

**The experiences of professionals utilizing sensory-motor play
with young children in Gestalt play therapy**

by

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DEDICATION

I dedicate this dissertation to all the children and parents whom I had the privilege of working with in my career as an occupational therapist, and also while studying as a play therapist. I have gained so much during my contact with each one of you.

In our work we touch the lives of God's precious children, each one created so special and unique. May God impart to us the wisdom, love and skills to serve as co-workers in this process to assist children in discovering the joy of achieving their potential in life.

Mathew 19:14, 15

Jesus laid hands on the little children. He said "God's Kingdom is made up of people like this" (NIV/The Message, 2004:1589).

I thank God for giving me the passion and inner strength to help children, and for His guidance throughout this study. God's Word was my daily source of power and inspiration. I feel blessed and fulfilled on this journey of my career.

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Isaiah 41:10

“I’m your God. I’ll give you strength. I’ll help you.
I’ll hold you steady, keep a firm grip on you.”

Psalms 103:1, 2

“Oh my soul, bless God, don’t forget a single blessing.”

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- ❖ My family, friends and work colleagues, especially Bea, Isabel and Paula, for your support, encouragement and prayers.
- ❖ Mrs Margaret Rossouw for the linguistic editing of this thesis.

DECLARATION

I hereby declare that **THE EXPERIENCES OF PROFESSIONALS UTILIZING
SENSORY-MOTOR PLAY WITH YOUNG CHILDREN IN GESTALT PLAY
THERAPY**

is my own work and that all the references that were used or quoted were indicated and
recognized.

SIGNATURE

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SUMMARY

The aim of this study was to explore and describe the experiences of professionals utilizing sensory-motor play (SMP) with young children (YC) in Gestalt play therapy in order to provide recommendations for professionals and to create an awareness of the value of SMP in Gestalt play therapy. Coming from an occupational therapy background, the researcher became aware of the potential value of utilizing sensory-motor play in Gestalt play therapy with YC. SMP, being a vital part of the sensory integration developmental process of YC, promotes body awareness through muscle movement and control. Awareness is one of the major aims of Gestalt play therapy. All the senses contribute to YC's awareness, including the frequently unacknowledged vestibular and proprioceptive senses. In order to treat YC holistically, the developmental importance of SMP should be acknowledged and integrated in the therapy process. Professionals young children working in this field, coming from diverse educational backgrounds, do not necessarily have the knowledge or experience of the utilization of SMP with YC.

A qualitative research approach with a case study research design was adopted in order to explore and describe the experiences of professionals regarding the utilization of SMP with YC in Gestalt play therapy, through applied research. The empirical data was collected by conducting two focus group discussions with professionals from diverse educational backgrounds. Two main themes with different sub-themes and categories were identified by analysing the data. The main themes are that participants are of the opinion that *SMP enhances the therapeutic relationship* and that *SMP has a self-regulatory function*.

The researcher concludes that professionals gained a new awareness regarding the subject of discussion and experienced that utilizing SMP in Gestalt play therapy with YC can promote and facilitate whole body/mind awareness and integrated healing.

MAIN CONCEPTS

sensory-motor play, sensory integration, young children, Gestalt play therapy, therapeutic relationship, organismic self-regulation

OPSOMMING

Die doel van hierdie studie was om die ervarings van professionele persone wat sensories-motoriese spel (SMS) met jong kinders (JK) in Gestalt-speltherapie gebruik, te ondersoek en te beskryf om sodoende aanbevelings te maak en 'n bewustheid van die waarde van SMS in Gestalt-speltherapie aan te wakker. Die navorser, wat 'n arbeidsterapie-agtergrond het, het bewus geword van die potensiële waarde van die gebruik van sensories-motoriese spel in Gestalt-speltherapie met JK. SMS, wat 'n kardinale deel van JK se ontwikkelingsproses ten opsigte van sensoriese integrasie is, bevorder liggaamsbewustheid deur spierbeweging en -beheer. Bewustheid is een van die hoofdoelwitte van Gestalt-speltherapie. Al die sinne dra by tot JK se bewustheid, insluitend die vestibulêre en proprioseptiewe sinne. JK kan slegs holisties behandel word as die belangrikheid van SMS vir ontwikkeling tydens die terapeutiese proses erken en geïntegreer word. Professionele persone wat in hierdie veld werk en diverse opleidingsagtergronde het, het nie noodwendig die nodige kennis of ervaring van die gebruik van SMS met JK nie.

'n Kwalitatiewe navorsingsbenadering met 'n gevallestudie-navorsingsontwerp is gebruik om professionele persone se ervarings ten opsigte van die gebruik van SMS met JK in Gestalt-speltherapie deur middel van toegepaste navorsing te ondersoek en te beskryf. Die empiriese data is versamel deur twee fokusgroeptoesprake met professionele persone met diverse opleidingsagtergronde te hou. Twee hooftemas met verskillende subtemas en kategorieë is tydens die ontleding van die data geïdentifiseer. Die hooftemas is dat deelnemers van mening is *dat SMS die terapeutiese verhouding bevorder* en *dat SMS 'n selfregulatoriese funksie het*.

Die navorser kom tot die gevolgtrekking dat daar 'n nuwe bewustheid by professionele persone ontstaan het ten opsigte van die onderwerp onder bespreking en dat hulle ervaar het dat die gebruik van SMS in Gestalt-speltherapie met JK volle liggaam- en verstandsbewustheid en geïntegreerde genesing kan bevorder en fasiliteer.

KERNKONSEPTE

sensories-motoriese spel, sensoriese integrasie, jong kinders, Gestalt-speltherapie, terapeutiese verhouding, organismiese selfregulasie

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CHAPTER 1

INTRODUCTION AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

In this study the researcher's intention was to explore and describe the experiences of professionals utilizing sensory-motor play (SMP) with young children (YC) aged three to seven in Gestalt play therapy. The first seven to eight years of a child's life are the years of sensory-motor development where they learn new motor skills (Ayres, 2005:24). This happens by means of a normal neurological process of organisation and integration of senses through sensory processing (Emmons & Mc Kendry Anderson, 2005:16-17; Kranowitz, 2003:3). This process of sensory integration (SI) happens through sensory-motor activity and play, which will be referred to as SMP for the purpose of this study. SMP predominates in YC as they are in the process of developing control over their bodies. Exploring through movement (being a fundamental ingredient of SMP) is a natural and spontaneous desire for YC – to have fun and enjoy their physicality (Greenland, 2000:4-5). Every child has a natural inner drive to develop SI, always searching their environment for opportunities to develop their sensory-motor skills (Ayres, 2005:24). YC need a steady amount of tactile, proprioceptive and movement stimulation to keep the body and nervous system organized, balanced, functioning and healthy. This helps YC to form a complete awareness of who and where they are by sensing their bodies and responding to the sensations in the world around them (Ayres, 2005:41).

For the purpose of this study, SMP will refer to YC engaging in any sensory-motor activity by using their gross motor skills on their developmental level. This can be crawling through a tunnel, hanging or swinging on a rope, jumping on a small trampoline, building a house with big sponge blocks, or just kicking a ball. Planned actions involving large body movements, coordinating the different body parts, such as jumping or walking, are referred to as gross motor skills (Berger, 2006:150). This collaborates with Piaget's assumption that children learn about their bodies and their environments through sensory-motor exploration (Knox, 2010:540,541; Anzalone & Murray, 2002:375). Through SMP, children experience muscle movement and control,

which promotes joy and self-awareness (or body awareness) through physical activity (Oaklander, 2006:26,27), which in turn can have many benefits for the therapy process.

Simply using and experiencing their bodies and mastering control have significant value for children's emotions and energy levels, and enhance the strengthening of their sense of self (Tervo, 2007:31; Oaklander, 2006:25-27; Oaklander, 1988:127-130). Through SMP, children experience movement and muscle control. This promotes body awareness, which is one of the major aims in Gestalt play therapy (Joyce & Sills, 2010:31-32; Schoenberg & Feder, 2005:229; Yontef, 1993:200). The researcher views the utilisation of SMP in the Gestalt play therapeutic process as an extension of the existing use of body work in YC (Oaklander, 1988:129). Writers like Oaklander (1988:127-135, 141-142), Blom (2006:89-102) and Tervo (2007:28-37; 2002:113-146) acknowledge the importance of bodily contact making, body process, body awareness and body movement in YC. The researcher however found that guidelines in Gestalt literature on body work with YC are limited. If the important role of SMP in YC is not acknowledged and integrated in the therapeutic process, the child is not treated holistically.

In this chapter the researcher will discuss the contextualization and problem statement, the aim and objectives of the study and the theoretical framework. This will be followed by the research strategy and methodology, the ethical aspects and the validation and reliability of the study. Finally a description of the main concepts and a conclusion of the chapter will be provided.

1.2 CONTEXTUALISATION AND PROBLEM STATEMENT

According to Fouché and De Vos (2005a:90) and Mouton (2001:27), research topics are often discovered by professional practitioners during their daily practice. The researcher's experience as an occupational therapist in the field of SI therapy over many years and her studies in Gestalt play therapy, as well as her observations of the way in which YC enjoy engaging in sensory-motor activity constituted the source of motivation for this study.

In Gestalt therapy the goal is always to create awareness, which occurs through the senses (Joyce & Sills, 2010:31; Blom, 2006:51; Woldt & Toman, 2005:228, 229).

Oaklander (1988:109, 127) describes the basic senses as sight, sound, touch, taste and smell, but also acknowledges body movement as one of the senses. Liepmann (in Oaklander, 1988:127) describes the sense of movement as "... what we feel as our muscles, tendons and joints work." In psychology and Gestalt play therapy the sense of movement is often integrated and referred to as body work, body process or physical expression (Joyce & Sills, 2010:145; Kepner 2008:28), body movement (Oaklander, 1988:127), physical process (Tervo, 2002:116-119) and body therapy (Kepner, 2008:9).

According to Ayres (2005:24), the most significant age for developing sensory-motor skills is between three and seven years, and she refers to this age group as the "young child". Nature intended this developmental phase to be the time when children's developmental inner drive is to learn to do many active things with their bodies by engaging in motor activity. YC like to run, jump, climb and skip, because this fills the needs of a developing nervous system (Ayres 2005:24).

Whilst Brewer (2007:19) describes YC as being in a constant state of motion and needing movement and vigorous physical activity daily, Ayres (2005:24) refers to YC as "sensorimotor being[s]". The term *sensory-motor* is used widely for referring to many different approaches to intervention that link sensory input to motor performance (Anzalone & Murray, 2002:375), i.e. the integrated functioning of the senses and the muscle system (De Witt, 2009:208). This will therefore include any gross motor activity on a child's developmental level.

