, and the meaning shared and discussed. If children are reluctant to make contact, starting with a MXit conversation in the same room could be a good icebreaker, or it could be the means through which a difficult conversation could take place. There are many applications of digital media which can enhance the therapeutic experience, as long as the possibility of damage to the media is not too high, and the therapist is comfortable with making it available to the children.

2.7.2 As a medium in itself

Computers and digital games are very appealing to digital natives, and they seem to be naturally attracted to them, feeling at home and comfortable with their use. Cowan (2002:33) points out that face-to-face dialogue can be unknown to many children, and that their natural world needs to be taken into account. Thus, there is a need to reflect the media in which children play out their lives and, in so doing, their field outside the therapy room will be included in therapy.

According to the researcher, a computer in the therapy room could put a lot of children at ease at a time when they may be feeling apprehensive about being there, and can serve as a bridge between the two generations comprising the therapist and the child, forming the start of the therapeutic relationship. Owing to children's familiarity with computers, and their ability to interact socially with them (Bracken & Lombard, 2004:22–24), they may very well feel there is a familiar presence in the room with them, giving them confidence.

In 2002, Johnson suggested the use of a graphics pad – an input into a computer which allows for hand drawing to be done on computer – to be a novel play medium that many children love, as it is easy to use and generates interest in children and counsellors (Johnson, 2002:365). Furthermore, Oren (2008:364) elaborates on the use of board games particularly by children in the latency phase (6–12 year olds), and the author extends the benefits to computer games, saying that much can be learned from the children's reactions which tell about the inner person.

Accordingly, conversation can be sparked about various games that have been played, social networks that have been visited and other activities that involve some form of technology use. Children's projections may be revealed while discussing the games, and their field can be explored, revealing aspects of their process. A further advantage in some cases could be that the children might be more comfortable using the computer than the therapist is, promoting a sense of mastery in the children.

2.7.3 Games used in therapy

Aymard (2002) urges therapists to reframe the idea of the computer from a work tool to a toy, and to become comfortable with using the computer in this manner, as

children play with abandon in cyberspace. According to the researcher, a contemporary play therapist needs to be acquainted with this new dialect in the language of play as it can be used as a ‘hook’ to get children involved in the therapy.

The Funny Face computer programme (Aymard, 2002) consists of a face which can be made up with many different components in order to create a large array of emotions. Children can choose the emotion they would like to represent, or they can create a projection by building up a face which can be saved on the computer for future reference, or it can be printed and made into a mask for further therapeutic work.

Robson (2007:77–78) relates how the use of a specific computer game by one of his clients provided the child with the containment and emotional distancing he needed. The two-dimensional figures were less concrete than the sand-tray figures which gave the child enough distance from the immediacy of his overwhelming feelings. Once the child had satisfied these needs of distance, he was able to play out a similar story in the sand-tray and start to come to terms with some of his feelings.

An example of specifically created software to address a particular problem has been created by Bosworth (2002:67–81) who noted that much available software has violent themes and wanted to develop software to use in issues of mediation owing to electronic media being so attractive to youth. The programme guides two disputants through a process of mediation up to the point where an agreement is made which can be printed out, signed and kept by each child. The programme can be used independently and confidentially, with no time constraints, and has been enjoyed by the youth who have used it (Bosworth, 2002:78).

Bruce’s Multimedia Story is a computer-based story aimed at helping children in foster care and intended for one-on-one use with a child and therapist. It has been found to be very appealing to children as they are generally more adept at the digital technology and can be in control of the story (Cowan, 2002:37). Another similar application is a CD-Rom called My Life Story, which facilitates the creation of a life-book on the computer with printable pages of information that children can fill in about themselves on each page – personal information, likes and dislikes, stories from their own history, wishes and dreams, and a page for choosing an animal that they would like to be (Betts & Ahmad, 2010).

2.8 CONCLUSION

As digital technology continues to progress at its current rapid pace, affecting all aspects of life, there are those in the play therapeutic field who might want to keep pace with it, and make use of it to the benefit of the children they see. More and more research is being stimulated on the subject of various uses of digital media, but much remains to be done in this regard. There are still many therapists who are working with children who either feel slightly uneasy with the use of digital media in therapy, or who are not fully aware of what is available, and who perhaps do not feel at home themselves using these media. This is a temporary problem as the digital natives will grow up and possibly become the therapists of tomorrow. In the interim, however, there are a great number of unexplored media in digital technology which form the fields of many children and adolescents, which may yield an effective means of reaching that population.

CHAPTER THREE

GESTALT PHILOSOPHY, FIELD THEORY AND THE POTENTIAL FOR USING DIGITAL TECHNOLOGY IN GESTALT PLAY THERAPY

3.1 INTRODUCTION

This chapter will deal with some of the philosophical foundations of the Gestalt philosophy and Gestalt play therapy. The first part of the chapter will be given over to the theory of Gestalt, while the second part of the chapter will comprise an integration of digital technology and its use in play therapy, and how this fits into the Gestalt framework.

3.2 HISTORICAL BACKGROUND

The word Gestalt is a German word meaning a structure or configuration of phenomena – be it physical, biological or psychological – that has come together into a functional unit in such a way that its properties cannot be derived by a simple summation of its parts (Merriam-Webster, 2010, s.v.'gestalt'; FreeDictionary, 2010, s.v.'gestalt'). Perls (1973:3–4) states that:

> The basic premise of Gestalt psychology is that human nature is organised into patterns or wholes, that it is experienced by the individual in these terms, and that it can only be understood as a function of the patterns or wholes of which it is made.

Therefore, individuals cannot be understood by taking apart various aspects of their behaviour, but by seeing a person as a whole functional unit, the complexity of each individual within the whole environment, or field, can be appreciated.

In a similar manner, Gestalt theory is a synthesis of many different disciplines brought together by Fritz Perls, and woven into a new and meaningful whole (Kirchner, 2000). Although the Gestalt approach, started in the 1940s by Frederick (Fritz) and Laura Perls (Yontef, 1993), has its origins in the existential-humanistic tradition of psychology (Clarkson, 2004:3), Bowman (2005:4) points out that the richness of the contributions to Gestalt psychology include such diverse fields as

physics, feminism, Hasidism, Taoism, radical individualism and relational psychology.

According to Yontef (1993), the basic concepts of Gestalt therapy are based on phenomenology, field theory, existentialism and dialogue. Phenomenology states that it is impossible to know reality as it really is, we can only know reality through our own perceptions and understandings (Crocker, 2005:66). The 'field' as an encompassing concept concerns the relationship between part and whole and, in human behaviour, this means connecting with others yet maintaining separate identities. This was a part of the original premises of Gestalt therapy (Parlett, 2005:44). Dialogic existentialism holds that change happens through contact between the therapist and the client, and the paradoxical theory of change – which states that the more people try to be who they are not, the more they will stay the same – is closely related to this concept (Yontef, 2005:83, 95). Although the paradoxical theory of change was only posited in those words in 1970 (Beisser), its basic premise was already present in the origins of Gestalt therapy in 1951.

In 1951, Perls, Hefferline and Goodman's classic and essential text of Gestalt therapy, *Gestalt therapy: Excitement and growth in the human personality,* was published (Wysong, 1998). Although this text has served as the basis for the Gestalt approach, Gestalt philosophy has expanded and developed with time. As Rubenfeld (2008:301) explains in his comparison of Gestalt and evolution, Gestalt has also evolved by becoming increasingly complex, yet differentiated at the same time, and profound changes in the way in which Gestalt is taught and practised have occurred since the 1940s. It is clear that Gestalt is dynamic, responding to the field around it in the form of societal norms and worldviews, and so too there exists the opportunity and potential to respond to the digital society and the changed ways of making contact.

In the following sections, the basic concepts of Gestalt therapy – the philosophies of phenomenology and existentialism, dialogue and field theory – as suggested by Yontef (1993), will be discussed briefly.

3.3 PHENOMENOLOGY AND EXISTENTIALISM

3.3.1 Philosophical foundation

Existentialism was a European movement that emerged in the 1940s and 1950s, first adopted by Jean-Paul Satre and his associate, Merleau-Ponty, philosophers whose ideas formed part of the grounding of the Gestalt approach (*Stanford Encyclopedia of Philosophy* (*SEP*), 2010, s.v. 'existentialism'). The basic tenet of this approach is that we cannot understand what a human being is merely by adding together what we know from a combination of the natural sciences and psychology, but that we need something more – referred to as norms of authenticity – to grasp human existence (*SEP*, 2010, s.v. 'existentialism'). Existentialism further holds the view that people change, that there is no single essence of any person to be discovered, but that there will always be new problems as well as new opportunities (Yontef, 1993).

Phenomenology as a philosophy was initiated by Edmund Husserl in the early 1900s (Giorgi, 2008:33). Laura Perls, one of the co-founders of the Gestalt approach, was steeped in the philosophies of not only Husserl, but also of Heidegger, also a phenomenological and existential philosopher. Phenomenology is the study of 'phenomena', or the way in which we experience things, or in other words, the meaning things have in our experience from the subjective first person point of view (*SEP*, 2010, s.v. 'phenomenology'). Husserl and Heidegger's phenomenological methods became a solid foundation at the heart of the Gestalt therapy methodology and approach (Bowman, 2005:10; Clarkson, 2004:15).

In Gestalt therapy, the primary goal of phenomenology is to promote the process of healing and growth in individuals and groups by observing how the clients reveal themselves by their choice of words, tone of voice, body language, emotional reactions and other clues (Crocker, 2005:68). Yontef (1993) elaborates on this, stating that the Gestalt therapist considers both subjective and objective information, as well as feelings and observations, to be real and important data. Although the goal of exploring the self phenomenologically is to gain awareness, it is not sufficient on its own, as how people become aware – the awareness process – is also important for phenomenological investigation (Yontef, 1993).

Crocker (2005:67) lists three important rules, namely epoche, rule of description and the horizontalisation rule, which operate in the phenomenological process:

- **Epoche.** This is the most important aspect and involves bracketing the question of truth or falsehood of any or all interpretations of reality. Maurer (2005:241) adds that, owing to the fact that everyone has their own version of reality, it is vital to understand our own biases, and to be able to put them temporarily in brackets in order to understand another's point of view. Importantly, in understanding someone else's view, the significant element is not to ascertain whether the person is telling the truth or not, but to understand the meanings which the client gives to the events in life (Crocker, 2005:68).

- **Rule of description.** It is important not to interpret, but rather to describe, as explanations and interpretations are not considered to be as reliable as that which is directly experienced (Yontef, 1993).

- **Horizontalisation rule.** One element cannot be assumed to be more important than another. However, Crocker (2005:69–70) cautions against a therapist considering every aspect of the client's behaviour and revelations as completely equal, as it would be impossible to make sense of what was happening with the client, or to intervene in a meaningful way. Rather, she suggests that this rule be understood in terms of the therapist not sticking to any one hypothesis or insight to the exclusion of any other, and to constantly revise the assessment of the client.

In summary then, the phenomenological approach involves the therapist really focusing on trying to understand the world from the child's point of view. This needs to be done without imposing any external interpretation, judgements about the most important aspects, or personal biases, and rather to be describing behaviour, as opposed to interpreting according to the therapist's own values and worldviews. With this philosophical stance, the therapist can have a solid base from which to make contact with the child using the model of the Gestalt cycle of experience, which is used to describe contact between people.

3.3.2 Gestalt cycle of experience

3.3.2.1 Perls's cycle of experience

Perls (1973:15–16) has stated that no people are entities on their own. Everyone exists within a field, and behaviour is determined by the nature of the relationship between any individual and the field. Understanding this involves studying what happens at the contact boundary between the individual and the environment. All behaviour, emotions and thoughts, are the result of the way people meet and experience these events at the contact boundary.

In Perls, Hefferline and Goodman's original text (1951:403–404), contact is broken down into four stages. These are referred to as the following:

- **Fore-contact.** Here the body is the ground (or background) and the environmental stimulus is the figure (the issue or problem in awareness).
- **Contacting.** Here the problem becomes the ground, and a set of possibilities, some of which must be rejected and others chosen, becomes the figure.
- **Final contact.** Awareness is at its highest and there is spontaneous action with the self being the figure, and the environment and the body being in the background.
- **Post-contact.** There is no more figure/background, as the self diminishes again.

Since the original contact cycle was formulated by Perls, the idea has been expanded and a number of authors have explained it in slightly different ways. The following section will look at Woldt's model, as the researcher maintains that it is a well-developed and comprehensible model.

3.3.2.2 Woldt's Cycle of Experience

The 'cycle of experience' or the 'cycle of awareness' is a useful metaphor for understanding the flow of awareness and the processes involved in contact between people and the environment (Joyce & Sills, 2001:33; Melnick & Nevis, 2005:103; Reynolds, 2005:159). According to Woldt and Toman (Woldt & Toman, 2005:x), the cycle goes through the steps of sensation, awareness, mobilisation, action, full contact, assimilation and closure. To maintain healthy functioning and stay in balance, people need to move through the cycle of experience to fulfil their needs by contacting their environment (Reynolds, 2005:159). When there are no interruptions

to this cycle, emotional, physical and mental needs can be met as they develop, and organismic self-regulation – the way in which people regulate their various normal functions – will take place.

Disturbances or resistances of this cycle represent 'dis-ease' (Clarkson, 2004:36). Maurer (2005:252) reminds us however that resistance in Gestalt therapy is not seen as the enemy, but rather as the energy, as it is a creative adjustment to a situation. Some creative adjustments though, cause people to experience themselves as not in a good psychological or physiological relationship with their environment, and they are unable to go through the awareness cycle with ease or efficiency (Clarkson, 2004:50). Various authors have conceptualised the cycle of experience in slightly differing ways, however; for the purposes of this study, the researcher will be using the basic structure of Woldt's cycle (Woldt & Toman, 2005:x).