According to Knox (2005:171), Ayres emphasizes the importance of children's inner drive in searching and dealing with challenges. This is most observable during play, which is a primary activity of children and is intertwined with the overall development of YC (Scarlet, Ndaudeau, Salonijs-Pasternak & Ponte, 2005:4; Cardoso-Zinker, 2003:208). SMP experiences allow the development of SI, which in turn leads to the structuring of play behaviour (Knox, 2005:171). The researcher experienced that YC like exploring their own motor skills through active engagement with their physical environment. This often leads to playfulness, an aspect which helps to strengthen the self (Oaklander, 2006:27, 31), which is a major prerequisite for emotional expression and one of the fundamental goals in counselling children (Geldard & Geldard, 2008:6; Oaklander, 2006:27). The researcher further experienced that children engaging in SI therapy through sensory-motor activity often express feelings of anger spontaneously in

moment by smacking or throwing an object or attacking and boxing a punch bag (Oaklander, 1988:212).

Holism, a corner stone of the Gestalt approach, emphasizes the wholeness of a person. Healing requires the integration of body and mind into the self, into the whole person (Kepner, 2008:1-2; Cardoso-Zinker, 2003:208-209). Through SMP, children can experience their bodies in new ways which can lead to a new awareness of their whole self (Reynolds & Mortolla 2005:158). Ayres (2005:6) refers to the concept of holism with reference to SI as the integration of an experience on a sensory level – having a “whole experience” of all the parts put together. According to the researcher’s knowledge of Gestalt, children are not approached holistically if their need to be active and to engage in SMP is not met and creatively integrated in the Gestalt play therapeutic process. This is confirmed by Tervo (2002:19), who so rightly describes that by including physical process observations a more holistic assessment of the child is attained, which can guide the therapist to a more relevant intervention. SMP interaction further contributes to forming a therapeutic relationship and emotional engagement with the child (Schwartzberger, 2007).

Oaklander (1988:127) emphasizes the fact that the way children experience and use their bodies is a subject so important that she cannot do it justice in a few paragraphs. Although she mentions examples and suggests books on the topic, the researcher found that guidelines in Gestalt literature on body work with YC are limited. The majority of Gestalt literature available on body work focuses more on adults and adolescents (Joyce & Sills, 2010:145-152; Frank, 2001:11).

The researcher has experienced that professionals from diverse educational backgrounds who utilize Gestalt play therapy as a mode of intervention in working with children do not necessarily have the knowledge or experience of SMP and SI theory to work holistically. In support of this observation, Tervo (2002:117) states that many therapeutic approaches neglect to focus on the body and thus may miss or neglect a powerful resource for understanding children and for opening up learning and experimenting with change.

Pinpointing a specific problem helps to focus the topic to be researched (Fouché & De Vos, 2005:100). According to Creswell (2011:102), the research problem is used to provide the rationale for a study.

In the light of the above-mentioned and in order to integrate body and mind in the process of healing and integration of the self, it is important for professionals working within a Gestalt play therapy mode of intervention to utilize SMP confidently in the Gestalt play therapy process with YC. If the important role of SMP in YC is not acknowledged and integrated in the therapeutic process, the child is not treated holistically. Consequently, children's healing is affected as all the aspects of the self are not fully integrated.

Literature research uncovered the following examples of the utilization of SMP in play therapy with children which further emphasize the need for SMP as identified in this study:

- In 2009 the Southern Arizona Association for Play Therapy hosted two workshops, namely "Uniting Developmental Movement and Play Therapy" and "Creating a Sensory Integration Environment in Play Therapy" (Southern Arizona Association for Play Therapy, 28 March 2010).
- Ken Schwartzenberger (2007; 2010) (Founder of playtherapyseminars.com, University of California), a presenter of developmental play therapy courses, hosted the following workshops: "Developmental Play Therapy in the Treatment of Childhood Trauma" and "Neurosensory Play Interactions in Play Therapy", integrating the role of SMP in the treatment of children
- Confidence courses for play therapy are described as "... [a] gentle form of obstacle course, designed to build confidence [and] uses combinations of pit jumps, incline balances, boxes, barrels, ladder climbs, rope slides, and other similar objects" (Thompson & Henderson, 2007:197).
- The Psychomotor Education Institute of South Africa (PEISA) is currently hosting courses at pre-primary schools in Pietermaritzburg which focus on the emotional, social and motor foundation needed for teaching cognitive concepts. The role of SMP is acknowledged through the interaction between motor achievements and emotional development, as well as the connection between emotion and muscle tone (PEISA, 2011:13).

The researcher consulted with experts in the field of both play therapy and occupational therapy (Gouws, 2010; Swart, 2010; Van Heukelum, 2009) in order to establish if the study was viable. They are all senior occupational therapists who have practiced in the field of paediatrics and/or SI therapy for 20 years or longer and are also qualified to use Gestalt play therapy as a mode of intervention. They all approved of the study and agreed on the value of exploring the experiences of professionals utilizing SMP with YC in Gestalt play therapy.

According to Mouton (2001:53), research problems are often formulated in the form of a question. This helps to focus the process by answering *what* the researcher wants to find out about the topic (Fouché & De Vos, 2005:100). Research questions constitute a reformulation of the purpose of the study in more specific terms by beginning with the word “what” Creswell (2007:107). For the purpose of this study the research question is formulated as follows:

What are the experiences of professionals utilizing SMP with YC in Gestalt play therapy?

1.3 AIM AND OBJECTIVES OF THE STUDY

According to Fouché and De Vos (2005:104), the terms “goal”, “purpose” and “aim” are often used as synonyms for one another. Their meaning implies the broader conception of what the research study attempts to accomplish. The aim of this study was to explore and describe the experiences of professionals utilizing SMP with YC in Gestalt play therapy in order to create an awareness of the value of SMP in treating YC holistically and to provide recommendations for professionals working with YC.

The research objectives are the steps which the researcher has to take in order to achieve the overall goal of the study (Fouché & De Vos, 2005:104).

The following objectives were set for this study:

- To undertake an in-depth literature study to explore the theoretical aspects of SMP in the broader context of Ayres’s SI theory and the developmental aspects of play,

gross motor activity and emotions in YC. The theory of play therapy from a Gestalt approach and the interrelatedness of SMP in YC will also be explored.

- To conduct an empirical study by means of collecting data during two focus group discussions in order to explore the experiences of professionals utilizing SMP with YC in Gestalt play therapy.
- To analyse data and verify research findings by means of a literature control in order to describe the experiences of professionals utilizing SMP with YC in Gestalt play therapy.
- To formulate conclusions and recommendations for professionals working with YC with regard to the utilization of SMP with YC in Gestalt play therapy.

1.4 THEORETICAL FRAMEWORK FOR STUDY

Guba (in Creswell, 2007:19) describes a paradigm or world view as the fundamental philosophy that guides action. According to Creswell (2007:30), the world view "... narrow[s] to interpretive or theoretical stances ...". The interpretive stances taken by the researcher shape the research in terms of individuals chosen for the study, the types of questions asked and how the data are collected and analysed. These theoretical stances also affect the way the information gathered for the study is used to change society (Creswell, 2007:30). Within qualitative research the study may consist of multiple paradigms when they are compatible (Creswell, 2007:19). For the purpose of this study the researcher adopted Gestalt therapy theory, including play therapy from a Gestalt approach, as the foundational paradigm, with SI theory as a secondary paradigm.

A Gestalt therapy framework or paradigm includes key concepts such as phenomenology, dialogical existentialism and holism/field theory (Yontef, 1993:200). In Gestalt theory a phenomenological approach is used to help a person explore and become aware of who and how they are in the here and now (Joyce & Sills, 2010:17). Dialogical existentialism refers to the experience of contact and defining the self through the process of contact and withdrawal from contact (Woldt & Toman, 2005:31; Yontef,

1993:200). Holism, a cornerstone of Gestalt theory, implies that children should be helped as a holistic entity so that integration can take place (Blom, 2006:54).

Gestalt play therapy, founded by Oaklander, is described as play therapy with children using “a psychotherapeutic technique” based on the perspectives and methods of Gestalt therapy theory (Blom, 2006:20). Oaklander (2006:20-49) refers to the natural progression in her therapy with children as the therapy process.

The second paradigm or approach of this study is SI theory. The SI theory, developed by A. Jean Ayres, refers to the neural organisation of sensory information for purposeful behaviour (Parham & Mailoux, 2010:325). SI happens through the development of sensory-motor skills (Ayres, 2005:24). This study focuses on the integration and interrelatedness of the SI theory and development with reference to SMP in YC.

1.5 RESEARCH STRATEGY AND METHODOLOGY

According to Mouton (2001:56), research methodology is the process, tools and “objective” procedures to be employed, which will then be the individual steps in the research process.

1.5.1 Research approach

The qualitative research approach was chosen for this study, as it enabled the researcher to start with a theoretical lens and to collect data in a natural setting, after which the voices of the participants were analysed in order to help understand the problem and answer the research question (Creswell, 2007:50, 51). The participants’ accounts of meaning, experiences or perceptions were obtained by means of a focus group discussion (Mc Roy in Fouché & Delpont, 2005:74). This constitutes a subjective exploration of the experiences of professionals utilizing SMP with YC in Gestalt play therapy. The final report allows for an in-depth description contributing to a study that adds to literature or allows a request for action (Creswell, 2007:50, 51).

1.5.2 Type of research

Neuman (2011:26-27) and Fouché and De Vos (2005:105-106) distinguish between basic research (also called academic or pure research) and applied research. Basic research refers to increasing the knowledge base of a subject to support or disprove theories and has a broader impact on thinking over a long period of time. Applied research is used to bring about change in a problematic situation (Fouché & De Vos, 2005:105) and to develop findings of practical relevance that can be used in the shorter term (Neuman, 2011:27; Gray, 2009:3). The question asked in this study was: What are the experiences of professionals utilizing SMP with YC in Gestalt play therapy?

Applied research was used to explore and describe these professionals' experiences. It was hoped that this study will create an awareness of the value of SMP in treating YC holistically and provide recommendations for professionals working with YC in Gestalt play therapy.

1.5.3 Research design

The key question in the research design concerns the type of study that will be undertaken in order to provide acceptable answers to the research problem or question (Mouton, 2001:49). The instrumental case study during which a process of detailed data collection takes place facilitates the researcher's gaining of knowledge and understanding of the issue involved – in this case the experiences of professionals utilizing SMP with YC in Gestalt play therapy (Mark in Fouché, 2005:272). Two semi-structured focus groups with a subjective exploration and descriptive component of the reality from the perspective of these professionals were conducted.

1.5.4 Theory and literature review

The researcher completed a literature study to collect data as part of the research process (Mouton, 2001:56). According to Delport and Fouché (2005:265), in qualitative research literature and theory can be used either to guide the study before data collection, or towards the completion of data collection with the view of comparing existing literature with the conceptual theoretical framework and research findings. The researcher has done a preliminary review to explore the subject of SMP, body work in

Gestalt therapy and the Gestalt play therapy process. The work of Oaklander in the theory of Gestalt play therapy with children and the work of Ayres on the theory of sensory integration in children were used as a reference standard. Ayres, in her classic book *Sensory integration and the child, 25th Anniversary Edition* (2005) explains her theory of SI in a user-friendly format to promote an understanding without requiring a neuroscientific background. This book is used as a primary source in the discussion of the SI theory.