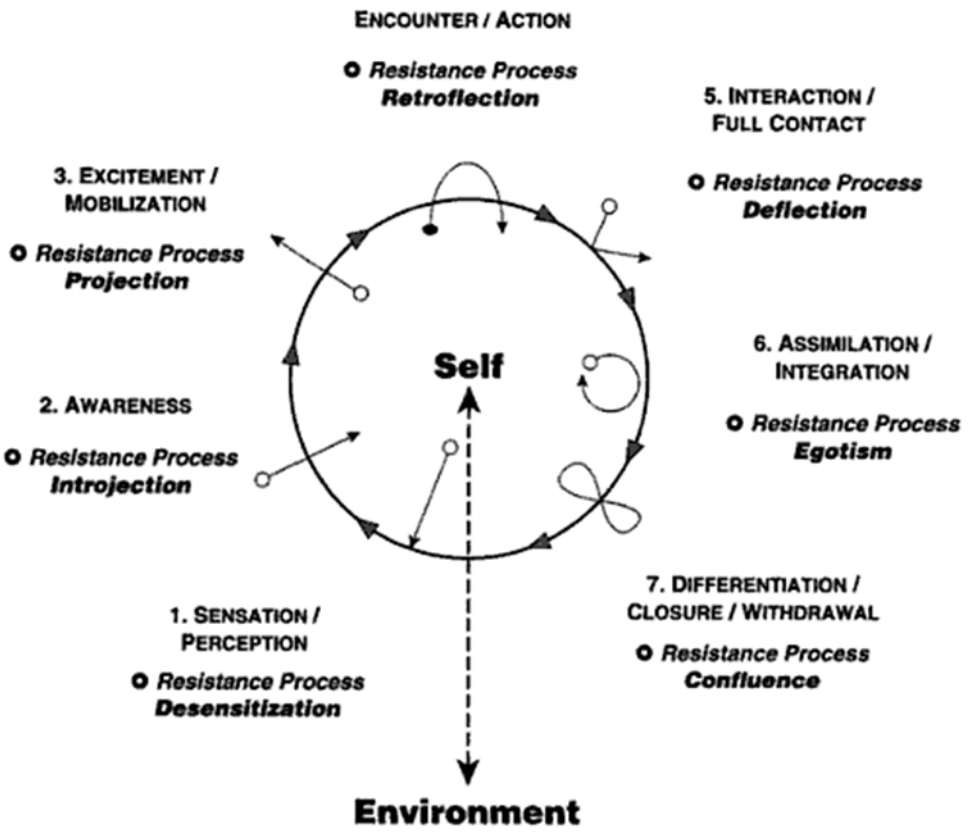

Figure 3.1: Diagram of Woldt's Cycle of Experience (Woldt & Toman, 2005:x)

These contacting and resisting processes will be discussed briefly, with an integration of these processes and the theme of digital technology being made in section 3.7.2 further on in this chapter.

- **Sensation/perception.** The sensation stage happens when there is sensory information from the environment which begins to register, but it has not yet come into meaningful awareness (Clarkson, 2004:38). When this stage is interrupted, the resistance process is one of desensitisation, and involves a shutting down of sensory perceptions, blocking internal and external stimuli (Joyce & Sills, 2001:118; Reynolds, 2005:163). This process can occur after people suffer trauma or abuse (Joyce & Sills, 2001:35).

- **Awareness.** According to Yontef (2005:87), awareness is at the very heart of Gestalt methodology, and includes observing the self on sensory, affective and cognitive levels, and knowing the choices available. Perls *et al.* (1951:75) wrote that awareness is spontaneously sensing that which arises within the self. An interruption at this stage could be as result of introjections – ways of behaving or feeling which have been taken into the self by force, and not by assimilation, and subsequently are not a genuine part of the self (Perls *et al.*, 1951:189). An example is the introjection many men have that 'boys don't cry'.

- **Excitement/mobilisation.** When awareness is supported sufficiently, excitement and energy are used for planning, deciding and preparing for the next stage of action (Joyce & Sills, 2001:34; Reynolds, 2005:162). Here the resistance could be in the form of projection (Woldt & Toman, 2005:x), which is a manifestation of behaviour not experienced by the individual as part of the self, but attributed to objects or other people, and then experienced as being directed back at the self, rather than the other way around (Perls *et al.*, 1951:211).

- **Encounter/action.** Action involves organising the activity, experimenting with different forms of action, and choosing and rejecting possibilities (Clarkson, 2004:40). This leads to engagement and encounter with the environment in order to satisfy the need (Reynolds, 2005:162). Retroflecting interrupts this process and Perls *et al.* (1951:146) describe this as the individual redirecting energy from the environment back to the self, therefore doing to the self that which was originally meant to be done to other people or objects.

- **Interaction/full contact.** It is at this stage that full and vibrant contact can take place, and the 'I-Thou' meeting can be experienced (Joyce & Sills,

2001:34). This contact takes place at the boundary between the self and the environment and, just as in the central tenet of the word ‘Gestalt’, contact is more than simply the sum of all its possible components (Clarkson, 2004:40). The resistance process to full contact is deflection, redirecting action and avoiding full and direct contact (Reynolds, 2005:163).

- **Assimilation/integration.** Clarkson (2004:42) identifies this stage as completion of the Gestalt, or whole. Feelings of integration, acceptance and satisfaction accompany this phase (Joyce & Sills, 2001:34). Disruption of integration can be due to egotism, characterised by people watching themselves or commentating on their own interaction with the environment, thus paying more attention to their own boundaries than on assimilating the experience (Clarkson, 2004:64; Reynolds, 2005:163).

- **Differentiation/closure/withdrawal.** This is when interest is withdrawn and the individual becomes available for the next cycle of experience, and when this gets interrupted, confluence takes place with the individual merging aspects of the self with another person or the environment, preventing healthy withdrawal (Reynolds, 2005:162–163).

- **The fertile void.** Joyce and Sills (2001:34) add an eighth stage, calling it the fertile void. This is a state of equilibrium and resting in an undifferentiated field, as well as, according to Crocker (2005:76), a way of emptying the mind and becoming in tune with non-being, and its potential fertility.

An example of the cycle of experience could be illustrated by the playing of a computer game. First, visual or auditory sensation will be awoken by an advertisement for a new game. With focused attention, awareness will be created of the details of the game and what market/age range it is aimed at. Mobilisation will occur as the details of finding the game are dealt with, and encounter will happen when the game is loaded onto the computer and a character profile is chosen. Full contact takes place when the person is actually playing the game, moving through the various levels of the game, and when the game has been played through and the various skills have been mastered, the experience is then integrated. The computer can then be turned off and the game put to one side or passed on to a friend. The

person will then be in a fertile void regarding computer gaming until the next exciting game is found.

The cycle of experience is a representation of how an individual makes contact with other people and objects in the world. When making contact with other individuals, Gestalt therapists use the guiding principles of the 'I-Thou' philosophy, discussed in the next section, to engage in true dialogue.

3.4 DIALOGUE

3.4.1 Gestalt dialogue

The writings of the Jewish philosopher, Martin Buber, and his philosophy of 'I-Thou', is the foundation for the Gestalt therapy values of presence, authenticity, dialogue, and inclusion (Bowman, 2005:12; Joyce & Sills, 2001:44). Buber states that the healing of modern consciousness cannot be done by merely focusing on poorly functioning human relationships, but by attending to the attitude we take towards all things and people that we meet in the world, and in particular, the possibilities of developing genuine meeting between people (Berry, 1985:x). Central to Buber's philosophy is the fact that there are two ways in which to relate to the world – be it objects or people. The first one is the way in which people relate in an objectifying manner, known as 'I-It', wherein a person is in a position of using the other. The second way is the reciprocal manner of relating, known as 'I-Thou' (Berry, 1985:x; Crocker, 2005:72). The 'I-Thou' meeting not only means being ready for another's revelation of Thou, wherever or whenever it may come, but also to be ready and willing to reveal one's own Thou to another, which implies being faithful to oneself (Crocker, 2005:72).

In Gestalt, Buber's philosophy requires therapists to work on their presence in the here and now, to be aware of themselves and to bring the self into the therapeutic encounter (Melnick & Nevis, 2005:110). Yontef (2005:95) stresses that the meeting between client and therapist, and the quality of their contact and relationship, is the largest determinant of the effectiveness of the therapy. Four points to consider when making contact follow in the next section.

3.4.2 Principles of contact

The following can be seen as the principles of contact in the therapeutic relationship:

- **Inclusion.** This can be seen as a slightly broader form of empathy, and is when the therapists, without judgement, try to understand how the client sees the world and feels about it. This does not mean that therapists will lose themselves in the world of the client, but rather it includes awareness of the therapists' own feelings, reactions and experiences, while being attuned to the client and allowing the self to be affected (Joyce & Sills, 2001:46; Yontef, 2005:95).

- **Confirmation.** Inclusion leads to confirming the existence of the client and the whole self, not only by acceptance of what is in awareness, but also acceptance of the client's potential for growth and the person they might become. This supports the client's self-acceptance which forms the core of the paradoxical theory of change (Joyce & Sills, 2001:46; Yontef, 2005:96).

- **Presence.** Being fully present implies that the therapist needs to be fully in the here and now, bringing the whole self to the meeting with the client, and allowing the self to be moved by the client (Joyce & Sills, 2005:44). Yontef (2005:96) goes further by saying that therapists need to be authentically present with genuine caring, which is shown by the willingness on the part of therapists to show themselves to the client at the appropriate times.

- **Commitment to dialogue.** Phenomenological dialogue is when two people's phenomenological experiences meet with openness, and without control or expectations of the outcome. Phenomenological bracketing enables open communication and contact, allowing something new and unplanned to come about. Both the client and the therapist will be changed in a true dialogic relationship (Yontef, 2005:96).

These principles of dialogue to make authentic contact, need to be considered within each person's individual world, as no one stands alone or isolated, but is part of the environment, as explained by field theory.

3.5 FIELD THEORY

The term 'field' was first used in physics in the 1840s to explain the magnetic field shown by the pattern made by iron filings on a piece of paper with a magnet underneath. When the magnet's position changes, so too does the pattern of the iron

filings (Parlett, 2005:46). Similarly, Kurt Lewin, a German psychologist, suggested that forces and influences act together to produce specific and unique outcomes in specific situations in psychology, and that a person must be viewed in the context of the environmental field (Clarkson, 2004:9).

Perls *et al.* (1951:73) state that the self and the environment are not independent entities, but rather together constitute a mutually influencing and total system, and that the self is non-existent without the environment. Perls (1973:25) again reiterates the importance of the field in his last book, emphasising that the individual is a function of the organism/environmental field, and that behaviour is a reflection of an individual's relatedness within that field. This field is constantly changing, both because of the nature of the field, and because of what we do to it as we change (Perls, 1973:25). This is well illustrated by the fact that digital technology is rapidly changing the world and many people are adapting to these changes by changing the way in which they relate to others and the world, thus being affected by the field and subsequently affecting the field. This has important implications for those working in the therapeutic environment.

3.5.1 Implications of field theory for therapeutic practice

Parlett (2005:47–51) identifies four elements of the field which have implications for therapeutic practice:

- The therapist is not detached from the field, but is a part of it. There is a new 'co-created' reality which emerges from this shared field, as the therapist cannot stand outside the relationship but co-creates the new relationship and field.
- The field is an organised one, with therapy being the investigation of how it is organised by both the therapist and client.
- Gestalt therapists work in the here and now, exploring the part of the field which is in the immediate present. The field is not static, but can change dramatically at any moment.
- The therapist needs to explore different parts of the field, and has to be open to considering the client in the family context, or social or economic contexts

or fields with which clients have to deal or which they reflect. This then includes attending to here-and-*then* issues, relating to an event occurring between client and therapist from a previous session, the *there*-and-now of a significant event occurring at the time outside the therapy session, and the *there*-and-*then* of something from the past which needs to be dealt with.

The here-and-now field of many children in the 21st century is imbedded in the digital age. Therapists therefore need to be up to date with this technology in order to be able to explore and investigate the field with the child, as the therapist cannot be detached from it. Taking this part of the field into account can create a solid foundation for the therapeutic relationship and may act as a springboard for change in the child.

3.5.2 The field and change in therapy

Yontef (2005:92–93) refers to important points which influence field process thinking and change in therapy.

- Change within therapy is a function of the client-therapist field, and positive change, as well as disruption, is caused by this new system created by the client and the therapist.
- There is no universal truth regarding the field, as it is seen from a specific point of view and so the therapist's viewpoint is only one of many, and the client's viewpoint is equally important and needs to be respected as such.
- Any observation needs to take into account the time and space in which it takes place. Behaviour at any particular moment may be indicative of that person's behaviour in general, or it may be simply a function of that specific moment.
- Holism is part of the field perspective and consequently means that therapists need to work with the body, the environment, current systems and past systems.

With this perspective, Parlett (1991, cited in Parlett, 2005:53) proposes that change in the client could be achieved by the therapist changing, as what the therapist brings to the field will affect the field, and this will have consequences for the client.

For this reason, he goes on to emphasise the importance of the Gestalt therapists' psychological fitness-to-practice, as everything in a person's phenomenal field becomes part of any new fields which are subsequently created.

The extent of a play therapist's immersion in the field of digital technology will have an impact on the co-created therapeutic field and, as the therapist needs to work with the whole environment and its current systems, knowledge of the digital field could play an important role in the therapeutic process. Understanding that observation takes into account the time and space within which behaviour occurs, it is clear that this historical point in time be understood by the therapist in order to get a clearer understanding of behaviour. Only once people can understand and accept themselves as they are – and this is helped by the therapist accepting the children as they are, that is, digital natives – is change possible. This is clearly set out in the paradoxical theory of change.

3.6 THE PARADOXICAL THEORY OF CHANGE

The paradoxical theory of change was proposed by Arnold Beisser in 1970, making explicit what he felt was implicit in the practice of Gestalt techniques, and what he felt was present in much of Frederick Perls' work. He states his theory briefly by saying "that change occurs when one becomes what he is, not when he tries to become what he is not" (Beisser, 1970). His premise is that the patient needs to forget temporarily what he would like to be, and try to be what he is, thus standing firmly in one place (who he really is) in order to have a firm footing from which to move (change).

Yontef (2005:82) states that the paradoxical theory of change is at the core of the Gestalt therapy change theory, and elaborates on Beisser's theory by saying that when people are able to identify with their whole selves the conditions for their wholeness and growth are created. When people are unable to identify with all of themselves and disown their basic feelings, there will be inner conflict, and fewer resources will be available to them to be used in interactions and contact between the self and others in the environment (Yontef, 2005:83).

The use of digital technology has transformed the way people approach contact and relationships with others. Some forms of social networking and computer gaming

could cause problems in terms of people being able to identify with their whole selves, and subsequently stifle their ability to grow and achieve wholeness, creating inner conflict and depleting their resources to make effective contact with others. In other cases, being able to explore different aspects of the self through the use of digital technology may well enable individuals to enhance their awareness of their whole selves, and they may grow from this solid base.

The next section will explore how digital technology, and its use in therapy, can be understood in the light of Gestalt philosophy and therapy.

3.7 DIGITAL TECHNOLOGY AND ITS USE IN GESTALT THERAPY

Digital technology is used in media which work on digital codes based on the binary numeral system, using '0' and '1' for representing data (*Oxford Dictionary*, 2010, s.v. 'binary system'; Wikipedia, 2010, s.v. 'digital media'). This binary digital data, an endless combination of zeros and ones, is a computer 'language', which is then interpreted as information in the form of words and images which we can understand. And so, digital technology in all its many forms, be it the computer with all its applications, a mobile phone or an iPod with all its musical possibilities, creates a much greater experience than the basic units of zeros and ones. As in Gestalt, the whole is much greater than the sum of the parts.

3.7.1 The phenomenological-existentialist view and digital technology

With the rapid momentum of the development of digital technology and its degree of penetration in every aspect of life, there has been the creation of a new generation, the 'digital natives'. Studying the way in which people see things forms the phenomenological approach, and thus there is the challenge for therapists working with children who have embraced this technology to understand the new ways in which they are viewing the world. In the researcher's experience, children can become engrossed in digital media, spending large amounts of time in front of the computer, TV or mobile phone, and when not in front of a screen, much of their conversation with friends revolves around games and their strategies. Little has yet been written on the subject of how and in what ways this technology has influenced and affected the ways in which people think and behave, and therefore play therapists need to be particularly sensitive to understanding the child and not make

assumptions about the way the child may or may not understand certain aspects of contact and communication.

To have information, communication, support and almost every kind of service at everybody's fingertips has created a different worldview from the one that existed 30 years ago, and the impact of this is not yet fully understood. One clue to illustrating the difference between the worldview of those who have always had this technology in their lives compared to those over the age of 30, is the recurrent experience of the researcher of seeing the wonder and amazement with which over-30s learn about the latest technology, compared to a digital native, who will simply embrace the latest digital wonder with equanimity. The expectation of this younger generation is that almost everything is possible, and they are not surprised by anything.

The researcher feels that bracketing any interpretation of truth, as suggested by Maurer (2005:241), is vital when considering using digital technology in therapy. Many therapists may feel that this technology is incompatible with the therapeutic process. This may be based on assumptions of what could happen if it were used, or it may be a result of a lack of information regarding the many and varied uses of digital technology. The researcher believes that only by putting aside one's own biases and by trying to understand the world of the digital native will a therapist be able to understand the meaning that the child attributes to the computer, mobile phone, Play-station, the world that they inhabit in a computer game or their self-created avatar in cyberspace.

The horizontalisation rule states that no one element should be considered more important than another (Crocker, 2005:69–70); likewise, according to the researcher, therapists should not consider certain media in the therapy room to be more important than others, as a child's involvement in digital games could be of vital importance to that child. The corollary of this, however, is that the therapist should not assume that technology is important to the child merely because it is available.

3.7.2 Cycle of experience as applied to digital technology

The average child spends a number of hours every day in front of a screen of one kind or another (Trading Markets, 2009; Nielsen Wire, 2010:4), and could be using this to promote contacting or resisting mechanisms in the Gestalt cycle of

experience. Using the cycle of experience according to Woldt (2005:x), as set out in section 3.3.2.2., the various steps in the cycle will be looked at in relation to digital technology.

Sensation/perception

Sensation can be activated by the excitement of a game with all the detailed graphics, or by new information gained on the Internet, both of which stimulate sensory awareness.

Awareness can also be resisted with the use of any activity involving digital technology, as it is a two-dimensional activity and can absorb the user to the point of cutting off and desensitising him or her from the environment. In 2005, a 28-year-old man went into cardiac arrest and died after playing the online game, StarCraft, for 50 hours uninterrupted, with only a few bathroom breaks (Cain, 2010). This is an example of complete desensitisation to the real world and any bodily sensations he may have been getting regarding physical tiredness, hunger, or any other signs which may have indicated to him that his body was near to giving up.

Awareness

Awareness of the self can be enhanced by exploring different aspects of the self by creating avatars on social sites, or developing a personality on certain computer games. These alternative selves can be experimented with, explored and lived out in more extensively than was previously possible.

Introjection can occur when moral values within gaming, or within certain online communities, are taken into the child's self without discrimination.

Excitement/mobilisation

The mobilisation to plan action may be easier to engage in when it is done online, in a game, or in a virtual world. For those people who struggle to do this in real life, mobilisation may be facilitated by having contacts and access to services at the fingertips and available anywhere, and so this step may be taken at any time or place, whenever the opportunity arises.

Projection, on the other hand, can be engaged in easily too, as thoughts and feelings can be projected onto others in a virtual world. This could have useful implications

for therapy, as projections are used as a technique to elicit thoughts and feelings from the subconscious, bringing them into awareness.

Encounter/action

Action involves choosing between alternatives and experimenting with different options. In a virtual world this can be done safely, without severe consequences if less than optimal choices are made, and the experimenting can continue. If, in a game, a certain choice is made, and it is a choice which perhaps ends that particular game, then the player can try again, being free to make mistakes and learn from them without coming to any harm.

Interaction/full contact

For many people who struggle to make full contact, using digital media to enable contact with others may facilitate the process. It is easier to go ahead with a plan or make contact with someone using mobile phone texting, email or a social network on the Internet. Sourcing services too is done more easily via the Internet, even such services as therapeutic help for those who are self-conscious about going for help or who have stigmatising problems.

Doing things this way may open the possibilities for full contact for some people, leading them to improve interaction in the real world, but for others it may increase their isolation and inability to make true contact in the future. This will increase the inclination to deflect, thus avoiding full and direct contact.

Assimilation/integration

At the completion of the Gestalt, there is a sense of satisfaction, and that sense is there too for gamers who complete a certain level of the game. It is exceedingly difficult for a player to stop in the middle of certain parts of the game; in fact, some games cannot be saved in the middle of a level, forcing the player to continue until it has been completed. Some games such as online games do not have an end goal, but can continue indefinitely, thwarting Gestalt completion, encouraging players to continue playing indefinitely.

The resistance process of egotism is a possibility in online or Internet-based therapy. The individual may have gained a lot of insight into problematic behaviour or feelings, but may not have vented those feelings or integrated that experience by

moving on from that position. The result could be that this person would pay more attention to contact boundaries and self-evaluation than to assimilating the experience or the newly gained awareness.

Closure/withdrawal

Instant messaging, texting or social networking can help bring closure to issues, especially if the person may have unfinished business from the day which prevents sleep at night. Going online and completing an unfinished conversation for instance, could provide the person with the inner peace to withdraw from the situation.

On the other hand, keeping that channel of communication open and being accessible at all times and places can make withdrawal impossible. The child who has Mxit (online instant messaging) can text all day and all night to friends, and is also not safe from bullies even in the safety of the home. The businessman who goes on holiday with his mobile phone is not able to withdraw from his work, and will not experience any closure or subsequent rest.

The fertile void

With constant connectivity, it is very difficult to empty the mind and become in tune with non-being, and this would need a special effort on the part of a digital native.

The contacting and resisting processes can be facilitated, encouraged, or engaged in with the use of digital technology, and as such, is a useful model to use when working with children of the digital age and understanding some of their behaviour.

3.7.3 Enhancing Gestalt dialogue by using digital technology in therapy

Therapists practising inclusion need to throw themselves into the experience of the client to the point of feeling as if it were happening to their own selves (Yontef, 2005:95). With this in mind, the researcher is of the opinion that trying to understand how a child experiences relationships via social networking and Mxit, and how games are experienced, will need to be done with an open mind and without judgement. Many adults who have never chatted on Mxit, or engaged in playing computer games, may well consider them a waste of time. It is the researcher's experience that children, even reticent ones, become animated when talking about their favourite games. Therapeutically, this could be helpful in eliciting conversation when building a relationship, and in facilitating projections. Asking the child to show

them some aspect of the game helps therapists put themselves in the child's shoes, and is an example of inclusion, as the therapist thereby confirms and accepts the child, which supports self-recognition and self-acceptance by the child.

Oaklander (2007:21) explains how important it is for the therapist to meet the child as an equal and not as a superior, accepting the child as is, without creating any expectations. If a child is someone who plays a lot of digital games, displaying interest in the child's world of digital media may be an unexpected but welcome attitude from the therapist. By doing this, the therapist enters both the child's world and the child's field, exploring them together.

3.7.4 Field theory and the digital world

The magnetic field changes when the magnet moves and, in field theory, the metaphoric magnet (any aspect of the field) moves all the time, thereby changing the field constantly. According to the researcher, one of the biggest 'magnets' of the late 20th century early 21st century has been the development and worldwide spread of digital technology, changing the field for the entire world, and causing fields in every corner of the world to potentially have an impact on each individual. Not only has our frame of reference regarding the world, our relationships and our access to knowledge changed completely, but the possibility of being part of many more fields has come about because of instant global communication via email, a myriad social networking groups and online gaming.

Any person's behaviour is a reflection of how that individual relates within the field (Perls, 1973:25), and so it is important for the therapist to understand the client's field. Although any child in play therapy in the 21st century has grown up in the digital and computer age, it does not necessarily mean that every child has had the same amount of exposure to all the technology available, or that it has the same impact for every child. However, play therapists need to be aware of this influence. Not only has the digital age affected the way people behave, but people, and especially digital natives, influence and affect their field by using the technology in certain ways.

Therapy is an investigation of how the field is organised (Parlett, 2005:47–51) and, according to the researcher, using some digital technology in therapy gives the child

the opportunity to show the therapist the digital world. This will not only enhance the child's self-acceptance, but also be an area where mastery of a particular skill can be shown. In the therapeutic relationship, the therapist is often looked at as the problem solver, particularly in therapy with a child, as most children look to adults as the carer or the one with the answers. Getting the child to show the therapist some aspect of digital technology can be one way of letting the child take the lead and gain confidence in the relationship. This is also a way of working in the here and now, and children may feel that they are the ones who are up to date and that the therapist is old-fashioned.

There is no absolute truth regarding the field, as the child and the therapist view it from different angles (Yontef, 2005:92–93). Considering this, the researcher is of the opinion that the therapist needs to suspend all judgement as to the validity of the use of any digital media in therapy and its potential value, rather seeing what its meaning is for the child. By being open to this aspect of the field – as with any part of the field – the therapist can use it as a bridge to understanding the child and affirming the child in all the various fields that play a role.

3.8 CONCLUSION

One of the hallmarks of Gestalt therapy is the potential for creativity in both the therapist and client in their newly-created field, in order to develop awareness. Creativity is required in all aspects of play therapy, as each child and each therapeutic relationship is different. The many possibilities of digital technology have the potential for stimulating that creativity to meet the many and varied needs of each individual and it can generate numerous ideas to stimulate the therapist, the child and the therapeutic process.

CHAPTER 4

EMPIRICAL STUDY, FINDINGS AND LITERATURE CONTROL

4.1 INTRODUCTION

The use of digital technology in play therapy and the Gestalt philosophy has been discussed in the previous chapters. The goal of the empirical study was to collect data concerning the use of digital technology in play therapy, and to analyse, interpret and compare the data against the background of the literature study. This chapter will deal with the ways in which practising play therapists experience and use digital technology in the therapeutic situation.

Data were collected by making use of a survey and a focus group. This chapter describes the methodology for the research, including the preparation for data collection and the execution of the empirical study, as well as its results. Analysis of the data, including the process of analysis and interpretation, highlighting seven themes, is described. Cross references to the literature, as presented in the second and third chapters, serve as a literature control.

4.2 RESEARCH METHODOLOGY

This study used a combined quantitative and qualitative approach. In terms of this mixed methods approach, the researcher uses multiple methods of collecting and analysing data, or gathers data from multiple sources to ensure triangulation (De Vos, 2005c:357, 361–362). The use of triangulation ensures that any bias which is inherent in a particular data source or method is neutralised when used together with another data source or method (Creswell, 1994:174, cited in De Vos, 2005c:361). These multiple perspectives can provide a greater degree of confidence that the results accurately capture the target of the research (Padgett, 1998:32, cited in De Vos, 2005c:361). The specific mixed methods design employed by this study is the triangulation mixed methods design, which is suitable for collecting both quantitative and qualitative data at the same time in order to compare and contrast the different findings (Creswell *et al*., 2003, cited in Ivankova *et al.*, 2007:268).

Basic research is done for the purposes of providing knowledge and understanding, and applied research is aimed at helping practitioners accomplish their aims or

improve a situation (Fouché & De Vos, 2005:105; Jansen, 2007:9). This research study contains elements of both basic and applied research. Owing to the fact that little has been written about the use of digital technology in play therapy, basic research is necessary as it aims to provide knowledge about how therapists are currently using digital technology in play therapy. Additionally, there are elements of applied research owing to the fact that this study may be able to provide useable ways in which to apply digital technology as a medium in therapy, thereby helping practitioners to accomplish their therapeutic aims.

Use was made of an instrumental case study in order to answer the 'how' and 'why' questions (Nieuwenhuis, 2007:75) – in this case the questions of how and why play therapists do or do not use digital technology in therapy. Nieuwenhuis (2007:76) points out that one of the strengths of a case study is that multiple sources and techniques are used in the data gathering process, and that, although the data is largely qualitative, quantitative data may also be included. Data can be gathered in several ways, in the case of this study it was done with a survey and a focus group.

Gestalt philosophy and field theory (Parlett, 2005:43) served as the theoretical basis used in the formulation of this research, as people need to be understood in terms of the system of which they are a part. Digital technology is a part of the system for many young people and children, thus this aspect of their field needs to be explored.

4.2.1 Data collection procedure

The purpose of the data collection in this research was to explore the ways in which play therapists are using digital technology in the therapeutic situation, and to describe both the technological media that they find useful and the ways in which it can be applicable in therapy. The aim was to provide information regarding the many possibilities of the application of this media in play therapy. This information might prove useful to those who have not considered the addition of this media in the play therapy room, or to those who lack knowledge of the options available within this media. Furthermore, the information might create an awareness of the relevance of digital media to children living in the digital age.

The quantitative portion of the study took the form of a survey. Survey research was undertaken in order to collect data (Moore, 2006:xi) as there was a need to discover

something. A survey, as explained by Adler and Clark (2008:216), is a study in which the same data are collected from all the members of the sample, and this is usually done in the form of a questionnaire. The objective of the questionnaire is to obtain facts and opinions about a phenomenon from the people who are informed in that area (Delport, 2005:166). In this research study, the use of digital technology as used in play therapy was the phenomenon about which facts and opinions were surveyed, and practising play therapists were the informed people in the area under discussion. The researcher made use of an Internet questionnaire, as it was one possible way in which to reach a reasonably large number of people relatively quickly.