The researcher's choice of the term "SMP" as the legitimate term to explain developmental gross motor play in children was based on the work of and discussions with the following three specialists:

- Annemarie van Jaarsveld (2010) (M OT): International and Research Liaison of South African Institute for Sensory Integration; Head of department of Occupational therapy, UFS; qualified Southern California Sensory Integration Test (SCSIT) user and Sensory Integration and Praxis Test user (SIPT).
- The research of Paula Barnard (MSc OT), on the uniform use of motor terminology for occupational therapists (Barnard, 2009).
- Gudrun van Heukelum (2009) (B OT; M Diac – direction play therapy): qualified Southern California Sensory Integration Test (SCSIT) user.

The researcher is aware of the fact that the source *Research at grass roots, for the social sciences and human service professions* by De Vos, Strydom, Fouché and Delport (2005) has a 2011 edition. Due to the fact that this research was already completed before the release of the new edition, the researcher will refer to the 2005 edition in this study.

1.5.5 Sampling

For the purpose of this study, the term "universe" refers to all professionals with an M Diac (direction play therapy) in the Western Cape. The population sets boundaries to the study (Arcava & Lane in Strydom, 2005:193) and the population of this study comprises all professionals with an M Diac (direction play therapy) in the Cape Peninsula and Boland.

Sampling in qualitative research is less structured. The focus is less on the sample's representativeness and more on its significance with regard to the research topic (Flick in Neuman, 2011:241) and the purpose of collecting specific cases that can clarify and deepen understanding (Neuman, 2011:241). Focus groups rely on purposive sampling. The sample is based entirely on the judgement and prior knowledge of the researcher when choosing people who best serve the purpose of the study (Monette, Sullivan & De Jong, 2005:148; Greeff, 2005:328-329). For the purpose of this study, two focus groups of four to five professionals from diverse educational backgrounds with an M Diac (direction play therapy) were selected. In order to enrich the data collection the one group consisted of two social workers, a teacher, a trauma counsellor and a professional with a psychology background. The other group consisted of only occupational therapists. A further criterion of inclusion involved the fact that participants had to be fluent in both Afrikaans and English.

1.5.6 Data collection

Focus group discussions were used as the primary source of data collection (Greeff, 2005:300). The discussions were designed to obtain information regarding play therapists' experience and perceptions in the area of interest. The process of sharing and comparing in the non-threatening environment of a focus group facilitated the collection of large amounts of data (Morgan & Krueger in Greeff, 2005:300; Greeff, 2005:301). The method of data collection included video and audio recordings, which were used to capture the data. In addition, field notes were taken by an assistant facilitator (Greeff, 2005:311, 298). After the focus group discussions the researcher also made field notes on what had been observed during the discussions.

During the whole research process the researcher had to bracket herself in terms of previous experience and training as an occupational therapist. During the focus group discussions the researcher managed not to impose her own background and views on the participants, but focused on the issue of exploring the participants' experiences of utilizing SMP with YC in Gestalt play therapy.

1.5.7 Data analysis

For the purpose of this study, the researcher depended on transcripts, video recordings, notes and memory as the basis for data analysis (Krueger & Casey, 2009:117-118; Monette *et al.*, 2005:444).

Patterns and themes were identified and categorized (Agar in Creswell, 2009:119; Delport & Fouché, 2005:354) through a repetitive review and coding of transcripts and notes into the relevant categories (Merriam in Creswell, 2009:199). This process is an organized “listening” to participants’ reality (Greeff, 2005:311), comparing data and seeking for differences and similarities in order to find alternative views (Morgan & Krueger; Krueger & Casey in Greeff, 2005:311). The researcher experienced the emergence of main themes during the focus group discussions, which correlates to the statement by Monette *et al.* (2005:442) that data collection and analysis often occur simultaneously in qualitative research. The report in chapter four summarizes the analysis and interpretation of the data (Delport & Fouché, 2005:353).

1.6 VALIDATION AND RELIABILITY OF THE STUDY

The researcher agrees with Angen, quoted by Creswell (2007:205), who views validation as “a judgement of the trustworthiness or goodness of a piece of research”. Although numerous validation strategies are described in literature with regard to qualitative research, the researcher found that answering the following questions, asked by Marshall and Rossman (in De Vos, 2005:345) and based on the classic contribution of Lincoln and Guba, validated the current research (Creswell, 2007:203, 207-209; De Vos, 2005:346-347).

- “How credible are the particular findings of the study? By what criteria can we judge them?”

The credibility of this study was enhanced by the inclusion of two focus groups consisting of participants from diverse academic backgrounds who currently work in the field of Gestalt play therapy. All the participants had an M Diac degree in play therapy and were in practice at the time of the study.

In addition to the research, the researcher's prolonged experience in the field (refer to 1.2) and interaction with the subject matter contributed to an understanding of the issue involved. Further credibility was ensured by providing detailed information pertaining to the subject and scope of the study prior to the focus group discussions (Creswell, 2007:206, 207-208). Member checking was utilized where the researcher "tests" the participants' view of the credibility of the interpretation of the data. Participants were, for instance, not only asked if they agreed with what other participants in the focus groups said, but also to elaborate on the subject of discussion. Furthermore, the co-facilitator took field notes during the focus group discussions and verified these to ascertain whether interpretations were accurate (Creswell, 2007:208-209).

- "How transferable and applicable are these findings to another setting or group of people?"

Transferability refers to the demonstration of how one set of findings is applicable in another context (De Vos, 2005:346). The strategy followed by the researcher was triangulation – multiple and different sources of data (two focus groups), theories (Gestalt therapy theory and SI theory) and investigators (co-facilitator) were used (Creswell, 2007:208). In addition, the study's applicability to other settings was enhanced by using two focus groups to enrich and corroborate the evidence (Creswell, 2007:208; De Vos, 2005:346). Transferability is also obtained through a detailed and substantial description (Creswell, 2007:209), which the researcher did obtain (refer to chapter four) when she described the detail of the focus group process and outcome.

- "How can we be sure that the findings are reflective of the subjects and the enquiry itself rather than a creation of the researcher's biases or prejudices?"

Being open and clear about the researcher's past experiences, biases or possible prejudices from the onset of the study greatly enhances the degree to which the findings reflect the contribution of the participants and the enquiry rather than that of the researcher (Creswell, 2007:208). Peer review, referring to discussions with two fellow professionals regarding the breakdown of the data into various themes, sub-themes and categories, provides further opportunities to lessen possible research biases. According to Creswell (2007:208), peer debriefing serves as a "devil's advocate", a person who asks difficult questions about the research process, constructs and findings and

provides the researcher with a safe space to unload her feelings. The researcher engaged with participants phenomenologically and took their subjectivity and context into consideration (Neuman, 2011:214).

Reliability was enhanced by making use of a tape recording of good quality, which was transcribed in detail by the researcher and coded with the help of a supervisor and through peer reviewing. This was a repetitive process of breaking up codes into broader themes and sub-themes. Finally a diagrammatic illustration (refer to diagram 5.1) displaying the relationship between the various themes, sub-themes and categories, proved to be helpful and verified the reliability of the coding (Creswell, 2007:210-211).

1.7 ETHICAL ASPECTS

Ethics are concerned with what is right and wrong with regard to those who participate in the study, and also concerns the responsible and accurate reporting of the research (Babbie, 2010:64; Robson, 2005:547; Strydom, 2005:56). The researcher planned and conducted the research study in such a way that reliable and accurate data collection could be achieved while complying with the ethical principles to protect the participants (Heppner, Kivlighan & Wampold, 2008:114). The following ethical aspects were considered during the course of the study.

1.7.1 Informed consent

Informed consent (refer to Appendix A) entails informing the participants about the nature of the study and provides specific and sufficient information about the procedures involved (Strydom, 2005:59; Creswell, 2007:141). The researcher accurately explained the main concepts, procedure and ethical issues via an e-mail or a delivered or mailed letter. This was followed by a formal procedure of written consent (Strydom, 2005:60). It is generally held that all participation should be voluntary (Strydom, 2005:59) since social research could potentially be an intrusion into people's lives (Babbie, 2010:64). Informed consent heightens the participants' insight into the research and minimizes the risk of uncertainty, strain and resistance on the participants'side (Strydom, 2005:60).

1.7.2 Avoidance of harm

Avoidance of harm entails predicting potential risks and discomforts for the participants and treating participants and information obtained with respect and dignity (Babbie, 2010:65). Strydom (2005:58) states that harm in social research is more likely to be of an emotional nature, which is not always easy to foresee. However, the effects of emotional harm may have more extensive consequences for the participants. Through informed consent the participants had the choice to participate or withdraw from the research study, which minimized the risk of potential harm (Strydom, 2005:58). The researcher did not foresee any harm to the participants during the focus group discussions, but was prepared to offer them the opportunity to voice their opinions and air their feelings if needed.

1.7.3 Privacy, anonymity and confidentiality

According to Babbie (2010:67), anonymity implies a guarantee that the researcher and reader will not be able to link a response with a specific participant. Although this could not be adhered to during the focus group discussions, participants' anonymity was obtained in the transcript by using fictitious names. This ensures the participants' privacy (Strydom, 2005:61) and guarantees confidentiality, since a specific person's response cannot be identified publically (Babbie, 2010:67). Similarly, the children mentioned by the participants in case studies were never referred to by their real names.

1.7.4 Deception

Deception or misrepresentation occurs when the participants are misled in any way with regard to instructions, the purpose of the research and the possible impact it could have on them (Strydom, 2005:60-61). Babbie (2010:70) stresses that the identity of the researcher should be clear to the participants in terms of affiliation. The identity of the researcher as well as the purpose and scope of the research were communicated to the participants of the two focus groups in the consent letter. Data collection and reporting were done in an accurate and reliable manner.

A valuable tool in minimizing deception is to include a debriefing session at the conclusion of the process. During such a session the participants are given the opportunity to air possible negative feelings, doubts and/or problems encountered during the research process and clarify the purpose and possible application of the research (Babbie, 2010:70). The focus group discussions were followed by an informal debriefing session allowing the participants to air any questions, feelings and uncertainties.

1.7.5 Competence of researcher

The researcher is a qualified occupational therapist and has been in private practice for 18 years. The researcher's conduct during the research process was guided by her professional code of ethics (Strydom, 2005:64). Her current training in Gestalt play therapy has equipped her to understand and work in groups and she has the insight to engage in dialogue with the participants. Prior to the study the researcher submitted a proposal stating her goals, methodology and adherence to ethical guidelines, which was approved by the ethical committee (Strydom, 2005:63). Furthermore, the researcher worked under the guidance and supervision of her study leader at all times.