Qualitative data were collected through a focus group interview. A focus group requires between three and twelve participants with homogenous characteristics in terms of the criterion for which the researcher selected them (Adler & Clark, 2008:275). Additionally, for this survey this research required the participants to be practising play therapists. Focus groups can be used alone, or in combination with other data sources, such as supplementing a questionnaire (Adler & Clark, 2008:275), as in this study.

4.2.2 Data collection techniques

The researcher used data triangulation which included a literature review, email surveys, a focus group, the researcher's experience, and field notes made during data collection.

4.2.3 Sampling method

The universe is defined as all potential subjects possessing the attributes which are of interest to the researcher, and the population is the individuals within the universe who possess certain characteristics (Arkava & Lane, 1983:27, cited in Strydom, 2005b:193). The universe for this study consisted of play therapists in South Africa, and the population comprised play therapists who had completed their training at Huguenot College in Wellington.

The criterion for inclusion in the study with regards to the email survey was that the respondent needed to have a valid email address. Addresses of potential respondents were taken from previous student lists supplied by Huguenot College

and data were gathered from all those who responded. The sample was small – 37 responded (17% of the total), 12 of whom did not fulfil the criterion as they were not practicing. However, in homogenous populations where participants are similar in respect of the variables important to the study – such as all being play therapists – smaller samples may be adequate to represent the population (Maree & Pietersen, 2007b:178).

Initially, the researcher intended to conduct one-on-one interviews with some play therapists in the area; however; as none of them use digital technology in any form, another means of data collection was found. Thus, for the purposes of data triangulation to ensure validity and reliability, the researcher held a focus group interview to obtain additional data (Ivankova *et al.*, 2007:268). Although criterion sampling was also used for the focus group, snowball sampling, with participants bringing in others known to them (Strydom & Delport, 2005:330), was also needed in order to increase the number of participants in the group to the required number.

Details of setting up the questionnaire and focus group will be explained in detail in the following section.

4.3 THE EMAIL SURVEY

Questionnaires, sometimes referred to as surveys, are, according to Adler and Clark (2008:216), the most widely used methods of collecting data in the social sciences. Owing to the rapid growth in the use of computers worldwide, the use of Internet and emailed surveys has increased (Adler & Clark, 2008:234). The advantages of using email questionnaires – similar to postal surveys – include cost-effectiveness, with respondents being able to complete the questionnaire at a convenient time, and information being obtainable for a brief period of time. Disadvantages specific to emailed questionnaires are that they have a lower response rate than postal questionnaires, with a response rate of between 7 and 44% (Schoniau, Fricker & Elliot, 2001:20, cited in Adler & Clark, 2008:235), and they have a high rate of participants beginning but not completing the study (Crawford, Couper & Lamias, 2001, cited in Adler & Clark, 2008:235). These disadvantages were confirmed by the researcher's experience. Further disadvantages are that the conditions under which the questionnaire is completed cannot be controlled, no one can assist the

respondent with any problems, questions may be wrongly interpreted, and only those with email can be potential respondents (Adler & Clark, 2008:234; Delport, 2005:167; Maree & Pietersen, 2007a:157). Despite these problems, the email survey was found to be the best option for obtaining the information required and, with this in mind, the researcher set up the questionnaire as clearly and comprehensively as possible.

4.3.1 Questionnaire and pilot study

Subsequently, the researcher compiled an interview schedule based on the literature review, the goal of the research, the outcomes of the pilot interview and consultations with other researchers. Care was taken to ensure that the questions were comprehensive and that they were stated clearly and unambiguously (Maree & Pietersen, 2007a:160).

The questionnaire was compiled using the guidelines set out by Maree and Pietersen (2007a:160), who describe a good sequence for a questionnaire as starting with non-threatening questions dealing with biographical details. Furthermore, the topics addressed by the questions in the questionnaire were relevant to the study and followed a logical order. Open questions were used, as a thematic analysis of the responses (qualitative analysis) was planned, and this allowed respondents the opportunity to provide answers in detail (Maree & Pietersen, 2007a:161).

The validity of the questionnaire was assured by basing the questions on the literature study. Subsequently, it was sent to other researchers for comment, as suggested by Pietersen and Maree (2007:217). Based on these responses, a few minor changes were made to ensure clarity. On completion of this step, the questionnaire was tested by four play therapists to ensure suitability and clarity for the study. Their reaction indicated that the questionnaire was suitable for use in the study.

4.3.2 Obtaining permission

An initial request to participate in the research in the form of an email was sent to all those with an email address on the list of current and past students studying play therapy at Huguenot College. This email gave the title of the research, explained the

confidentiality procedures and gave an estimation of the time that would be required to complete the survey. The sample that responded was sent a second email containing the ethical considerations and a brief description of the research, as well as the questionnaire.

4.4 TELEPHONIC INTERVIEWS

In order to gather further data from alternative sources, the researcher phoned a private play therapist and a counselling centre that has 15 counsellors working with children. The private play therapist sometimes takes pictures of sand-tray projections for her personal use, but is against the use of any digital media in therapy. The counselling centre records its sessions on DVD, but uses no other forms of digital media in the therapy itself. Therefore, no additional data were available from these sources. Subsequently, in order to verify the survey data, further data were gathered by means of a focus group, using the same questions from the questionnaire.

4.5 THE FOCUS GROUP INTERVIEW

4.5.1 Sampling

The participants for the focus group were selected from those who responded positively to the initial request to participate in the email survey; accordingly, they were requested to attend the focus group instead of completing the survey. One of the disadvantages of a focus group is that it may be difficult to get all the participants in the same place at the same time (Nieuwenhuis, 2007:91). This was the case with this focus group as, owing to unforeseen circumstances, only two of these respondents were able to attend. As a result, snowball sampling was employed (Strydom, 2005b:203), with one of the participants calling on three people known to her, and one of them bringing along yet another participant. This resulted in a total of six participants for the focus group interview.

4.5.2 Ethical considerations

The purpose and nature of the research, and each individual's rights as a research subject were explained to the group. The same information was also presented in writing in the consent form, which each participant was given to complete and sign.

4.5.3 Practical considerations

The focus group was held in close proximity to most of the participants' homes. The group of participants sat around a table with the researcher acting as moderator and asking the questions, as is commonly done with focus groups (Adler & Clark, 2008:276). A video camera was set up to record the interview, and the researcher explained that she would be taking notes, as these are of importance in capturing qualitative data (Nieuwenhuis, 2007:92). Most participants chose to sit with their backs to the camera owing to their discomfort at being videoed. The researcher reassured them that no one but her would watch the video and that it would be erased once the interview had been transcribed.

The participants were thanked for their willingness to attend, and initial biographical questions were asked as an icebreaker and as a form of getting to know one another. The discussion that followed was prompted by the same questions that were used in the email survey.

4.6 ANALYSIS OF THE DATA

Data reduction was done by coding or assigning data to categories in order to organise information (Adler & Clark, 2008:461–462). Guided by the aims and objectives of the research, the data were broken up into meaningful segments and arranged systematically (Moore, 2006:153–154) so that conclusions could be drawn. Data analysis continued until no new themes emerged, which is called data saturation (Nieuwenhuis, 2007:79). The data from the email questionnaire, as well as the data from the focus group, were analysed in this manner.

4.6.1 Survey

4.6.1.1 Organising the data

The data were initially sorted into three categories – firstly, therapists who had never used digital technology, secondly, those who described themselves as using it only in a few instances and, finally, the third group who had used digital technology in a number of ways, and who were comfortable using it in the play therapeutic situation. The three sets of data, without any identifying information of the respondents attached, were then cut and pasted onto a single document with large margins in order to leave space for notes by the researcher (Adler & Clark, 2008:459). The data

were read and re-read by the researcher to familiarise herself with them, as suggested by Nieuwenhuis (2007:104). During further readings, a highlighter was used to start the coding process, as certain words and phrases were highlighted in order to start finding meaningful segments (Nieuwenhuis, 2007:105).

4.6.1.2 Coding the data

Coding was done in the margins of the document containing the survey responses. Meaningful segments were coded with descriptive words, which were then listed on a separate piece of paper, cut out and sorted into piles in their appropriate categories (Nieuwenhuis, 2007:105).

4.6.1.3 Generating categories

To help with the process of categorising the data, the researcher followed the guidelines of Braun and Clarke (2006:87–92), who suggest that a visual representation, such as a mind map, be used. In the research, the mind map generated seven identifiable categories or themes. These themes will provide the headings for the sections under section 4.10: The use of digital technology: Findings.

4.6.2 Focus group

4.6.2.1 Organising the data

The focus group interview was recorded on a video camera, and the researcher made detailed notes of the responses (Nieuwenhuis, 2007:89), which were then reflected on, re-read and retyped within three hours of the end of the focus group. It was only possible to transcribe the video recording two weeks later owing to the format of the recording not being compatible with the available computer, and another means of replaying it had to be found – in this case it could only be replayed in audio format. This technical problem, which directly related to the researcher's digital media, was a cause of frustration and led the researcher to wonder if similar problems relating to digital media might be one of the reasons that prevent some therapists from using this media in therapy.

4.6.2.2 Coding the data

Data reduction was managed by organising the collected data into electronic audio-files, which were transcribed into text. Coding was done in the same manner as for the survey, with the codes being rewritten on a separate sheet, cut up and sorted into categories. Five categories were found, which showed similarities to the survey,

as the same questions had been asked and this led the responses naturally to fall into similar categories.

4.7 VALIDITY AND TRUSTWORTHINESS

A number of factors could affect the trustworthiness of the research, and they need to be addressed to ensure the validity of the findings. The drawbacks of the email survey were referred to previously – the conditions under which the questionnaire is completed cannot be controlled, no one can assist the respondent with any problems, questions may be wrongly interpreted, and only those with email can be potential respondents (Adler & Clark, 2008:234; Delport, 2005:167; Maree & Pietersen, 2007a:157). The limitations of focus groups include the fact that the samples are small and may not be representative; some quieter participants' opinions may not be voiced; participants may feel that they need to conform with the group norms and not express an individual opinion; and it may be difficult to organise the practicalities of getting the group together in the same place at the same time (a problem which the researcher encountered) (Adler & Clark, 2008:277; Greeff, 2005:312; Nieuwenhuis, 2007:91). These limitations were addressed by making use of triangulation to ensure that any bias inherent in either the survey or the focus group could be neutralised when used together (Creswell, 1994:174, cited in De Vos, 2005c:361).

4.7.1 Transferability

A problematic issue of using qualitative research is its transferability to other settings (De Vos, 2005b:346). However, De Vos (2005b:346) goes further to explain how this can be countered. Stating the theoretical parameters of the research is done by referring back to the original theoretical framework, which, in this case, is the mixed methods research of a survey and triangulating multiple sources of data by including a focus group.

In the section to follow, the findings of the survey will be discussed first, followed by a discussion on the findings from the focus group. Finally, ways in which to use digital media in play therapy, taken from findings of the survey, the focus group and the literature study in chapter two, will be synthesised and discussed, and then integrated in table form for ease of reference.

4.8 RESPONSE RATE

A total of 319 emails were sent out. Of those, 100 came back marked ‘Mail delivery failed’. Hence, of the 219 successfully delivered emails, a total of 52 responses were received. Included in these were 12 who responded that they were not currently practising and thus could not participate. Of the other 40 respondents who indicated a willingness to participate and who were emailed the questionnaire, 25 questionnaires were returned. Two of these responses were unreadable on the return email and had to be rejected, and one respondent said that she could not complete the questionnaire as she did not use digital technology at all.

The following two graphs display these figures. Figure 4.1 shows the results of the responses to the initial email requesting participation, and figure 4.2 indicates the results of responses to the actual survey.