1.7.6 Publishing of data

The researcher tried to avoid all forms of misrepresentation of information and bias in writing the report (Strydom, 2005:66). Limitations and shortcomings of this study were acknowledged (Babbie, 2010:71) and discussed in 5.5.2. The researcher confirms that the data analysis process was conducted accurately and the report reflects the true outcome of this study (Strydom, 2005:65).

1.8 DESCRIPTION OF MAIN CONCEPTS

1.8.1 Sensory-motor play

The term "sensory-motor" refers to the process of receiving sensory input and producing motor output or movement (Kranowitz, 2003:10, 289; Anzalone & Murray, 2002:375). Latash and Turvey (in Anzalone & Murray, 2002:375) state that "[t]he unity of sensory and motor is reflected in observed behaviour and reflects the neural processes

underlying the action”. The researcher compiled a description of the term “sensory-motor” from several sources, namely: Sensory-motor refers to the integrated functioning of the senses and the muscle system, and is a brain-behaviour process between sensation and movement. Sensory messages (sensory input) come from within the body and from the environment. The central nervous system integrates and processes the messages and produces adaptive responses (motor output), which are meaningful motor responses (i.e. movement), thoughts or feelings (Gouws, Louw, Meyer & Plug in De Witt, 2009:78; Biel & Peske, 2009:12; Hesselund, 2005:18; Cook, Klein & Tessier, 2004:482; Kranowitz, 2003:10, 289; Anzalone & Murray, 2002:375).

Play can be described as the most basic or natural choice of activity in childhood, reflecting children’s interaction with their environment. Through play, children project their experience of reality and also communicate with their world in a non-verbal way (Schaefer, 2010:3; De Witt, 2009:129). Webb (2007:xi) keeps her description of play simple by stating that it is “an activity done ‘just for the fun of it’”.

The researcher defines SMP in YC as an activity that integrates the functioning of the senses and the muscle system on a gross motor level, like jumping, swinging, sliding, rolling and playing ball. This assumes that movement will always be included in some degree. Play is the nature and essence of children’s lives, being their natural way of interacting and keeping themselves busy in the world. YC’s play is characterized by an intrinsic drive of activity which occurs by being active and enjoying sensory experiences and their physicality. SMP allows children to have fun and contributes to a vital part in their actualization through developing, becoming and learning.

1.8.2 Sensory integration

Ayres (2005:5) defines SI as “the process of organizing sensory input so that the brain produces a useful body response and useful perceptions, emotions and thoughts. SI sorts, orders and eventually puts all the sensory input together into a whole-brain function (Ayres, 2005:28)”. This organisation of sensations from the environment as well as from inside the body makes children aware of who and where they are physically and helps them to make sense of the world around him (Heller, 2003:14). Anzalone and Murray (2002:374) views SI theory partly as an developmental theory since it furthers

our understanding of skills acquisition and children's underlying capacity to interact with their environment.

For the purpose of this study, the researcher defines SI as the process by which all the multiple senses (sight, touch, proprioception, movement, smell, hearing and taste) involved in SMP are organised neurologically in the brain. This process enhances a physical awareness and uses the sensory information for an appropriate adaptive response and functional use.

1.8.3 Gestalt play therapy

According to Oaklander, who is considered to be the founder of Gestalt play therapy, the philosophy, theory and practice of Gestalt therapy can be used with slight adjustments in play therapy with children (Geldard & Geldard, 2008:35-36; Blom, 2006:17, 19-20). Bowman (2005:5) defines Gestalt therapy as:

a process psychotherapy with the goal of improving one's contact in the community and with the environment in general. This goal is accomplished through aware, spontaneous and authentic dialogue between client and therapist. Awareness ... is encouraged while interruptions to contact are explored in the present therapeutic relationship.

The focus of Gestalt therapy is the integrated functioning of a person as a whole, implying that emotions, senses, intellect and body are synchronized into a "creative adjustment" (Thompson & Henderson, 2007:196). It is this aspect of the achievement of personal integration that is one of the central objectives of Gestalt play therapy (Blom, 2006:51). Gestalt play therapy focuses on giving children the opportunity to enhance their sense of self by expressing their thoughts and feelings while participating in exercises and experiences involving all their senses in a nurturing therapeutic relationship (Thompson & Henderson, 2007:197; Blom: 2006:51).

The researcher defines Gestalt play therapy as an interaction between the child and therapist where a phenomenological basis is used and children are approached unconditionally and with an attitude of true curiosity. By means of play, children should be allowed to experiment with their own experiences, allowing sensory awareness to

discover or realize what is important in the here and now. This encounter and the development of a dialogic therapeutic relationship should allow children to energize self-support, become aware of the expression of their emotions and re-own disowned aspects of the self, promoting the process of integrated healing.

1.8.4 Young children

In this study YC are referred to as the age group between three and seven years, being the most significant age for sensory-motor development as it signifies a period of emerging skills (Mc Cartney & Philips, 2006:xiv; Webster-Stratton & Reid, 2006:616; Ayres, 2005:4, 24). This age group is also described in literature as early childhood (Berger, 2006:253; Mc Cartney & Philips, 2006:xiv, Papalia, Olds & Feldman, 2006:295), the play years and preschool years (Berger, 2006: 253, 285, 287; Papalia *et al.*, 2006:294). Loxton (2005: 95, 115) refers to YC in the early childhood life stage as toddlerhood (two to four years) and early school age (four to six years).

The researcher defines YC as children in the age range of approximately three to seven years, bearing in mind that age bands in developing children should not be viewed too structural (Wait, 2005:16).

1.9 CONCLUSION

The research methodology utilized by the researcher in conducting this study was described in this chapter. The conceptualization and problem formulation gave birth to the research topic and the research question. The aim and objectives were discussed. A qualitative research approach, a case study design and applied research with an explorative and descriptive goal were conducted by using two focus groups. The theoretical framework and paradigm provided the basis of the research design. The validation, reliability and ethical considerations of the study were discussed and the main concepts were defined.

The second and third chapter forms the conceptual framework for this study. Chapter two will include a broad understanding of SMP in the context of the SI theory, play and development in YC. The third chapter will provide a theoretical framework for Gestalt play therapy with reference to SMP.

CHAPTER 2

A CONCEPTUAL FRAMEWORK FOR SMP IN THE CONTEXT OF SENSORY INTEGRATION THEORY, PLAY AND DEVELOPMENT IN YOUNG CHILDREN

2.1 INTRODUCTION

The purpose of this chapter is to provide a brief and compact introduction of theoretical assumptions relevant to this study. The researcher will therefore attempt to integrate the knowledge on SMP in relation to the broader context of the theory of SI in YC, as described by Ayres. This will include the importance of play, sensory-motor and emotional development in YC.

According to Blaikie (2009:68), the literature review should indicate the state of knowledge with regard to the research question. Neuman (2011:124) further states that the goal of the literature review should be to show how this study is linked to previous research by placing the study into context, making connections with current knowledge and displaying its relevance by integrating and summarizing what is known in the area of research. Furthermore, the researcher can learn from others and new ideas can be stimulated.

2.2 SENSORY INTEGRATION

In order to justify the researcher's choice of using the term "SMP", it is necessary to understand the theory of SI in YC. This theory can help play therapists to understand certain motor developmental aspects and the major developmental role SMP has for YC. In the following discussion, the researcher would also like to emphasize the interrelatedness of SI, motor behaviour and play in the development of YC.

2.2.1 Brief history of the sensory integration theory

A summary of the history of the SI theory as described by different authors follows (Parham & Mailloux, 2010:325, 326; Miller, 2006:6; Emmons & Mc Kendry Anderson, 2005:14; Ayres, 2005:xi; Kranowitz, 2003:3). The theory of SI was formulated approximately thirty-two years ago by A. Jean Ayres. She was an American occupational therapist with postdoctoral training in educational psychology and neuroscience who worked with children and adults with neurologically based disabilities and learning difficulties. Ayres developed the theory of SI to reach a better understanding of how the brain processes sensations through neural processes of receiving, modulating and integrating sensory input and the resulting output of adaptive behaviour. Her research had particular reference to the proximal senses, i.e. tactile, movement and proprioception senses. Ayres believed that these senses were the foundation that dominated children's interaction with the world. She started developing SI theory in the 1950s, but only became more widely known after her book *Sensory integration and the child* was published in 1979.

Ayres laid the foundation for developmental SI dysfunction and practice. Since then, other occupational therapists and professionals have built on Ayres's work through clinical experience and research in neuropsychology, neurology and child development. SI is now trademarked as "Ayres Sensory Integration" (ASI) as an intervention approach. For the purpose of this study, the researcher will use the term "SI" as it is more widely known and used in literature.

2.2.2 Defining the term "sensory integration"

Ayres (2005:5) describes SI as "the organization of sensations for use". This includes all relevant responses to any specific sensory input. Countless bits of sensory information from all the senses in the body enter the brain at any given moment. The brain locates, sorts and orders all sensations – a process of organization and integration which helps sensations to form perceptions, behaviours and learning, also referred to as sensory processing. Thus the brain is responsible for integrating senses and organizing purposeful responses for use in everyday life (Ayres, 2005:5). This is a normal neurological process.

Biel and Peske (2009:12) also state that sensory processing (SI) refers to how all the information from internal and external sensations are used by people. Senses are usually seen as separate channels of information, but they work together and are integrated to form a complete understanding of "... who [we] are, where [we] are and what is happening around [us]" (Parham & Mailloux, 2010:326; Richardson, 2006:31; Ayres, 2005:5; Berger, 2005:11; Biel & Peske, 2005:12; Kutscher & Glick, 2005; Kranowitz, 2003:3; Smith Roley, Blanche & Schaaf, 2001:8).

2.2.3 Sensory processing

Although the term "sensory processing" is often used interchangeably with SI, Mulligan (2002:400-401) make researchers aware of the fact that sensory processing is a more extensive concept. Sensory processing refers to the way in which the central and peripheral nervous systems receive sensory information and turns them into behavioural responses (Miller & Fuller, 2006:4; Mulligan, 2002:400, 401). Mulligan (2002:401) also states that according to Miller and Lane "... the reception, modulation, integration and organization of sensory stimuli, including the behavioural responses to the sensory input, are all components of sensory processing". Therefore SI should be viewed as one of the components of sensory processing. The experience of perceiving through senses are referred to as sensations, which, according to Van den Bos (2007:836), produce basic awareness of pressure, pain, body position, sound, colour, shape and muscular tension.

Ayres (2005:38) describes sensations as "food" or "nourishment" for the nervous system. The nervous system and brain needs a good variety of all the sensations to develop and function sufficiently. Enriched sensory stimulation has a positive effect on health and development (Field in Wilbarger & Wilbarger, 2002:339).