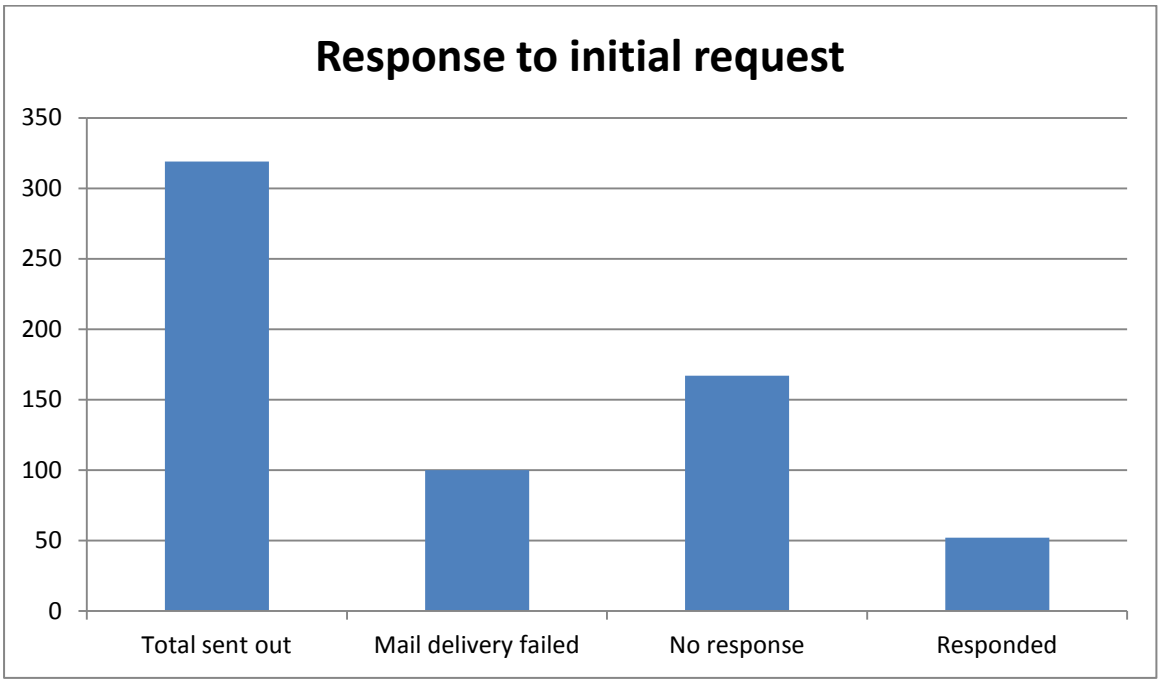

Figure 4.1: Response to initial request for participation in survey

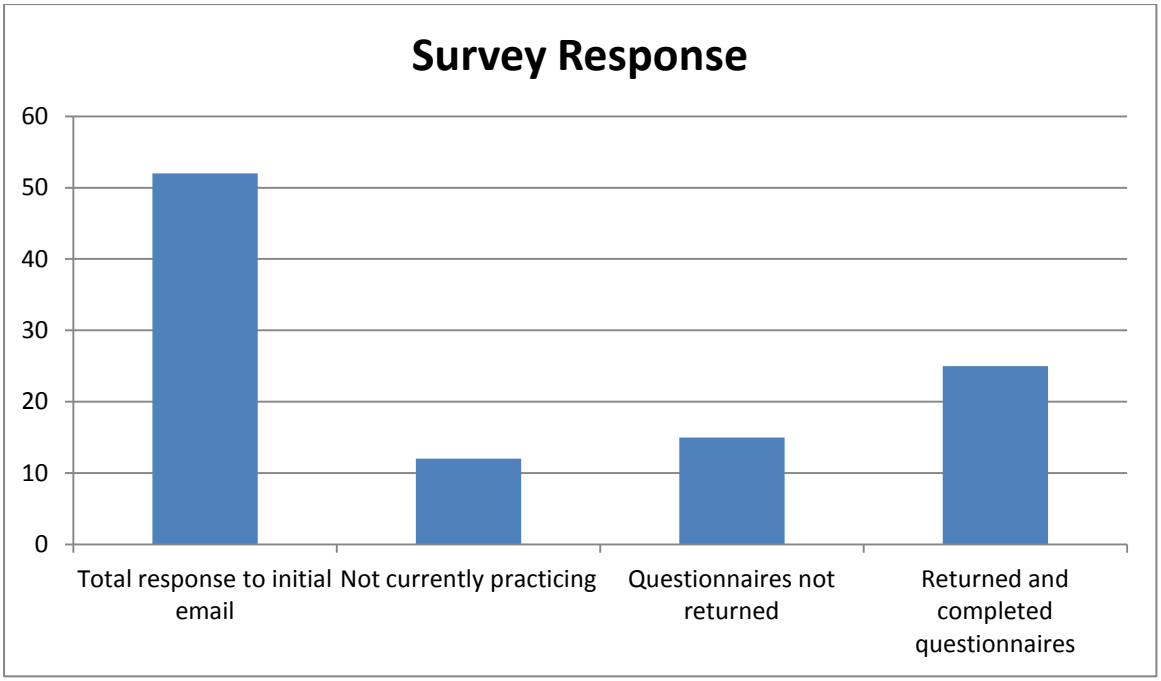

Figure 4.2: Survey response

Initially, in the course of getting to know the data by reading and re-reading them (Nieuwenhuis, 2007:104), the researcher found that all but one of the eight respondents who had said that they had never used digital technology in therapy nevertheless completed the questionnaire with their speculations as to how they would use it. The researcher decided to use this data where applicable, as the respondents indicated a positive approach to using digital technology in therapy, and generated creative ideas with regard to its possible use.

4.9 BIOGRAPHICAL DATA OF SURVEY RESPONDENTS

The number of years that respondents have been working in the play therapy field was categorised. Accordingly it was found that ten therapists had been working for 1 to 2 years, seven for 3 to 5 years, three for 6 to 10 years, and two for more than 10 years (24 years and 28 years respectively). The number of children seen by each therapist was also categorised. Nine of the respondents are seeing 0 to 5 children per week, seven are seeing 6 to 10 children, and six are seeing more than ten children per week. This then shows a response from therapists with differing levels of experience, and with differing numbers in their client base. The researcher does not have any means of establishing whether or not this is a representative sample of

play therapists currently practising in South Africa, and this could be seen as a limitation of this study.

4.10 THE USE OF DIGITAL TECHNOLOGY IN THERAPY: SURVEY FINDINGS

Suggestions and responses obtained from the survey questionnaire will be reported on in the subsequent section under the following headings which form the major categories, with their sub-categories being explored in the sections that follow:

- The reasons for therapists making use of digital technology
- Types of digital device used in therapy
- Age group and applicability of digital media
- The therapeutic stage at which digital media are considered for use
- Various kinds of media and their use in therapy
- Advantages of using digital technology in play therapy
- Disadvantages of using digital technology in play therapy

4.10.1 The reasons for therapists making use of digital technology

Two sub-categories were established under the category of why play therapists choose to use digital technology in the therapeutic situation. The first sub-category comprised the reason that it is a part of the child's field, and the second is that it can be used for relationship building.

4.10.1.1 The field of the child

One of the reasons many respondents cite for using some form of digital technology in therapy is that this technology is a part of the children's world. Accordingly, children are comfortable with the use of digital technology, and it forms part of their language because they communicate with digital media as it "... is a common part of so many children's lives". Furthermore, according to another respondent, digital technology is "... part of today's children ... and they can relate to it so well, it is part of their field/world." This is borne out by Palfrey and Gasser's statement (2008:5) (see section 2.4.1) that digital technology has, in fact, changed the way in which children experience friendship. Digital technology is fashionable, familiar, relevant,

known to them and part of their field. This supports the notion that children need to be seen in the context of their environmental field (Clarkson, 2004:9) (see section 3.5). When the therapist introduces this media, according to one of the survey responses, children may be more willing to participate in therapy as they may feel understood within their field, because, as stated in section 3.5, the individual is a function of the organism/environmental field (Perls, 1973:25). This puts them at ease, knowing that the therapist is serious about building a relationship with them, and co-creates the new relationship and field (see section 3.5.1) (Parlett, 2005:47–51).

4.10.1.2 Relationship building

Sixteen of the 22 analysed responses used the word ‘relationship’ – in terms of developing, building, or improving – as a reason for using digital technology, and a further three specified that it was being used, or could be used, to get into a child’s world. This supports the notion mentioned in section 3.3.1 that the significant element is to understand the meanings that the clients give to the events in life (Crocker, 2005:68), such as their relationship and response to digital technology. One respondent said: “It [digital technology] could be helpful ... to make a connection and build a relationship.” According to Cowan (2002:33) (see section 2.7.2), face-to-face dialogue may be unknown for many children and their natural world needs to be taken into account when building a relationship. In this case, their natural world often includes digital media. Yontef (2005:95) (see section 3.4.1) stresses that the relationship between therapist and client is the largest determinant of therapeutic success, so using digital technology in therapy could clearly be of value as it furthers this goal. In addition to the literature, two respondents noted that if the situation is one in which the child knows more about the digital device in use than the therapist and can show the therapist how the device works, the child’s confidence may be bolstered, and subsequently the relationship may be strengthened.

4.10.2 Types of digital device used in therapy

A wide variety of different digital devices were mentioned in the survey responses and the media used appears to be dependent on what is available to the therapist. Another point to note is the fact that many digital items are multifunctional devices, such as mobile phones with built-in cameras, video recorders and storage for music,

besides possibly other functions as well. Devices mentioned were iPods, mobile phones, cameras, video cameras, computers, laptops, music players, the Internet, and Play-station (only mentioned by one), with two respondents querying the potential use of Nintendo Wii games. Two noteworthy items emerged here. Firstly, there is a wide variety of devices available and, secondly, most of these devices have multiple uses.

4.10.3 Age group and applicability of digital media

The sub-categories which emerged within this category were the age to be considered, its applicability for children with some form of disability, the importance of the children's process and, finally, there are some differences in the interpretation of what is understood as useable digital media in therapy.

4.10.3.1 Age

Most of the respondents reported considering the use of digital media with children of all ages if it would serve a therapeutic goal. Many emphasised that it was, or could be, particularly applicable to adolescents. Four respondents specifically indicated that they would not use digital media for the young child under the age of seven, as they found it to be preferable for them to stay with fantasy, three-dimensional toys, and sensory-motor play owing to their developmental stage. Fantasy and symbolic play are part of the pre-operational stage of children between the ages of two and seven, providing important intellectual and social benefits as they develop (Shaffer & Kipp, 2010:262). Another reason cited in the responses was: "I feel that young children will be distracted more and the focus will not be on therapy."

4.10.3.2 Disabilities

Significantly, one respondent with 28 years of experience as a play therapist finds using digital media to be particularly effective when working with children with disabilities, as it is a useful medium through which to communicate. She also finds it a useful means of connecting with someone with a disability such as Asperger's syndrome, where contact making can be difficult. In this situation, it is a way in which to enter that child's world and enhance the relationship. Working with a child with this kind of disability, and getting into his/her world of digital technology, if that is a part of their field, illustrates what Perls *et al.* (1951:73) had to say about the field (see section 3.5), that is, that the self is non-existent without the environment. Thus, the

field and the environment need to be understood if the child is to be understood and reached. Although mention was made in section 2.6.1 of a web-based game developed for children suffering from Autism Spectrum Disorder, which can be played at home but is linked to the player's clinician (Po *et al.*, 2010), the use of digital media to communicate in the therapy room is a finding from this research that the researcher did not come across in the literature.

4.10.3.3 Children's interests and processes

Many mentioned that their use of digital media would depend on the children's interests and processes, and that it would not be effective for all children. Thus, it would seem that the child's field is applicable when considering whether or not to use digital media. As Parlett (2005:51) states (see section 3.5.1), the therapist needs to see the child within the wider context of the environment, and if the child's environment includes a great deal, or even some, digital technology, this may need to be included in the therapeutic context.

What emerges here is the possible use of digital media with children of all ages, but that its particular applicability is to adolescents, and it is less recommended for young children as a result of to their developmental level. It is also a useful medium for communicating with children with disabilities or who have difficulty making contact. The children's field, environment and process is of particular importance when considering the use of digital media in therapy, and therefore this media will not be effective for all children. Finally, the interpretation of what constitutes the use of digital media in therapy has resulted in different opinions as to its applicability.

4.10.3.4 Interpretation of what is understood by digital media

A respondent with many years' experience emphasised that she would use videoing and taking pictures for all ages. However, she is referring to the therapist using cameras and not the child engaging in this media. It is thus apparent that there are differences in the way therapists are either using, or envision using, digital media, as the idea of using a computer game, for instance, is not the same as making use of a camera to record a child's projection. This difference in understanding is due to one of the limitations of a survey, that is, that questions may be wrongly interpreted (Delport, 2005:167).

The responses to the question of at which therapeutic stage digital media would be considered varied depending on what type of media was being used and in what way it was being used. Suggestions ranged from using it at every session, to not using it at all, with most therapists saying that they would use it at any stage when the need arises. In the beginning stages of therapy, digital technology has been used as an icebreaker in order to ease initial contact by some, but by others it has only been used once a relationship has been established. As one respondent put it, "... I do believe that each technology has a specific time and place in the therapeutic context".

Thus the entire continuum of possibilities has been suggested – from using digital technology at any stage, to not at all, or at the beginning of the therapeutic process, or the middle, or the end. In short, it can be used whenever necessary.

4.10.4 Various kinds of media and their use in play therapy

Five main kinds of media were mentioned as being useful in play therapy. The camera – still and video – music players, the computer or laptop, the Internet, and games – computer, Play-station, or other similar games played on various gaming devices.

4.10.4.1 Camera

Survey respondents have almost all used picture-taking in one form or another, whether they used a camera or a mobile phone to do so. Five of the respondents mentioned photographing a child's projection (see section 2.7.1). The goal of projections is that the child creates a metaphor of something that is real in that child's life (Oaklander, 2007:63). This can be done in a sand-tray or with clay, among other things. As these projections are only temporary, photographing them will provide a record. The photo can then be given to the child, or used for the therapist's own records. Taking this a step further (see section 2.7.1), Surkin (2003a:111) suggests transcribing the child's description of the projection at home and printing it together with the photo of the projection, creating a small book for use at the next session in order to explore the metaphor further.

In addition to the literature references, new ideas have emerged from this study. Therapists mentioned taking photos of the child in order to enhance the child's self-

awareness. Or the child has taken pictures of objects of interest which can stimulate discussion, and learning how to take photos has been found to develop the child's sense of mastery. Experiencing mastery is an important aspect that is vital for healthy development (Oaklander, 2007:29). The suggestion was also made that when the child or adolescent has a mobile phone and is prepared to show and share photos that have been taken on it, then these can be viewed and discussed. One therapist finds that when using stories, photos can be used to personalise the story, and another finds it useful to record emotions by photographing them.

No specific reference to the use of a video camera in therapy was found in the literature. The video camera is mentioned as being used by six of the respondents specifically in order to have a record of the session. This is chiefly for the purpose of permanently recording the data in order to help with recall of the session, pick up on missed points, as a way of self-assessment, and having the exact words available in the event of a court case. From the therapist's point of view, the video camera has, according to one respondent, "... helped me to develop as a therapist as I visually see where I break and make contact ... helps me to pick up things that I missed while I was physically in the session". From the children's perspective, another therapist explained how some children come in at times and "respond well to the camera by greeting it, telling it a story ... it is thus spontaneously used as a means of projection".

4.10.4.2 Music

Music is used to create awareness, specifically sensory awareness. Awareness on a sensory level – in this case the auditory sense – is necessary for children to come into contact with their emotions (Blom, 2004:92). Music has been found to be effective in evoking emotion by seven of the survey respondents. These respondents suggested that these feelings can then be danced out to the beat, or the song can be sung along to by the child. As reported by a respondent: "I find that music works well for sensory awareness, movement therapy and making contact."

Music has also been used as background to the therapy, or played during the creation of projections, as some of the respondents feel that it sets the mood and can enhance the environment. One respondent noted that she had played music in the background during a session of guided imagery. Finally, children can be

encouraged to bring in some favourite song or other music, which can be shared with the therapist, and they can discuss their personal choices in music. This is one way of developing the shared field and co-created new reality about which Parlett (2005:47-51) writes (see section 3.5.1). In the words of a respondent: "... music ... as a shared or common interest".

To summarise, music can be used to evoke emotions and for creating emotional awareness, to create a specific mood, as a background for guided imagery, and as a sharing between child and therapist to co-create a new reality.

4.10.4.3 Computer/laptop

According to Bracken and Lombard (2004:22–24) (see also section 2.7.2), children interact socially with computers, and some survey respondents have used this to advantage in therapy. Numerous novel suggestions on the use of the computer emerged from this study. For children who struggle to talk to the therapist, writing to the computer instead works well, as mentioned by one respondent. Other approaches mentioned are to write stories on the computer, work on a child's life-book, or create a record of the personalised journey of the child and the therapist, aiding the process of clarifying or summarising the therapeutic experience, which is an important step in therapy in order for the child to attain a sense of security (Schoeman, 2006:41).

Another idea arising from the study was one that a respondent mentioned of having used the computer by showing a movie, much like using a book as in bibliotherapy. She showed a short movie to a child who could watch it on her laptop, and then that with which the child could identify could be discussed. She also found showing a movie first was helpful in aiding the creation of a projection. Another respondent made a suggestion that she might show a movie to a group and use it to discuss the emotions portrayed in it.

A further application of computer software technology, not mentioned in the literature, was that of using the Powerpoint software and two instances of therapists using Powerpoint presentations in play therapy were mentioned. Enhancing the sense of self by defining the self is essential for healthy growth (Oaklander, 2007:62) and can be achieved, as one respondent suggested, by using Powerpoint to create a personalised presentation using the child's own photos brought into therapy. Another

respondent found educational presentations to be very effective, for example a presentation to explain therapy, or one on HIV/AIDS: “I have created Power-point presentations to explain HIV and AIDS ...”. Such presentations have been found to be an easy way to inform and can be used over and over again.

One respondent described the use of a computer for doing neurofeedback. The EEG biofeedback gives feedback directly from the brain, and the clients can then learn to control their own brainwaves. No further details were given, but this is a specialised use of the computer requiring specialised training, and would thus not be usable by most play therapists.

In short, the computer can be used for children to write to the therapist instead of talking, and stories and personalised journeys can be written on it. Movies or Power-point presentations can be used in the same way as bibliotherapy – using characters with which the child can identify to aid projections, open up discussions and inform the child about therapy or other issues – and it can be reused. When used in the right way computers can stimulate creativity.

4.10.4.4 Internet

The Internet was cited by one respondent as being very useful for finding information and to do planning for therapy, cutting down on preparation time. Topics of interest to the child can also be researched and used.

As the literature shows, there are therapists who work with clients via email, texting and video-conferencing (Barak *et al.*, 2008:144; Tsan & Day, 2007:40) (see section 2.5). The results of this study indicate that the use of these media has an adjunctive function to the face-to-face play therapeutic situation. Two therapists have asked their clients to interact with them on Facebook. One has invited her clients to sms (short message service, or texting) her on her mobile phone, and another therapist has used email with her clients. As social media enables communication that is less taxing than direct communication (Facebook data team, 2009) (see section 2.4.1), this could be a very useful adjunct to therapy, as children may be able to reveal more of themselves on Facebook with less resistance and benefit therapeutically.

4.10.4.5 Games

Hardly any of the respondents reported using games in therapy. One respondent mentioned an approach not found in the literature; she uses Play-station and computer games with children diagnosed with ADHD. She also used the computer game *The Sims* for children of divorce, or with other family problems, in a similar manner to the one suggested in section 2.6.1 by Evers (2004) and Fanning and Brighton (2007:51). Another respondent related observing the effectiveness of using Nintendo games as an incentive in a therapeutic school to keep behaviour on track. Two additional therapists displayed an interest in knowing more in connection with using either computer games or Play-station games in therapy. A number of respondents were hesitant when it came to the use of games, the concern being that it would break contact. This concern was put succinctly in these words: “Digital media, like games, could stop children from becoming aware of their own thoughts and feelings. It creates a barrier between the therapist and child, it could be another form of deflection and avoidance.”

Limited references (section 2.7.3) are made in the literature to the use of digital games in therapy (Aymard, 2002; Bosworth, 2002:78; Cowan, 2002:37; Robson, 2007:77–78), and most of these date back a number of years. This may possibly indicate limited applicability of these forms of games in the therapeutic situation, or a lack of knowledge and ability among play therapists to play and use games therapeutically.

Thus, the only reasons cited for using digital games were the fact that it could keep the attention of a child with ADHD, that The Sims game could have a specific application with children with family problems, and that it could be used as an incentive to keep behaviour on track.

4.10.5 Disadvantages of using digital media in play therapy

A common concern was that the use of digital media would cause contact to be broken, or that it would interfere with the therapist–child relationship: in the words of a respondent: “It can hamper the development of a therapeutic relationship with the child as it can become the focus of therapy.” Another concern mentioned concerning involved with digital media is that a child can easily use it as a barrier to deflect feelings, thus preventing awareness. From the therapist’s point of view, it is felt that

involvement in a game could hinder the collection of non-verbal information, and that the therapist could miss important cues from the child. As all behaviour, emotions and thoughts are the result of the way people meet and experience what happens at the contact boundary (Perls, 1973:15–16) (see section 3.3.2.1), anything that could hamper this contact would be harmful for therapeutic growth.

Digital media are not always considered to be creative by some respondents, and one respondent mentioned that it is a linear approach, without elaborating. Physical interaction and sensory-motor play are considered better options, with the reason being given that it is more appropriate to children's developmental level. One respondent felt that identifying with characters in a computer game is not always a good thing, but did not explain further. Another respondent felt strongly that connecting with a child's digital world is not effective because it teaches the child's brain to stay in a make-believe world, lowering concentration and the ability to solve problems in a realistic way. There was also a concern from a few therapists, without extensive experience with digital media, that a game could become the focal point in therapy, usurping the therapeutic goal of self-growth. The lack of detail provided by these respondents could indicate that a lack of experience in the digital field and a lack of knowledge of potential applications of digital media have created apprehension in terms of exploring a new medium in therapy.

Other disadvantages of making use of digital technology that were listed were on a practical level. These include the fact that there is the need to protect sensitive equipment from breakages, as this media is very expensive. As a result of the cost, it is also not readily available to all, and in certain situations, concerns about theft were mentioned. Therapy may also be disrupted if the batteries are flat, or if there is no power. If a piece of digital equipment is lost or stolen, information that is not backed up can be lost, as well as there being a possibility of confidentiality and privacy being breached if someone else accesses the therapeutic files. Finally, mention was made of some of this equipment being heavy to carry around.

There were two respondents who did not consider there to be any disadvantages to the ways in which they were using digital technology in therapy. Their way of working include using Facebook, sms-ing, videoing sessions, taking photos of projections, using the Internet for planning and research, and using an iPod for playing music.

These therapists appear comfortable with the forms of technology they are using, and have possibly ironed out any difficulties they may cause.

In summary then, the disadvantages are that the use of digital media could break contact, interfere with the therapeutic relationship, hinder the collection of non-verbal information, and be used as a barrier to deflect feelings. Respondents showed concern about digital media not being creative, being linear, not suitable for young children's developmental level, and that it could usurp therapeutic goals. Practical disadvantages include the high cost and subsequent concerns about breakages and theft, lack of power or flat batteries, loss of digital information and possible breach of confidentiality, and difficulty in transport due to the weight.

4.10.6 Cautionary points

Of the group of nine respondents who indicated that they felt comfortable with the use of digital media in therapy, and who have implemented its use in a number of creative ways, some cautionary notes emerged. The importance of ensuring the age-appropriateness of what is being used was pointed out. One respondent stated that while "... digital technology has a place in the therapeutic setting. I feel it must be used sparingly", and another respondent felt that "digital technology can be useful if the therapist remains in control of its use". Another approach mentioned was of using some digital media, then to move away from it. Very importantly, the use of a consent form when video-recording a session was emphasised. Although one respondent said that she uses digital media at every session, another said that it would not be her first choice when working therapeutically.

Thus the therapist needs to be in control of the use of digital technology, it needs to be age appropriate and should be used sparingly.

Many respondents, whether or not they are already currently using digital media, expressed a desire to learn more so as to be able to use it effectively in the therapeutic situation. Comments were made that therapists need information on this topic, and that they need to stay up to date with current technologies, applications and games which are being played by children, in order to use these media effectively. Finally, it was pointed out that digital media in therapy has a time and a place, and that it is not for all children, or for all therapists.

4.10.7 Advantages of using digital technology in play therapy

Various advantages were listed, depending on the type of media being used, but many were general advantages. Digital technology has been found to be a good complement to other media in therapy as it is innovative and catches children's attention owing to the fact that it is enjoyable. As it is such an integral part of the child's world and, in the words of one respondent, "... it is a part of their field every day", it creates discussion, and contributes to their sense of identity. Another therapist responded by saying, "... these technologies ... better allow me to connect and communicate with my clients in their 'new age world'". Other comments reflecting a similar approach were, "[i]t is in keeping with the digital era kids live in today ..." and again, "[i]t catches a child's attention ... they are familiar with the technology, it is relevant to the child's experiences ...". All these statements reflect an awareness of the fact that most children today – depending on their own personal immersion in digital technology – are digital natives (Digital Natives, 2010; Flanagin & Metzger, 2008:6) (see section 2.1).

When children are able to educate the therapist in the use of some form of digital media, it gives them a sense of mastery in having these skills. Mastery experiences are vital for children and their healthy development (Oaklander, 2007:29). In the words of one respondent, "... enjoy having the opportunity to educate me ... serving as an icebreaker ...", and another said, "[i]t can bolster their confidence especially when they know more than you do".

When children use this media, they are also able to develop responsibility by taking care when using the devices. Emotional expression can be facilitated by means of this media, as well as relaxation and self-nurturing. Such devices are generally mostly easy to carry around, and, provided there is power and/or batteries, it can also be time effective.

This has been a discussion on the way therapists use, or see the potential to use, digital media in the therapeutic situation, the data being elicited from a small survey of 22 play therapists across the country. As triangulation to verify the data, a focus group was also conducted, and the results and findings from this data source will be discussed next.

4.11 FINDINGS FROM FOCUS GROUP DISCUSSIONS

4.11.1 Focus group: background

The focus group was originally intended to be a group of play therapists only, but owing to unforeseen circumstances, some were unable to attend. As a result, additional members were recruited through snowball sampling. Thus the group comprised three play therapists, one creative expression practitioner working with children, a remedial teacher, and a Grade 0 teacher who has also been involved in remedial teaching, making for a slightly broader perspective by including ideas from an educational viewpoint.

In this group there were mixed feelings about using digital media with children. From an educational perspective, one teacher maintained that many children's problems are caused as a result of too much digital media at home, necessitating remedial help. Few of the group routinely use any digital media with children, and in fact had to think quite broadly to realise that they had in fact used some form of it at some time or another. This supports data from the survey, as 61% of the survey respondents had either never used digital media in therapy, or only used it a little.

The following categories were found after coding the data:

- Digital media: who and when
- Relationship building
- How different media are used – responses from the focus group
- The need for therapists to stay up to date
- Disadvantages

The following section will explore each of these categories further.

4.11.2 Focus group discussions: findings

4.11.2.1 Digital media: who and when?

Those participants who were comfortable with the idea of using digital technology in therapy felt that it was important to work with the child's interests. Thus, these media could be used at any stage depending on the child. It would be important for the child to dictate when would be a good time as the therapist needs to work with the child's

interests. One suggestion, similar to one of the survey respondents' suggestions for using digital media to enter the world of a child with Asperger's syndrome (see section 4.10.3.2) was that it could be useful when working with children with special needs.

Thus there seems to be support from the focus group for the ideas that emerged from the survey, namely that it is important to be aware of the child's interest and that the use of digital media in therapy depends on the child.

4.11.2.2 Relationship building

Unlike the survey, there was no consensus about using digital media to build a relationship. One participant said that she would not use it in the first session before the relationship had been established, but then wondered if, in fact, it could not possibly be a way to start the relationship. Other comments were that the therapist might need digital media to get into a child's or adolescent's world, as it is not only a part of their world, but is their language and they will feel heard if it is used, as was mentioned by survey respondents (see section 4.10.1.2). Three of the participants specifically mentioned the importance of being aware of digital media when building a relationship with a child. These comments serve as illustration: "... it also closes the generation gap", "... we must face it – that's reality to them", and "... you've got to live with the times". This was all said speculatively, as nobody in this group had had much experience using digital media in the relationship-building stage of therapy; however, this is borne out by the Gestalt principles of contact (see section 3.4.2), which states that the therapist needs to be attuned to the child's world and to understand how the child sees the world and feels about it (Joyce & Sills, 2001:46; Yontef, 2005:95). The experience of some of the survey respondents supports this speculation, as some have found that it has indeed been useful in establishing a relationship when it is a part of the child's field.

4.11.2.3 How different media are used: responses from the focus group interview

A number of different media and their potential usage were discussed by the focus group. The camera, music, gaming and other uses will be explained.

Camera/video

Taking photos has been used for taking pictures of children's projections or creations. It has also been used to take pictures of a drama depiction in therapy,

which is similar to Gentz's description (2003:163) of taking photos of scenes from a puppet show (see section 2.7.1). New ideas concerning the use of video resulted from the focus group participants, with creative ideas being generated in the form of taking video clips of the children, and replaying them to the children to enhance self-awareness. Another use of the video camera could be to let them take video clips themselves as this would contribute to them feeling empowered because they can choose what to video. This is similar to the survey response with regard to letting children take photos of objects of their own choice (see section 4.10.5.1). This would give them the opportunity to learn to work respectfully and carefully with the equipment.

For one participant discussing movies and TV programmes has served as a common reference point between child and therapist. This therapist explained how she had used the theme of Ben-10 (a television series about a boy who can transform himself into ten different alien species) with a group held once a week for ten weeks, with the focus being on improving self-esteem. She had researched the story and used it as a projection. Although she brought in pictures of the characters, the group did not view any episodes in the therapy room as she didn't have the facilities. As she explained:

> We did stories about Ben-10, we did cartoon strips, we did their strengths and weaknesses because children who have low self-confidence, you don't always want to say, look, you are bad at that, or you are bad at that, so I gave them [Ben-10] as a projection, so that we say that "Four-arms" is bad at holding the things gently, so we could actually accuse "Four-arms" of not being able to do something.

As this story was well known to them all, and formed a part of these children's language, she found it a successful method in that therapists need to work with the client's environment and current systems (Yontef, 2005:92-93) (see section 3.5.2). She also found that certain characteristics displayed by the characters could also be used to project experiences (see section 3.3.2.2).

Another therapist described using a You-tube video on bullying to show to a child who could then identify with the one being bullied in the video clip. This is similar to a suggestion made by a survey respondent of using a video in the same way as bibliotherapy (see section 4.10.5.3: Computer/laptop). She explained that: "It gives

the child ideas of how you say no, look the bully in the eye ... so it actually worked really well." In this way the child managed to learn ways in which to say no, making it very effective. One of the members of the focus group liked this idea, but another – the remedial teacher – felt that using puppets, or children themselves, to dramatise this scenario would be a more effective approach.

A useful function, which has not been seen in either the literature or the survey, was mentioned with regards to using movies or video clips – whether they are shown in the therapy room, or discussed, being mutually known – is that digital media bring new elements over and above that which the therapist alone can bring into the therapeutic situation. Magic and make believe can be brought in, and violence can be brought up, if that particular issue needs to be discussed, without having to specify it. Certain characters are known to embody certain characteristics, and so violence or aggression to which the child may be able to relate can be discussed or worked with without the therapist verbally introducing the topic.

In short, videos can bring new elements into the therapy room such as fantasy and magic. This could be done in a similar way to which survey respondents use bibliotherapy, and the characters to which the children can relate can be used to promote discussion.