Ayres (2005:38-42) described the following three levels of sensations:

- The first level is sight, sound, smell, taste and touch.
- The second level is the vestibular and proprioceptive sense, which responds to movement, gravity and body position.

- The third level refers to the sensations of internal organs, which are functions of the autonomic nervous system, such as breathing, digestion and hunger, which gives the brain stem the information needed to keep the body healthy.

According to Parham and Mailloux (2010:326) and Kranowitz (2003:3), Ayres's research referred to the tactile, vestibular and proprioceptive senses as the primary sensory systems. These sensory systems are often referred to as the "hidden senses" which already develop at a very early stage in the womb. Kutscher (2005:135) and Heller (2003:41) refer to these senses as the "internal senses" or the "near" or "proximal" senses that have the function of regulating the body. This integrative process will be discussed further in 2.2.4.2. A brief overview of all the senses and their functions follows.

2.2.3.1 Visual sense (Sight)

Visual sensory input is sent to the processing centres in the brain stem by the retina of the eye. These centres in the brain process impulses and relate them to the input from the muscles, joints and vestibular system. A person's perceptual awareness of the environment is formed by this integration in the brain stem (Ayres, 2005:39). YC look, observe, notice and examine everything and Oaklander (1988:111) concludes that this is one of the ways in which they learn about their world.

2.2.3.2 Auditory sense (Sound)

According to Biel and Peske (2009:39), the process of listening is complex, for the sounds that the ear hears have to be processed and interpreted by the brain before they make sense to the listener. Ayres (2005:39) further states that integration with the vestibular system, muscles and skin is needed to make most sense of sound. Allowing sound into children's awareness promotes contact with their emotions and their world, since sounds and emotions are closely related (Oaklander, 1988:113, 114; Blom, 2006:94).

2.2.3.3 Gustatory sense (Taste)

The tongue, which is an important part of the body, is very sensitive to four types of taste: sweet, sour, bitter and salty. The tongue is also used for talking, chewing, swallowing, licking and expressing emotions, for example sticking the tongue out as an expression of anger (Oaklander 1988:119).

2.2.3.4 Olfactory sense (Smell)

Smell is unique in that the sensations from the nose are processed directly through the limbic system, which is the emotional centre of the brain. Because smell is strongly linked to memories and associations, it plays an important part in emotional regulation (Richardson, 2006:15, 16; Ayres, 2005:40).

2.2.3.5 Tactile sense (Touch)

According to Ayres (2005:40), the tactile system is the largest sensory system, with the skin receiving many sensations of touch. These can include pressure, vibration, texture, temperature, pain and the movement of the hairs on the skin. Touch plays a vital role in neural organization as a whole. She further states that children need a steady amount of tactile stimulation to keep the body and nervous system organized, balanced, functioning and healthy. The tactile system plays a vital part in motor planning and body awareness, which also have an effect on emotional security. Thus the tactile system plays a fundamental role in physical and mental human behaviour.

Liepmann (in Oaklander, 1988:127) describes movement as "... a kind of internalized touch sensation". Looking at SMP, the researcher can identify with Liepmann's description of movement. When children are moving, for example rolling, crawling or climbing during a play activity, the tactile system is integrated in their experience through deep pressure and by feeling the texture of the surfaces against their skin. This integration of the tactile system or touch improves the elegance and stability of movement (Heller, 2003:42). It therefore seems that touch and SMP have an important role in the sensory contact making of children (Blom, 2006:92; Ayres, 2005:40; Heller, 2003:42; Kranowitz, 2003:24; Oaklander, 1988:127).

2.2.3.6 Proprioceptive sense (Position and movement)

Ayres (2005:41) describes proprioception as “the sensory information caused by the contraction and stretching of muscles and by the bending, straightening, pulling and compression of the joints between bones”. These sensations occur especially during movement and help the body to sense position. The Latin word for proprioception is *proprius*, meaning “one’s own” (Ayres, 2005:41), which the researcher concludes is a suitable way of describing the intense body awareness that SMP can facilitate in children. Through jumping, kicking, climbing and other movement, all the tactile, proprioceptive visual, auditory and vestibular input are sensing “one’s own” body. Richardson (2006:17) and Kutscher (2005:135, 136) stress the role that proprioceptors play in calming and regulating emotions.

2.2.3.7 Vestibular sense (Gravity, movement and balance)

According to Ayres (2005:41-44, 70), the vestibular system in the inner ear consists of a complex bone structure called the labyrinth, which contains auditory and vestibular receptors. There are two types of vestibular receptors: the one responding to the force of gravity and the other situated in the semicircular canals filled with fluid in the inner ear. The input from the semicircular canals is called the sense of movement. Thus the vestibular system plays a fundamental role in children’s posture, balance and movement through the interaction of the sensory and motor systems and all their countless interconnections that gives meaning to sensations and purposefulness to movement. From this discussion it seems evident that children have a great need for vestibular input (Richardson 2006:15-16; Berger, 2005:11, 13; Kutscher, 2005:135-136).

The vestibular system is described as the “unifying system” (Ayres, 2005:43) or the “primary organizer” (Biel & Peske, 2009:36), for all the other senses are processed in reference to the structure it provides. Movement, being a fundamental ingredient of SMP, which includes all types of sensory perception and motor output, is regulated by the vestibular system (Goddard Blyth, Buret & Blyth 2009:4, 23).

In conclusion to this discussion, the importance of SMP in YC and the understanding of why nature intended for them to be sensory-motor beings are clear. Movement and the vestibular system play a fundamental role in SI, being the foundation of all development.

When all the senses and the body work together as a whole, children adapt and learn with greater ease (De Witt, 2009:71; Ayres, 2005:43).

2.2.4 The development of sensory integration

In light of the fact that the study focuses on YC, it is essential to understand the whole concept of SI development from birth to approximately seven to eight years, when children learn to sense their bodies and the world around them (Parham & Mailloux, 2010:328; Ayres, 2005:13, 24). During this stage children gradually start moving with more control and learn how to interact with all the physical forces and objects in their environment, such as furniture, toys and other people. The sensory information gained during this interaction develops SI, which in turn helps YC to interact more effectively (Ayres, 2005:13).

2.2.4.1 Basic principles in the development of sensory integration

Ayres (2005:13, 14) points out that the most basic principle in the development of children is the process of organizing the sensations of the nervous system. Babies see and hear and sense their bodies, but because their brains cannot yet organize these sensations well, the latter do not always have meaning for them. As babies learn to organize sensations, they start experiencing their bodies in space in relation to everything else. Their movements, which were clumsy before, start getting smoother and more controlled in childhood. In addition, they gain greater control over their emotions. A discussion on the three basic principles (adaptive response, inner drive and building blocks) in the development of SI, as described by Ayres (2005:7, 14-15, 199), follows:

- Adaptive response

An adaptive response is an appropriate, purposeful, goal-directed response to a sensory experience of some environmental demand (Ayres, 2005:7, 199). For instance, a child running towards a chair would have an adaptive response by stopping in front of it, climbing onto it, or maybe running around it. Running into the chair is not adaptive.

Ayres (2005:7) states that children master many physical challenges during an adaptive response: they learn something new and brain development and organization takes place, which furthers SI development. Fortunately children enjoy SMP, which challenges them to develop new motor functions through adaptive responses (Ayres 2005:14).

Kranowitz (2003:289) defines sensory-motor as the brain behaviour process of receiving sensory input and producing motor output through an adaptive response. When children learn to ride a bicycle, they have a sensory experience of the pull of gravity and the movement of their bodies. Trying to keep their balance by shifting their weight is their adaptive response, which leads to sensory integration (Ayres, 2005:14). To some adults, children exploring sensory-motor activities may appear as if they are merely playing. However, Ayres (2005:7) maintains that it is all the adaptive responses occurring during play that cause SI to take place as children organize the sensations of their bodies and gravity along with what they see and hear. Thus SMP furthers SI development.

- The inner drive

Ayres (2005:15) discusses the fact that every child has a natural inner drive to develop SI, always searching their environment for opportunities to develop their sensory-motor skills. Most children will keep on trying to do a motor activity until they succeed. This intrinsic motivation can be seen in the confidence, excitement and effort children bring into the activity, being self-motivated (Bundy & Murray, 2002:12). This makes them active participants in trying new experiences and meeting new challenges. Because of this inner drive with regard to SI, sensory-motor development occurs automatically.

However, the researcher agrees with Ayres that children with developmental problems often show little motivation or inner drive to participate in motor activity. They are reluctant to try new experiences or meet new challenges. The researcher also agrees with Bundy and Murray (2002:12) that after occupational therapy intervention children's motivation to engage in SMP improves, primarily because their own belief in their abilities improves and also due to the satisfaction they experience from mastering new activities. This leads to better self-actualization (Bundy & Murray, 2002:12).

- Building blocks

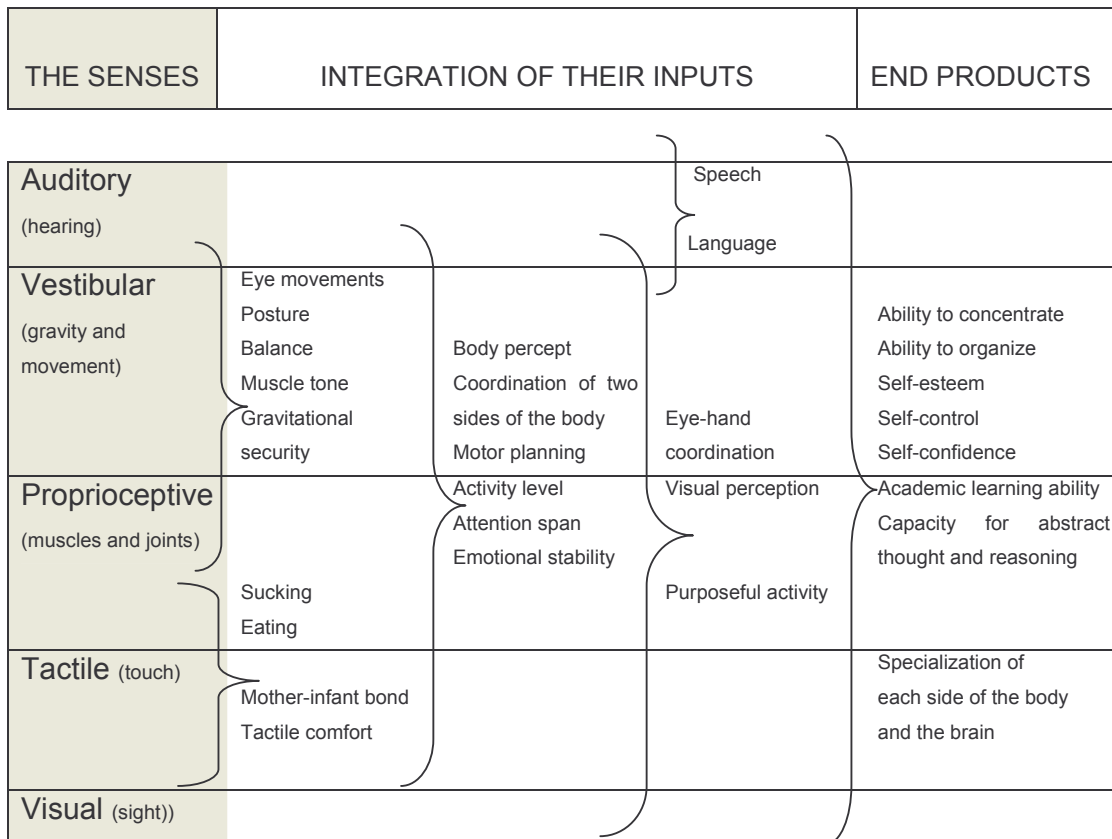
According to Ayres (2005:15), the sequence of development forms building blocks that form a basis for more organized and mature sensory-motor development. Infants and YC are constantly practicing sensory-motor activities over and over and are putting functions together to form more organized functions to master each sensory and motor element. All the senses develop in sequences of building blocks. The building blocks for a baby starting to walk would be: holding the head upright, sitting, crawling on all fours and then standing. It is much harder to see these building blocks in YC. All academic abilities, behaviour and emotional growth are the end products of many building blocks that rest upon a sensory-motor foundation, which occurs through SMP in YC (Ayres, 2005:15).