Music

New findings emerged from the focus group. When chosen for a specific purpose a song can be used to elicit certain information because the words in the song may bring up a topic that needs to be discussed. One of the therapists remarked that different cultures can be introduced with music, and stories can be built around this.

Various other uses of music were suggested. Music has been used as background, and can be used to set up or manipulate the environment. Mention was made of a game wherein certain movements are suggested for moving to specific pieces of music. One of the teachers spoke about the use of evocative music (e.g. Saint-Saens's *Carnival of the Animals*) for listening to and then engaging in creative writing. The researcher thinks that this could be a useful means of stimulating a projection in therapy.

When children are encouraged to bring in their own music, it can be used to close the generation gap. Another therapist recounted an incident when an adolescent brought in his iPod and speakers, and loved explaining how it all worked, thereby enhancing their relationship – in her words: “he enjoyed explaining to me ... I think it’s important to enter their life ... it’s his world.” This is an example of inclusion (Yontef, 2005:95) (see section 3.4.2) where the therapist tries to understand how the client sees the world and feels about it. Another participant concurred with this by saying that children can gain confidence by helping the therapist with digital equipment and becoming involved in this way. Survey respondents commented on similar situations which enhanced mastery experiences in children when they knew more about the digital technology than the therapist, confirming what the survey respondents mentioned.

Music was mentioned as having rhythmic and sensory benefits for the child. Two of the participants have used it for emotional release using a high energy song, enabling the child to release aggressive energy while moving to it. It was also used for relaxation when needed. These benefits were also highlighted from the survey results.

Gaming

As with the survey responses, very little was said about gaming owing to a lack of experience in that field, with only one of the focus group participants – the youngest one – who plays games personally. The rest of the group were not too keen on the use of this form of digital media in therapy. The only experience mentioned was that of using computer games as an incentive to work in the classroom situation, as also mentioned by a survey respondent in section 4.10.5.5. The children were allowed to play educational computer games if their work was finished. The only other mention of gaming was of the Nintendo Wii being used successfully in the home situation, and the possibility of using it in therapy was questioned. This bears out the data that emerged from the survey – namely that it could be used as an incentive for good behaviour, and also that the possibility of using Nintendo Wii games was mentioned.

Other uses for digital media

An interesting and novel idea came from a participant who related having used a piece of electronic equipment to physically open up and take apart in order to view

what was inside. This was done to elicit involvement and interest from the child. Another participant felt that this could be used very successfully as a metaphor for understanding what is going on inside the child. This would again be an example of projection as described in section 3.3.2.2.

The youngest participant – who is also a keen computer game player – mentioned the Mxit (a cheap mobile texting and chat-room application) counselling service. This is a service provided by Mxit facilitators to provide free counselling for Mxit users, and is another application of online counselling as described under section 2.5.

4.11.2.4 Need for therapists to stay up to date

The importance of knowing about games and the devices used to play them was mentioned. One participant stressed the importance of "... knowing that technology is there, knowing the X-box, the Play-stations – that when they talk about it, you can understand and talk about it, actually converse with them". This again illustrates the aspect of field theory which asserts that the self and the environment together constitute a mutually influencing and total system (Perls *et al.*, 1951:73) (see section 3.5) and therefore a therapist needs to know about this aspect of the field or the child will not be fully understood. One of the participants who referred to herself as older brought up this point: "... I'm very old now, and sometimes I think ... I don't want to learn that, because some things I really can't understand and I don't want to ... and I often wonder how long my frame of Hansel and Gretel and things are going to be appropriate." Some of the survey respondents also expressed a desire to know more about how to use digital technology appropriately in therapy, indicating a dearth of knowledge and information on this subject.

4.11.2.5 Disadvantages of using digital media in play therapy

Most of this group felt that digital technology causes many problems. The remedial teacher listed some of these as low muscle tone, poor auditory memory and the development of jerky eye movements, and others added the inability to visualise, lack of imagination and concentration problems. Furthermore, it was stated that digital media desensitise children and affect their ability to socialise. Participants also felt that children struggle to take turns and are unable to lose gracefully as a result of the overuse of this media.

One of the older participants remarked that it was difficult to learn to use this media at an older age. She also sounded a cautionary note about the boundaries that need to be put in place in the therapeutic context about the use of mobile phones, as some adolescents tend not to turn their phones off during therapy. The researcher has also come across therapists who themselves do not always put their phones off during therapy, consequently disturbing the therapeutic process if it rings.

The predominant feeling was one of not wanting to use digital media unless it was really needed. The reason for this is the perception that it interferes with people-to-people contact and can therefore break the relationship. The researcher also has some reservations about the fact that digital media may interfere with the contact between child and therapist; however, any media could potentially do so. An important aspect here is that both the situation and the child need to dictate when it would be most effective to use any particular medium. One participant put it clearly: “I think you have to choose the technology to suit the child’s age as well as the problem. You have to see is it going to be therapeutically beneficial or not. I think that what you choose ... there is scope for it, there is a place for it.”

4.12 SYNTHESIS OF RESULTS

The overall results of the survey and the focus group show that most therapists do not consider themselves to be using digital technology in therapy owing to the understanding that the use of digital media involves using the computer or computer games in the therapeutic context. However, many of the respondents and the group participants, having read the list of devices that constitute digital media, or having this explained to them, realised that they do in fact use various forms of digital media such as cameras, video cameras and digital music players, and as a result are now more aware of their use in therapy.

The general feeling concerning the use of digital media in therapy is that it cannot be used for all children, and does not suit all therapists, with the concern being voiced that the use of digital media would affect contact and communication during therapy. However, most therapists are aware of the important role that digital media play in the world today, especially in the world of children, and that they are a part of their field and need to be taken into account. Even if the use of this media in a child’s

personal time seems excessive to the therapist, it is a part of the child's personal world. It is not in the scope of this study to address the issues concerned with the overuse of screen time – be it computer, television or mobile phone – and its effects on the child, unless there is a problem with addiction to some form of digital media, as described by the American Psychiatric Association (2010) in section 2.5.3. In this study, the focus is on ways in which a play therapist can use digital media, and subsequently the child's field, in therapy for the purpose of furthering therapeutic aims.

The following tables have been drawn up to give examples of the various media that can be used in therapy, how they can be used and for what purpose. These tables have used the ideas generated from the survey, focus group, and literature study from chapter two, as reference. It is by no means exhaustive, and the listed purposes are from the main themes which arose during the coding and analysis of the survey and focus group. There may however be many reasons and advantages for using each idea.

4.13 TABLES OF DIGITAL MEDIA USE

Table 4.1: Use of cameras in therapy

Photographs	**Purpose**
Take photos of the child	Create self-awareness
Let the child take photos of items of interest	Choice and mastery
Share photos from child's cell phone	Develop relationship, enter child's field, stimulate discussion
Take pictures of child's projection or artistic creation	For therapist's records or for the child
Take pictures of projection with child's narration – written down or transcribed from recording – then printed out in book form the following week	Build on or extend the metaphor from the projection
Photograph a drama depiction for the child/children	Amplify the work done
Photograph a series of puppet scenes with captions – printed out for the child	Awareness and clarification

Table 4.2: Use of video recorders in therapy

Video	Purpose
Record the session	For the therapist: aid recall, pick up on missed points, and self-assessment
Video the child and watch the video together	Self-awareness
Allow the child to use the video camera and choose what to video	Empowerment and mastery

Table 4.3: Use of music players in therapy

Music	Purpose
Used as background to the session	Enhance the environment
Played during projections	Set mood
For dancing	Emotional expression through the body
Singing a known song, or improvising a song	Emotional expression/ projection
Sharing the child's favourite music	Entering the child's field and building the relationship
Played during guided imagery	Evoke emotion
Doing specified movements to certain types of music (e.g. walk like a giant, run like a mouse)	Body awareness
Listening to evocative music, then writing or drawing as a projection	Sensory awareness
Played during a relaxation exercise	Self-nurturing

Table 4.4: Use of computers in therapy

Computer/laptop	Purpose
Allow the child to write on the computer	Self-expression and communication, especially if the child struggles to make contact or to talk
Let the child write stories on the computer – if the child cannot write, the story can be narrated with the therapist typing. It can then be printed out for the child to keep	As a projection or as bibliotherapy Sense of self, mastery
Create a life-book with the child	Awareness and clarification

Create a record of the child and therapist's personalised therapeutic journey	Clarification and awareness
Powerpoint presentation on a specific and relevant topic	Informative and educational
Create a Powerpoint presentation with the child, using the child's personal photographs	Projection, develop awareness, create a sense of mastery, or empower the child
Watch a movie or video clip as a form of bibliotherapy	Awareness and self-nurturing
Use of a graphics pad – a computer input allowing for hand-drawing on the computer	A different medium for drawing projections to stimulate interest

Table 4.5: The use of the Internet in therapy

Internet	**Purpose**
Search for ideas for a session	Easy and time efficient for planning and preparation
Research topics of interest for the child	Build relationship and affirm the child
Invite child onto Facebook site	Contact and share each others' field
Email each other	Make contact and communicate
Sms (short message service)	Make contact and communicate
The child and therapist can communicate via Mxit in the same room	It is a language and means of communication familiar to the child – it will be entering the child's field and speaking the same language
Create a memory book with the child on the Internet with the aid of the child's email account	For children in the child welfare system who have many homes, these memory books can be worked on by them and by the social worker, and cannot be lost in a move, as the child will be able to access it from anywhere

Table 4.6: The use of gaming devices in therapy

Games	**Purpose**
Play-station or computer games	For children with ADHD
The Sims computer game	Help children deal with divorce and other family-related problems
Used as a reward at the end of the session	Self-nurturing
Discuss a game with the child, letting the child explain the details	Projection, and inclusion - to understand part of the child's world
Specially designed virtual reality games for specific purposes	For use for those with phobias, paediatric cancer patients (for example the child battles fever monsters in the game)
Conflict resolution software	Helping children resolve conflict by both sitting in the same room and following the computer's instructions
Bruce's Multimedia Story – a computer-based story intended for one-on-one use with a child and therapist	Aimed at helping children in foster care
My Life Story – a CD-rom facilitating the creation of a life-book on the computer with printable pages	Saves time for therapists who need some help with the practical application of doing a life-book. Also helpful if there is limited time or resources

Table 4.7: Other uses of digital media in therapy

Other related ideas	**Purpose**
Physically open up and take apart an old cell phone or other piece of digital equipment	Create involvement from the child, and as a metaphor for that trying to understand what goes on inside someone
Discuss movies or television programmes that the therapist and the child both know	Relationship building
Use a television programme or movie as a theme, possibly in a group	Projections with the different characters
Talk about social networking on the Internet	Entering the child's field and building the relationship

4.14 CONCLUSION

The findings of this study show that many play therapists are hesitant to use digital technology in therapy owing to the fear that it will interrupt the therapeutic process. Despite this, there are therapists who have found ways to use it in order to enhance therapy. There seems to be a consensus that it is an inescapable part of children's field today, with most therapists being open to the potential of using digital media, although they are held back by their lack of knowledge or lack of equipment. Hopefully, some of the ideas that have been presented in this chapter may prove useful to those who want to explore the effective use of digital media in their play therapy rooms.

CHAPTER FIVE

CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The focus of this research study was to explore whether play therapists are using digital devices as media in the therapeutic situation and, if so, how they are implementing their use. This chapter will include a brief summary of the preceding chapters, and will give an overview of the aims and goals of the study, and to what extent they were attained. Furthermore, the limitations to this study will be pointed out and discussed. Finally, this chapter will discuss the conclusions reached by the researcher, the contributions made by this study, as well as making recommendations for therapists who may consider using digital media as part of their therapeutic approach. Finally, recommendations will be made for future research.

5.2 CHAPTER OVERVIEW

5.2.1 Chapter one

Chapter one presented the rationale for the research, together with an overview of the structure of the research study. An explanation of the research question, and its goals and objectives were also provided. The theoretical point of departure and the research design and methodology were explained briefly, and the data collection, in the form of an email survey and a focus group interview for triangulation of the data, were discussed. Finally, the sampling methods and details of data collection and analysis were described.

5.2.2 Chapter two

This chapter provides a literature review of the topic of digital technology. The historical background to the past 50 to 60 years, including the development and rise of digital technology, was summarised and the prevalence of digital media use in society today was investigated, with a particular focus on the youth – also known as digital natives. Abuse of digital media was also noted. The uses of the Internet and web-based therapies were explored, as well as the use of therapeutic computer games. Finally, the fact that references to the use of digital media in therapeutic

situations are scarce in the literature was discussed. Owing to the fact that few references were found, the need for further exploration in this area was confirmed.

5.2.3 Chapter three

This chapter explained the theoretical point of departure on which this research is based. The Gestalt philosophical and therapeutic approach was described, with an emphasis on field theory, which is an integral part of Gestalt therapy. The phenomenological and existentialist view on which Gestalt therapy is based, as well as the importance of dialogue, were also defined and explained.

In the chapter, the applicability of field theory to the study of digital technology in play therapy was explained in terms of the importance of considering children's fields when working with them. Owing to the fact that children's fields are permeated with digital technology, this is an important consideration to be kept in mind. Further integration of the various aspects of Gestalt philosophy and digital technology was set out in this chapter.

5.2.4 Chapter four

Details of the research methodology, data collection procedure and data analysis were given in this chapter. The findings of the survey and the focus group, which were used for data collection, were explained in detail. The main categories and their sub-categories were set out together with a detailed analysis of the emergent attitudes and approaches of the play therapists involved in the study. This included potential applications for using digital media in various situations and for specific therapeutic aims. The advantages and disadvantages of using this media listed by the therapists were noted. The chapter ended with a summary, in the form of a number of tables for ease of reference, of the potential uses of various digital media in play therapy which were synthesised from the research data results and the literature study conducted in chapter two.

5.3 GOAL AND OBJECTIVES

5.3.1 Goal

The goal of this study was to gain an understanding of how digital media is being used by play therapists in the therapeutic setting. The data analysis showed that many play therapists are either unwilling to use digital technology in therapy, or have

reservations about using it, owing to the fact that they feel it could interfere with therapeutic goals. Therapists who are using digital media gave a good understanding about the ways in which these media can be applied in the play therapeutic situation, with many creative, usable ideas emerging. It would therefore seem that this goal has been met.