2.2.4.2 The integrative process

According to Ayres (2005:24), the third to seventh year of a child is a critical period of fast development for sensory integration since the brain is most receptive for sensations and most able to organize them during this period. During this time the child matures in the areas of sensory motor development (Parham & Mailloux, 2010:328). De Witt (2009:3) agrees by stating that children develop more rapidly during the first five or six years of life, which include the infant, toddler and preschool stages. However, it could take up to seven or eight years (Berger, 2005:13) for children to organize their senses, develop perceptions of the environment and co-ordinate their movements.

The building blocks for SI development will be discussed in Diagram 2.1, which is in accordance with Ayres's schematic presentation of the process of sensory integration. Vital concepts in this integration process include the fact that it is an ongoing process and each level of integration is dependent on the previous level (Ayres: 2005:58).

Diagram 2.1 Ayres's schematic representation of the process of sensory integration



FIRST LEVEL	SECOND LEVEL	THIRD LEVEL	FOURTH LEVEL
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(Ayres, 2005:55)

This diagram shows how the information from the different senses comes together to form the functions children need for good neurological integration. Although the table shows the levels of the integrating process, it must always be remembered that the functions do not develop at just one age. In real life this is a continuous and interrelated process. All the functions develop together, but some functions form the foundations for others. Children work through all the levels of SI throughout childhood (Ayres, 2005:54). A brief discussion of the levels of SI as described by Ayres (2005:54-59) follows:

- First level

The first level is also described as the primary level of SI. The sense of touch plays a major role at this level. Touching and being touched help babies to suck, chew and swallow food and form their first emotional attachment through bodily contact with their mothers or caretakers. Harlow (in Ayres, 2005:56) states that this touching-emotional

interaction between a mother and baby, which is often referred to as the “mother-infant bond” is primarily tactile in nature. At this level babies get their first feelings of the self as a physical body, starting to develop emotional security through tactile processing (Ayres, 2005:56). Jernberg (1979:4, 5) and co-workers from the Theraplay Institute in Chicago became aware of the importance of body contact in the sensory-motor phase as described by Piaget (De Witt, 2009:15). They started applying Theraplay treatment being a playful, physical and fun interaction that uses the intimate physical contact of the early mother-child relationship as a model for children who had negative experiences during that phase of their lives (Booth & Jernberg, 2009:x-xii, xxi-xxii).

At this level the integration of the vestibular and proprioception systems form the foundation of eye movements and focus. One of the infant’s first sensory-motor functions is the response of the eye and neck muscles, which forms a foundation for sensory-motor development in the rest of the body (Ayres, 2005:63). This leads to the development of postural reactions (such as rolling over) and adjustments (balancing) and muscle tone. Gravitational security is another form of security that has an effect on emotional growth (Ayres, 2005:56). Jernberg (1983:130) highlights the significance of the sensory-motor phase by stating that this phase “... has far-reaching, growth-determining implications”.

- Second level

According to Ayres (2005:57), vestibular, proprioceptive and tactile functions form the “building blocks” for emotional stability. A body percept develops as the sensations from the skin, muscles and joints and gravity and movement are organised during daily activities and stored in the brain. This enables a person to feel what the body is doing. Body percept helps to develop coordination of the right and left sides of the body. Planning an unfamiliar movement, such as climbing down a step, and then learning to do it automatically constitute the development of motor planning. A well-organised brain helps children develop their attention span and to be focused on an activity which has an effect on their activity level.

- Third level

Ayres (2005:24) states that the development of speech and language depends on the “integration of auditory sensations with the vestibular system”. In this regard Goddard Blyth (2009:229) mentions that physiologically both the vestibular apparatus (responsible for balance) and the cochlea (responsible for hearing) are located in the bony labyrinth of the inner ear. They share the use of the eighth cranial nerve and the endolymph and are both involved in orientation. Although it is essential to listen to people using language, the vestibular system helps the brain to process what is heard. All three basic senses are needed for developing the articulation of words. Children have to feel how their lips touch, and the correct placement of the tongue and lips is also required (Ayres, 2005:24).

Visual perception develops through early SI. Ayres (2005:58) defines visual perception as “the meaning you get from what you see”. Visual perception does not develop just through sight. Children’s experiences of objects by touching, holding and moving them and feeling their weight through proprioception and sensations from the vestibular system are particularly important for the development of visual perception. Good eye-hand coordination is an integration of the information from the eyes, the movement of the muscles and joints and the skin (Ayres, 2005:24).

- Fourth level

The specialization of functions in the brain like fine motor skills and the development of a dominant hand is important for optimal development of other functions of the brain. In the same manner the left hemisphere becomes more skilled in language and the right hemisphere in spatial perception. The two hemispheres of the body start to integrate, which helps the two sides of the body to work together. The child has now developed a body percept (Ayres, 2005:59) in a sensory-motor way. Body percept refers to the neural message a person has of his/her body referring to weight, size and boundaries – thus, the perception of a person’s own body. Body percept is also referred to as body image or body scheme in literature (Ayres, 2005:9, 199).

All the specialization functions, such as good eye control and the ability to organize and concentrate on academic work, letters and numbers, are an end product of all the

earlier developmental steps. All this sensory and neural integration are necessary for children to develop good self-esteem, self-control and self-confidence (Ayres, 2005:59).

By the time children enter primary school, the four levels of integration should be well developed, for this is the time when they need the end products of sensory integration to be ready for formal education (Ayres, 2005:59). By the age of seven "... the child becomes a mature sensory-motor being" (Ayres, 2005:25), able to execute more complex sensory-motor activities such as hopscotch, hula-hoop and sports activities.

2.3 Sensory-motor play

Various professionals and writers associate different meanings and perceptions to the term SMP (Hughes, 2009:64; Lillemyr, 2009:81; Smith, 2011:457; Jernberg, 1983:128). Although SMP predominates in infancy and peaks in the second year of life, it continues up to seven years when children learn new motor skills (Knox, 2010:540-541). Ayres (2005:7) calls the first seven years of life "the years of sensory-motor development", describing the brain as a "sensory processing machine", for children's adaptive responses are primarily muscular and motor. SMP through movement can thus be seen as one of the outcomes of child behaviour (De Witt, 2010:70).

As indicated in 1.2, for the purpose of this study SMP will refer to YC engaging in any sensory-motor activity in the therapy environment where they use their gross-motor skills on their developmental level. This can be rolling into a blanket, building a gross-motor obstacle course, bouncing a big therapy ball, punching a boxing bag or just rocking on a rocking horse.

2.3.1 Defining the term "sensory-motor"

"Sensory-motor" refers to the integrated functioning of the senses and the muscle system, a brain-behaviour process between sensation and movement. Sensory messages (sensory input) come in from the body and the environment. The central nervous system integrates and processes these messages and produces adaptive responses (motor output), which are meaningful motor responses (i.e. movement), thoughts or feelings (Hessellund, 2005:18; Cook, Klein & Tessier, 2004:482; Kranowitz, 2003:10, 289; Anzalone & Murray, 2002:375).

2.3.2 Movement

YC are always on the move and are actively discovering and exploring their world, directing the self in order to find out what everything is like. Action games, hide-and-seek, playing ball and catching each other are some of the games children like (De Witt, 2010:70). Ayres (2005:69, 74) adds that YC are intrinsically motivated to explore and develop through movement, and that they will instinctively do whatever is necessary to develop their vestibular systems. She describes body movement and play like swinging, sliding, climbing and riding a see-saw as “nourishment” for YC. Exploring through movement is a natural and spontaneous desire for YC – to have fun and enjoy their physicality (Greenland, 2000:4-5).

De Witt (2010:70) states that YC are discovering and getting to know the self through moving and experiencing. They either get to know themselves as “clumsy” or “strong”, or as “succeeding” or “failing”, and so forth. Thus physical movement of YC forms a vital part of their actualization through becoming and learning. According to Sonnekus and Ferreira (in De Wit, 2010:74), “... becoming can be seen as the child’s changing during self-actualization from non-adult to adult”. Children participate in their own becoming through movement and posture. The researcher agrees and can identify with De Witt (2010:73) stating that “... movement can be seen as the coming-into function of the bodiliness of the child in the realisation of his psychic life”.

The SI induced through movement strongly influences muscle tone and body posture and helps regulate levels of alertness and attention (Biel & Peske, 2009:37). Intensive movement like bouncing on a therapy ball facilitates a more wake-up and alert feeling, while slow, steady movement like that of a rocking chair has a calming effect, which, according to Ayres (2005:70), can be used with anxious and emotionally upset children. Movement can have a facilitating effect on vocalization. Children often yell or scream when riding on a swing or playing very actively (Ayres, 2005:76).

2.4 PLAY

Play can be viewed as children's area of proficiency, the essence of their lives, performed as a "daily task" (De Witt, 2009:129; Lampert, 2003:11) and a "... favourite way to spend time ..." (Schaefer, 2010:3). Play is also seen as the natural way in which children keep themselves busy and interact and discover their worlds (Kostelnik in De Witt, 2009:29). Furthermore, play can be described as a child's natural language. Children use play to formulate and assimilate their experiences, which they cannot yet express in language (Schaefer, 2010:4; Hartly, Frank & Goldenson in De Witt, 2009:130; Oaklander, 1988:160). Through play children have a concrete way of expression their inner worlds, and they develop meaning from experiences (De Witt, 2009:129; Cattanach, 2008:35; Landreth, 2002:12).