5.3.2 Objectives

Seven objectives for the research were identified in chapter one:

- *To undertake an in-depth literature study on aspects of digital technology as used by children and adolescents and which could have potential for application within the play therapeutic situation.* This objective was met by the literature study documented in chapter two.
- *To describe the theoretical basis of Gestalt philosophy and field theory.* Chapter two covered the theoretical aspects of Gestalt philosophy with an emphasis on field theory. Finally, an integration of Gestalt philosophy and field theory, and the use of digital technology by children and adolescents, as document in chapter two, was done.
- *To do a pilot study using the email survey in order to correct any design errors.* A pilot study was carried out, with the survey questionnaire being sent to five play therapists, four of whom responded by completing and sending back the survey with positive responses as to its usability. As a result, the survey was deemed suitable for use in the research study.
- *To gather data with the aid of an email survey using open-ended questions to gain information on the use of digital media by play therapists in the therapeutic setting.* The email survey was done by sending out requests for participation in the study to students and old students of the masters programme in play therapy at the Huguenot College, and then sending the questionnaire to those who responded positively to the request. The procedure and analysis thereof were reported on in chapter four.
- *5. To gather data from a focus group interview with play therapists.* The focus group interview was held with four play therapists and two remedial teachers.

The same questionnaire as that used for the survey was used for the focus group. The procedure and analysis thereof was reported on in chapter four.

- *6. To analyse and interpret collected data against the background of the literature study.* Data were organised and coded, and categories were generated, in order to make sense of the raw data. The integration of the analysed data with the literature study from chapter two and the discussion of the theoretical basis of Gestalt philosophy from chapter three, were discussed in detail in chapter four.

- *7. To make recommendations on the use of digital media to others in the field of therapeutic work with children.* Some recommendations were made at the end of chapter four in the form of tables for easy reference for therapists wanting to make use of digital media. Further recommendations will be made in this chapter.

5.4 SUMMARY OF FINDINGS

The results of the email survey and the focus group have shown that, although many play therapists do not use digital media to any great extent in the therapeutic situation, most seem to have a positive attitude towards its potential of digital technology as a therapeutic medium. There were a few therapists who did express no desire to use these media therapeutically, one of the reasons being cited as the concern that it might interfere with the therapist–child contact. This perception arises when digital media has been understood in terms of computer games or other gaming devices. Despite this, one of the reasons respondents and participants noted as a possible advantage to using digital technology is that it could help promote contact between therapist and child owing to the often mentioned fact that digital technology is so much a part of a child's world that using it as a medium and having knowledge of its applications are vital in order to consider the field of the child and to use it as means to build a relationship.

A large variety of digital devices were mentioned as being used, the most common being a camera – still and video – and music makers of various types. Most therapists mentioned that they would consider the use of digital media for any age group if needed, although there were some who felt that they would not be

appropriate for the young child under seven as they are unsuitable for their developmental level. The predominant feeling is that such media could be used for anyone at any time, but not for everyone all the time.

Each medium was dealt with separately and the findings of how each can be used were discussed. These included the camera, music, the computer or laptop, the Internet, and games of various kinds. Many creative ideas for the use of these media, which would not threaten the therapeutic relationship, emerged.

The advantages, disadvantages and cautionary points that emerged from both the survey and the focus group were listed.

5.5 CONCLUSIONS

Some conclusions can be drawn from these findings. Children should each be considered in their own context or field, and the decision whether or not to use digital technology depends on the individual child, as well as the individual therapist. For those therapists who are comfortable using technology, it can be a useful medium to consider for some children such as those who are immersed in digital media, when doing play therapy. There is, however, a need for more information in this regard, as many digital media are viewed with some suspicion by many therapists owing to their overuse by many children. Although several developmental and educational problems are ascribed to the overuse of digital media, it is not in the scope of this study to address these issues. The focus of this research study is to explore the ways in which digital technology can be used to enhance therapeutic contact and aid the therapeutic process by using relevant aspects of the child's field – in this case digital media – to achieve this.

One major finding of this research is that there is, on the one hand, a lack of knowledge and experience amongst therapists regarding the use of digital technology in therapy and, on the other hand, a desire to know more. Currently there are still several therapists who do not fall into the category of digital natives (owing to their age), and this may be part of the reason for the lack of knowledge and experience. It is certainly possible that in the next decade or two this picture may change, but in the interim many therapists are unable to utilise these multifaceted

digital media effectively even though they may prove to be helpful in therapeutic contact with digital natives.

5.6 CHALLENGES AND LIMITATIONS OF THE STUDY

The email survey had its challenges with regard to finding the email addresses of play therapists in South Africa, as no database of practising play therapists seems to exist. The researcher therefore used student lists of past and present students provided by Huguenot College as a source of potential respondents. Many of the email addresses on this list were outdated, and many of the past students are not currently practising. Thus, the response received may or may not have been a representative sample of play therapists in the country, and therefore it is not possible to generalise these results.

A practical challenge for the researcher came with the organisation of the focus group. Getting a group of five to six people together was difficult, and eventually proved to be impossible, as a number of them could not make it. As a result, the group did not comprise play therapists only, but included two remedial teachers. Although this had not been in the original plan, it had the unexpected bonus of an additional point of view from a different angle, and did not become a limitation.

The challenge of transcribing the focus group interview was that the software was incompatible with the format of the recording which was done, and the researcher was only able to transcribe the interview two weeks later. This experience was, however, only a slight limitation as the researcher had made detailed notes during the interview, and was able to capture and analyse most of the pertinent data from these notes, backing them up later from the transcriptions. This experience led the researcher to speculate whether the kinds of challenges that accompany digital technology perhaps contribute to some therapists not being keen to use these media in therapy.

Another limitation with regards to the survey was the fact that respondents had different interpretations of the meaning of digital technology when used in therapy. Some therapists took the approach that the use of digital media means, for example, recording a session with a video camera, or playing music during therapy, whereas other therapists considered digital media to refer to computer games being played in

therapy. This misunderstanding resulted from the researcher wanting to allow for as broad an interpretation of the use of digital media as possible in the survey. Consequently, conflicting statements were made as to the usefulness of this media in therapy. However, every respondent did clarify what was meant by their own use of digital media, and this mediated the limitation.

The researcher in this study is not a digital native, and has approached this research with many of her own doubts about the potential use of digital technology in therapy, which focuses on one-on-one human contact. This has been one of the challenges of this study and can additionally be seen as a limitation owing to the lack of knowledge of digital technology by the researcher. On the other hand, the lack of knowledge could also be seen as strength, as the researcher approached the research with a more open and enquiring mind, being aware of this limitation.

The researcher has become aware of her own limitations with regard to knowledge of the digital world, and does not personally understand or enjoy communicating via social networking, or playing digital games, but remains determined to try and understand those who do.

5.7 CONTRIBUTIONS OF THIS STUDY

With little having been written on the subject of using digital technology in the therapeutic situation, there are few resources for therapists to consult if they may wish to explore this option. This study may contribute in that respect by providing some guidelines for the many possible applications of digital technology in play therapy.

It is hoped that the survey respondents and interviewees have become more aware of digital media as a useful addition to the resources at their disposal in the therapy room. The researcher has undertaken to send the results of this study to those respondents who indicated an interest in receiving them. This will disseminate these results and may enrich those therapists and children who might be using these media in therapy.

The focus group participants spent one and a half hours discussing their own use of digital media in therapy, even though most of them had not realised that they had in fact used digital technology. Many of them equated digital technology with children's

excessive use of television, computer games and cell phones, and viewed it in a negative light. In the ensuing discussion it became apparent that some of them would consider these media as a supplement to the media in their therapy rooms if they would further the therapeutic goals.

In summary, this study has created a greater awareness of the potential, as well as the possible disadvantages, of the use of digital technology as a medium in play therapy. With the survey respondents and the focus group participants receiving feedback from this study, further awareness will be created, and this medium may become more accessible to those wishing to explore it. This has the potential of enhancing the therapeutic work done with children living in the digital age.

5.8. RECOMMENDATIONS

5.8.1 Recommendations for therapists

It is clear from this study that digital media are an inescapable part of the world of today, and particularly of the field of children and young adults. To make effective therapeutic contact, this field needs to be taken into account, and therefore digital media in one form or another need to be considered if a particular child is deeply immersed in them. Even if these media are not used directly in therapy, merely referred to, it may be necessary for therapists to have some knowledge of what is involved in the latest technological devices in order to be able to converse about them with a child.

For therapists who perhaps have little interest, and no time, one way to go about this is to ask the children about such technology, giving them the chance to show their knowledge and share their field. The therapist can listen with the same attentiveness as to any other aspect of therapy, enhancing the relationship and acknowledging the children's field of technology as valid and valuable. This could be particularly pertinent in a time where many of the older generation do not understand the nature of the computer games played by digital natives, and complain about the fact that young people are always on their phones or computers. A therapist showing an interest in this part of the children's world may, in this way, find the bridge to reach them and build the relationship effectively.

In short, a therapist needs to stay up to date with current technologies, not discounting their potential in therapy. This can be done in the same way as a therapist needs to become educated about any aspect of a child's field. It may involve some research beyond the therapy room, or openness and careful listening in the therapy room, or a combination of both. With knowledge and careful planning, digital media can become a valuable addition to the therapy room.

5.8.2 Recommendations for future research

As a result of the rate at which digital technology develops, and the constant progress in that field, new digital devices and technologies are being created and released to the public on a regular basis. Digital natives have an insatiable appetite for these devices and applications, becoming familiar with their uses as soon as they are released. Hence, there are many possibilities for the application of digital media in therapy as well. Research can be undertaken on therapeutic games and other computer software applications. Use of social networking as an adjunct to therapy can also be explored. According to the researcher, this type of research ideally needs to be done by someone immersed in digital media, and well versed in the application of social networking and gaming. In a nutshell, this research needs to be done by a digital native.

5.9 CONCLUSION

This research has been fascinating for the researcher, as it has extended her beyond her own field. There have been surprises in the process, as there were more positive references to digital technology than the researcher had thought she would find, her own children being digital natives and having concerns about some of the digital technology they use. It would seem that there are a number of other therapists who also view digital technology as questionable, and perhaps this research study can open the doors to an alternative and more creative way of thinking about the use of digital media. Rather than shying away from that which is not well known, viewed with suspicion, or considered to be unfit for use, therapists could try embracing modern life with its digital technology, learn more about it and perhaps use it to their benefit.

The researcher has been greatly enriched by exploring something she used to be hesitant about. As a result, she has found that she now sees the technology in a far more positive way, and also views young people who are always playing computer games or who cannot put their cell phones down with more understanding. New awareness can certainly encompass good consequences for personal and therapeutic growth and development in the future.

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APPENDIX A

QUESTIONNAIRE REGARDING THE USE OF DIGITAL TECHNOLOGY IN THE PLAY THERAPEUTIC ENVIRONMENT

Biographical questions

1. For how many years have you been practising as a play and/or child therapist?

2. From which theoretical framework do you work?

3. Approximately how many children do you see for therapy every week?

4. Are you comfortable with using digital technology (computer, cell phone, iPod/MP3 player, computer games, Play Station and related games)? Please elaborate your answer.

Using digital media

In this questionnaire, the term digital media covers all digital technology currently available – computers, Internet, cellular phones, cameras, iPod/MP3 players, Play Station, Wii, Nintendo-style games, or anything else known to you

1. What experience have you had of using digital media in the therapeutic context?

2. In which situations would you/do you consider using digital media?

3. For which age group would you use it – young child (3-6), middle child (7-12), adolescent (13-18)? Please elaborate.

4. Please explain which forms of digital media you have used, and how, and what makes it effective or not.

5. At which stage(s) of the therapeutic process would you use digital media? Please elaborate.

6. What advantages do you think there are to using digital media in play therapy?

7. What disadvantages do you think there are to using digital media in play therapy?

8. Any other comments regarding the use of digital technology in a therapeutic setting?

APPENDIX B

You have been asked to participate in a research study conducted by Joan Truby (play therapy student), from the Institute for Child, Youth and Family Studies at Huguenot College at UNISA. The research will be published as part of a dissertation done in partial fulfillment of the requirements of the MDiac degree. You have been selected due to the fact that you are a play therapist.

The research question for this study is to gain a greater understanding of how digital media is being used by play therapists in South Africa.

Due to the nature of an email survey, complete confidentiality is not possible, but the researcher undertakes to assign each respondent to a number as soon as the data is received, and then delete the respondent's name from her records.

Although you have indicated a willingness to participate in this survey, you are under no obligation to do so, and may decide against it at any time without penalty or consequences.

There is no payment for your participation.

I hereby consent to this study and give permission that the information in this questionnaire may be used for the above mentioned research.

Signed:

APPENDIX C

UNISA - CONSENT TO PARTICIPATE IN RESEARCH

The use of digital media within Gestalt Play Therapy.

You have been asked to participate in a research study conducted by Joan Truby MDiac (play therapy) student, from the Institute for Child, Youth and Family Studies at Huguenot College at UNISA. The research will be published as part of a dissertation done in partial fulfillment of the requirements of the MDiac degree. You have been selected due to the fact that you are a play therapist working according to the Gestalt approach.

PURPOSE OF THE STUDY

The purpose is to gain a greater understanding of the use of digital media by Gestalt play therapists in the therapeutic setting.

PROCEDURES

If you agree to participate in this study, we would ask to be available for a one-on-one interview with the researcher at a time and place of your convenience. The interview will not exceed an hour.

POTENTIAL RISKS AND DISCOMFORTS

None forseen

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

By participating in the interview, there may be heightened awareness of a useful media in therapy.

PAYMENT FOR PARTICIPATION

There will be no payment for participation in this research

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with the participant, will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of keeping all videos (if made) and written notes on the researcher's laptop and external hard-drive which has a password, and to which only the researcher has access. Hard copies will be kept in the researcher's private storage area.

Videos will be kept for 3 years and erased thereafter.

The results of the study will be published in the dissertation to be submitted to the Huguenot College, and a number will be used for each participant to ensure confidentiality.

6. PARTICIPATION AND WITHDRAWAL

The participant may choose whether to be in this study or not. Withdrawal may occur at any time without consequences of any kind.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact:

Joan Truby: 011 849 8250, or 083 2929 276, or email : joantruby@mweb.co.za

Susanne Jacobs: 082 783 7474, or email : sjacobs@goalnet.co.za

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Dr Retha Bloem – in charge at the Institute for Child, Youth and Family studies at Huguenot College.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

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

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

_____

Name of Subject/Participant

_____

Name of Legal Representative (if applicable)

_____

Signature of Subject/Participant or Legal RepresentativeDate

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ [*name of the subject/participant]* and/or [his/her] representative _____ [*name of the representative]. [H*e/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/*English/*Xhosa/*Other*] and [*no translator was used/this conversation was translated into* _____ by _____].

_____

Signature of Investigator

Date: August 2010

Applicant`s signature

Who will supervise the project? **Name:**Susanne Jacobs