2.4.1 The nature of children's play

The nature of children's play has been widely described in literature by professionals and authors writing from different perspectives (Hymes; Rogers & Sawyers; Mayesky; Feeny *et al.* in De Witt, 2009:130). A summary of the relevant perspectives follows.

2.4.1.1 Play is pleasurable

Gordon and Brown (in De Witt, 2009:129) describe play as any voluntary activity that children perform solely for the pleasure it gives. The researcher observes this as nourishment, which is stimulated and experienced through body movement and play. Schaefer (2010:8) maintains that the fun of playing helps to lift children's spirits and adds to a sense of happiness.

With reference to SMP, Ayres (2005:14, 24) states that children experience the integration of sensations and forming of adaptive responses as having fun when they engage in activities such as wrestling, climbing and swinging. They are simultaneously playing, having fun and developing their SI. Ayres (2005:8) goes further by saying that "... to some extent 'fun' is the child's word for sensory integration".

2.4.1.2 Play is active physical, verbal or mental engagement

The central characteristic of children's lives is activity, which is observed in their play, being an active forward-moving process (Landreth, 2002:65). YC are associated with always being busy and very active. Their gross motor skills develop and improve rapidly, refining their actions. They move around autonomously and love exploring their environment with their own physical abilities. YC are always running, jumping, climbing and skipping. They often yell and scream while they are playing actively. Playful fantasies are also integrated in their activities (Berger, 2006:234; Ayres, 2005:14, 24, 76; Loxton, 2005:95, 115). De Witt (2009:130), referring to Hymes, also describes YC using their bodies and minds and all their powers in response to stimuli they receive when playing as "... organization-of-ideas time ...", referring to the mental engagement involved in play.

2.4.1.3 Play is child initiated / intrinsically motivated

For YC play is a process of self-discovery and growth. Landreth (2002:65) refers to this discovering, development and growth as an "inherent push" which is observable in the developmental stages of YC. Wiesler and Mc Call (in Scarlett *et al.*, 2005:25-26) state that both exploration and play are intrinsically motivated and children play because they want to do it. Ayres (2005:24) goes further to say that children have a developmental intrinsic motivation to explore with their physical abilities (through SMP) and playgrounds provide the movement and sensory experiences which YC need.

2.4.1.4 Exploring through play

According to Hutt, Tyler, Hutt and Christopherson (in Scarlett *et al.*, 2005:25-26), the difference between exploration and play is that exploration is "stimulus-dominated" and play is "organism-dominated". Exploration is about reducing uncertainty and becoming familiar with the stimulus. Play is the desire to use the stimulus that is already familiar in a particular and pleasurable way that motivates children.

However, according to the researcher's experience in SI work with YC the exploration of senses are often so integrated in play that they cannot be separated. Children might explore the different tactile, proprioceptive and vestibular sensations of hanging or

sitting on a swing in different planes, like up-side down or on their tummies, while pretending that they are an octopus participating in a circus. This form of SMP has potential value for enhancing sensory awareness and bringing out projections in YC (which is a fundamental goal in Gestalt play therapy).

2.4.2 The developmental value of play in YC

Although many adults underestimate the value of children's play, research has identified play as the most important activity to accelerate young children's cognitive, emotional, physical and social development (Nash & Schaefer, 2010:23; De Witt, 2009: 129-130; Oaklander 1988:160). Play is thus a reflection of children's development and in this context SMP will always form an integral part of children's development. A brief discussion on the value of play in the physical, emotional and cognitive development of YC follows.

2.4.2.1 Physical development

Play adds to YC's sensory-motor development in that children play active games, such as running around, climbing and carrying around objects. Through play children develop their senses, gain control over their bodies, strengthen their muscles and increase their ease in movement. This enhances their self-concept and self-awareness. All the exercise through sensory-motor play activities contributes to health and fitness. Physical play provides challenges and is an outlet for energy (De Witt, 2009:131; Ayres, 2005:7, 24).

2.4.2.2 Cognitive development

Paiget's theory and research on cognitive development form the theoretical foundation of much research (Slater & Bremner, 2011:289). He examined the interrelatedness of play and cognitive development and relates play to the process of assimilation and accommodation (Cattanach, 2008:39). Play already becomes an important part of a child's life throughout the sensory-motor stage and also into the pre-operational stage (Szul, 2011). Piaget did not have the view that intellectual development is solely a result of biological maturation, but had the belief that a child's own active involvement in discovering the world plays a fundamental role (Berk, 2007:152). Ayres (2005:25)

acknowledged that a solid knowledge of the body and the world and its forces is needed before children are able to process abstractions. Children develop a sensory-motor intelligence through approximately seven years of moving and playing, which serves as a foundation for intellectual, social and personal development. Language development, role play and pretend play are some of the hallmarks of the pre-operational stage (Boyd & Bee in Szul, 2011; Loxton, 2005:95). Play is an assimilative process and a reality to children (De Wit, 2009:16-17).

2.4.2.3 Emotional development

Through play YC learn to express and understand their emotions, and that they can have an outlet for tension and experience enjoyment in play. Furthermore, learning to control their environment through play has great emotional value for them.

During play children are in command, and they learn to take risks, encourage autonomy, build trust in others and reveal their own personality. Developing self-confidence and self-control promotes a positive self-image. YC learn to be competent in several areas and look at matters from different perspectives. Through play YC can deal with their inner fears and conflicts and they get the opportunity to achieve mastery over the environment (De Witt, 2009:132).

2.5. CHILD DEVELOPMENT

Historical views on development were strongly based on the developmental theories of Erikson, Piaget, Maslow and Freud and the researcher agrees with Reynolds and Mortolla (2005:155) that knowledge of these theories is an asset in understanding children. Wilson (2003:43, 50) describes the understanding of how human beings develop as a complex process which happens over time. The researcher's experience is that an understanding of development in YC cannot be achieved through knowledge alone, but comes with experience and can only be understood when looking at a child as a whole.

2.5.1 Erikson's emotional developmental phases of YC

Erikson believes that persons have the potential to solve their own conflicts (“personal social crises”) which take place at each developmental stage. This fosters the development of the self and the ability to cope based on the experience gained during each crisis. Dealing with each crisis can lead to strengthening the ego and becoming more adjusted in life. Each stage adds to the progress of mastery and accomplishment, which is an ongoing process (Geldard & Geldard, 2008:32). Erikson (1995:222-229) divided the emotional development of YC into the following stages:

- Development of basic trust versus mistrust (0-1 years)
- Development of autonomy versus doubt and shame (1-2 years)
- Development of initiative versus guilt (2-6 years)

2.5.1.1 Development of basic trust versus mistrust (0-1 years) – hope

According to Erikson (1995:222-223), the mother-child relationship and the quality of care and fostering that a child receives contribute to the development of trust in children. In this way children develop a healthy trust in their worlds, which can influence their future healthy relationships. Children also develop trust in their own ability to satisfy their needs. The emotions of satisfaction and awareness of the self are important during this stage (De Witt, 2009:24).

Healthy trust is tempered by mistrust, which leads to caution (Berk, 2007:256). The researcher has experienced that YC know their physical abilities and are cautious to engage in any activity that is above their level of accomplishing. They will only engage in activities where they feel safe and have trust in their own abilities. Parham and Mailloux (2010:328) refer to these challenges as “just right challenges”. When children succeed in meeting these challenges, they experience mastery and a sense of competence and well-being.

In the researcher's own experience children will laugh with joy or throw their arms in the air showing their satisfaction when they overcome physical challenges or explore new movements. These experiences contribute towards the development of new motor skills and enhance trust in YC.

2.5.1.2 Development of autonomy versus doubt and shame (1-2 years) – willpower

In exercising their “new-found muscle control” toddlers experience either a sense of autonomy (when actions are performed with success) or a sense of shame or doubt about their own abilities (when actions are performed unsuccessfully) (De Witt, 2009:24). According to Feeny *et al.* (2006, 126-127) YC need to stand on their own feet, but also need to be protected from unnecessary failure and feelings of shame or doubt. The researcher is of the opinion that this emotional stage forms an important basis for further spontaneous exploration during SMP in YC. Children need to be independent and have the willpower to take on new physical challenges without feeling a sense of shame or doubt.

According to De Witt (2009:24), new emotions like embarrassment, envy, guilt and pride start appearing at approximately two years of age and play a role in facilitating the child’s self-concept. This is supported by Engelbrecht *et al.* and Botha *et al.* (in De Witt, 2009:25), who describe the toddler as displaying very intense emotional behaviour and being able to express emotions very spontaneously, for example by jumping or running with joy.

2.5.1.3 Development of initiative versus guilt (2-6 years) – purposefulness

The researcher’s understanding of this psychosocial crisis/conflict between initiative and guilt and the interrelatedness with SMP in YC is as follows: Autonomy forms the basis of initiative for YC to explore and master the environment. At this age level newly acquired skills and autonomy confront YC with many choices, which fosters independence. A secure climate contributes to this development of initiative and self-esteem. However, when children’s attempts to master physical challenges are discouraged (by parents or significant people in their lives), guilt and doubts associated with their needs develop (De Wit, 2009:25; Papalia *et al.*, 2006:298).

YC who engage in activities requiring initiative and skill are often frustrated with negative outcomes (“not being able to achieve a goal as planned”). This frustration can lead to seemingly negative behaviours such as anger, aggression, emotional outbursts, sadness or a conscious withdrawal from SMP activities (De Witt, 2009:25, 26).

The concept of life stages gives us the opportunity to investigate the experiences and various aspects of development and their interrelatedness at a certain age. A schematic display of Ayres's, Piaget's and Erikson's developmental models follows.

Table 2.2 Display of Ayres's, Piaget's and Erikson's developmental models

Age	0-1 years	1–3 years	3-6/7 years	
Sensory integration (Integrative process, refer to 2.2.4.2)	Level 1 - Most important Level 2 - Most important Level 3 – Becoming more important	Level 1 - Important Level 2 - Important Level 3 - Important Level 4 – Becoming more important	Level 1 - Complete Level 2 - Almost complete Level 3 - Still active Level 4 - Important	
Piaget	⇐ Sensory-motor ⇐	⇐ Pre-operational ⇐		
Erikson	Trust/Mistrust HOPE	Autonomy/Shame WILLPOWER	Initiative/Guilt PURPOSEFULNESS	

The researcher proposes this schematic presentation of Piaget's and Erikson's developmental models in correlation with the SI process to demonstrate the interrelatedness and integration of SMP in the holistic development of YC. Erikson warns against thinking about stages of development too structurally. The age bands should be viewed as being only approximate measures (Wait, 2005:16). This presentation can be compared with the literature on the integrative process of SI in YC (Refer to 2.2.4.2)

2.5.2 Gestalt perspective of human development

Having experience in the field of SI therapy with learning disabled children with secondary emotional problems, the researcher can associate with Woldt and Toman's (2005:156-157) holistic view of child development. From a Gestalt perspective human growth and development are seen as assessing the child's functioning and strengths by focussing on processes rather than stages. Furthermore, the emphasis is not on "what is wrong with a child", but on understanding the inner strengths and capacities available to the child (Reynolds & Mortolla 2005:155). The Gestalt theory in general has a holistic,

empathic emphasis on what constitutes healthy development in children. This correlates well with Ayres's (2005:55) hierarchical approach to describing development of SI and central nervous system organization. She states that development is facilitated through interaction, which promotes adaptive responses of SI, and this emphasizes the importance of an interactive holistic approach. This concept of interaction between brain function and development correlates with modern views of child behaviour where humans are regarded as open systems, influencing and being influenced by interaction with the environment (Knox, 2005:171). Therefore creating an SMP environment contributes to healthy development.

In the paradigm of Gestalt therapy theory the understanding of the child in the field can be viewed as the "field of childhood", including their internal world (instinct, creativeness and feelings) and their external world (community, educational world, financial situation and moral standards) (Reynolds & Mortolla 2005:154,155). Tervo (2002:116) further states that the Gestalt approach emphasizes the way people organize their field of experiences, which would include internal feelings and experiences, external behaviour and relationships and the body self. People live and grow through this organized contact.

Woldt and Toman (2005:371) developed the "Gestalt Experience and Observation Guide for Children", which is an aid that can be used with children in order to obtain a Gestalt/holistic oriented developmental assessment. The following spheres are covered in this guide and are only mentioned briefly.

- Emotional and affective development
- Sensory, perceptual and proprioceptive development
- Physical and behavioural development
- Intellectual and cognitive development
- Social and interpersonal development
- Aesthetic awareness, intuition, creativity and spiritual development

2.5.3 Principles relating to normal developmental patterns

Through research of normal developmental patterns in children over many years, certain principles relating to normal development have been identified. Some of these principles as summarized by Wilson (2003:51-54), most relevant to this study will be discussed briefly below. An understanding of these principles can be very important when working with YC who are in a primary phase of development.

- All children, at any level of development, have skills and capabilities to react to environmental stimuli. However, what they can do is often overshadowed by what they cannot do, therefore children are not always perceived as being competent. Professionals working with children should focus on the skills or competencies of children and should recognize children's involvement in their own development and value their contribution to the learning process. This contributes to the child's social and communicative development.
- People are involved on all levels of their development by being lively learners constructing their own knowledge. This principle emphasizes the involvement and contribution of the child and the importance of encouraging and stimulating children to engage in exploratory and problem-solving activities. It is the opinion of the researcher that involving children in SMP and giving them a chance to explore with their own ideas enhance their development and self-esteem.
- The different areas of development (physical, cognitive, emotional and social development) do not develop in isolation. The interrelatedness of all developmental areas and the whole of the child's development must be considered.
- The development of skills progresses from unspecialized to specialized functioning. This can be compared with a tree trunk representing the undifferentiated functions and roles. The branches develop from the trunk and represent the more skilled and differentiated roles. This principle correlates with Ayres's schematic representation of the process of SI development where each level of integration is built on previous levels (refer to 2.2.4.2). This emphasizes

the importance of focusing on present and emerging stages of development, which includes SMP in the YC.

- Development in people occurs in an expected pattern. The sequence of development is appropriate to all children. However, children do not all reach their developmental milestones at the same age.
- Development in humans is characterized by an interactive process between an individual's position at any point in time and the environment in which the person is absorbed. Environment plays a very important role in the development of YC. An enriched environment in which children can explore, experience and interact in a positive way can help them reach their full potential. Development can be hampered by an environment with unfavourable conditions. Many children coming for play therapy have unfavourable environments due to many different reasons, which could have an effect on their overall development. It is therefore important to be able to adapt the therapeutically environment for children with a developmental need so that they can engage in SMP. This can enhance development in children and contribute to the process of play therapy.

2.5.4 Developmental assessment

Wilson (2003:50, 519) states that viewing human development is "... certainly more complex than a listing of developmental milestones might suggest". Based on the experience of the researcher gained in the assessment and treatment of SI dysfunction in YC, it is concluded that evaluating the development of children is a process which starts with the first encounter, which normally consists of an interview, formal tests and clinical observations. The researcher therefore regards the formal evaluation only as a starting point in the whole process of evaluation, for every encounter serves as a more accurate assessment of the child's functioning and development, confirming the ongoing process of evaluating a child during therapy.

The researcher identifies with the way Emmons and Mc Kendry Anderson (2005:31) describe the evaluation of all developmental aspects of YC as "... the marriage of an art and a science", the "science" being the professional's knowledge of all developmental aspects of YC and knowledge in the field of Gestalt play therapy. The art of being

actively curious and tuned into the child, taking the whole field into consideration and interacting skilfully with parents, is necessary to truly understand YC. All children are unique and have individual strong and weak points.

2.6 CONCLUSION

The conceptual framework of SMP in the context of SI theory, play and development in YC is demonstrated in this chapter. Sensory processing, including SI, which develops through SMP in YC, has a major influence on the way children perceive their world and respond accordingly. Child development with reference to the development of SI, emotional development, the developmental value of play and the Gestalt perspective of human development were discussed. The principles relating to normal developmental patterns and developmental assessment were also demonstrated. The third chapter will provide a theoretical framework of Gestalt play therapy with reference to SMP.

CHAPTER 3

A CONCEPTUAL FRAMEWORK OF GESTALT PLAY THERAPY

3.1 INTRODUCTION

For the purpose of this study, a brief overview of some theoretical concepts relating to utilizing SMP in Gestalt play therapy will be given. Firstly, the Gestalt concepts, phenomenology, dialogue, holism, homeostasis and organismic self-regulation, the self within the Gestalt context and contact will be discussed. Secondly, the objectives of Gestalt play therapy, namely promoting awareness, self-support and integration, will be discussed. In addition, the therapeutic process with YC as described by Oaklander (2006:20-49) will also be discussed briefly.

3.2 GESTALT THERAPY

Gestalt as a concept refers to a shape, a pattern, a whole form, a configuration. It implies the structural entity which is both different from and a great deal more than the sum of its parts (Clarkson, 2007:1). In short, Gestalt can be described as an “organized whole” (Nelson-Jones, 2006:116).

Blom (2006:18) refers to several authors who consider Gestalt therapy to be “... a[n] existential and phenomenological approach, with the emphasis on awareness and immediate experience in the here and now”. Yontef (1993:200) identifies three perspectives underlying Gestalt theory, namely phenomenology, dialogic existentialism and holism/field theory, which defines Gestalt therapy. He infers that when applied correctly, any one principle includes the other two.

3.2.1 Phenomenology

Phenomenology implies that the only goal in Gestalt therapy is awareness, where the focal point is on the clients' (who in the case of this study are young children) discovery of personal experiences and own processes and choices (Joyce & Sills, 2010:17-18; Yontef, 1993:200). According to Korb, Gorrell and Van de Riet (in Blom, 2006:18), the phenomenological basis implies that each person constructs his or her world in a unique manner. Using a phenomenological method of enquiry can be seen as an attitude or a technique and involves the fact that clients will be approached with an open mind and true curiosity about what they experience and also describes what is immediately obvious to the senses in the here and now moment (Joyce & Sills, 2010:17-18). Furthermore, phenomenology implies that a situation is entered by experimenting and allowing sensory awareness to discover what is relevant (Frank, 2001:178; Yontef, 1993:202-203).

For example, when a child engages in an SMP activity, this would imply that the therapist will be interested in how this activity makes sense to the child, what the child is experiencing and what it means in the child's larger field. Everything that happens is potentially of equal importance. In other words, when working with YC their subjective meaning and experience of themselves in the world become the focus of investigation (Joyce & Sills, 2010:17, 18, 22).

3.2.1.1. *Experiment as basic unit of work*

The basic unit of work in Gestalt therapy is referred to as the experiment, which can be defined as "... an activity designed to heighten a person's awareness ..." (Kepner, 2008:53). The nature of Gestalt therapy is experiential and experiencing in the here and now. The act of experiencing can be described as going through something, learning and gaining an experiential knowledge (Brownell, 2010:149, 152). Yontef and Jacobs (in Brownell, 2010:155, 156) define experimentation as:

... the act of trying something new in order to increase understanding. The experiment may result in enhanced emotions or in the realization of something that had been kept from awareness. Experimentation, trying

something new, is an alternative to purely verbal methods of psychoanalysis ...

Kepner (2008:53) states that the emphasis in body work is how clients experience their physical being. Similarly, the therapist using SMP is interested in finding ways for children to experience their bodies more fully and enhancing their subjective meaning of self. Oaklander (1988:128) adds that therapists need to provide children with opportunities to recover the act of experiencing and using their bodies.

Experiments serve many purposes, of which the following are most relevant for this study:

- Enhancing self-awareness.
- Practicing different ways of interacting.
- Exploring variations of verbal and non-verbal behaviour.
- Energizing self-support.
- Helping a client (children) to express what is unexpressed.
- Re-owning disowned aspects of the self.
- Completing unfinished business.

(Crocker in Brownell, 2010:157; Joyce & Sills, 2001:98)

According to Joyce and Sills (2001:98), new research findings indicate that one of the major healing factors in psychotherapy is giving the client the opportunity to experience new ways of being. As discussed in 2.2.4.1, SMP releases children's inner drive, enabling them to become active participants in these experiments. In addition, Reynolds and Mortolla (2005:158) states that Gestalt therapy, being an experiential and process therapy providing experiences and not explanations, is perfectly suitable in communicating with children, and the researcher agrees with this.

3.2.2 Dialogue

Gestalt theory promotes the *dialogic relationship*, which developed from ideas of Martin Buber (Joyce & Sills, 2010:45). Hycner and Jacobs (in Joyce & Sills, 2010:45) describe dialogic relationship as:

... an attitude of genuinely feeling/sensing/experiencing the other person as a *person*, ... and a willingness to deeply “hear” the other person’s experience without prejudgement. Furthermore, it is a willingness to “hear” what is not being spoken, and to “see” what is not visible.

Yontef (1993:218, 273-274) describes the dialogic approach as “... a process *between* ... the ‘I’ and ‘you’”, protecting and giving way to what happens between two persons. A dialogic relationship includes elements of inclusion, confirmation, being present and dialogue being “lived” (Joyce & Sills, 2010:45)

- **Inclusion** refers to the world and experience of the person, being totally embraced by the therapist with embodiment, feeling and thought, but always still being aware of his/her own existence. This could infer that the therapist should tune into children’s energy levels and express responses/reactions as naturally as possible. Thus, in making contact both the client and therapist are influenced by each other, implying that the therapist allows him-/herself to be affected in response to the client’s experience (Joyce & Sills, 2010:47-49; Yontef, 1993:218, 219). The researcher experienced that by just sharing and acknowledging YC’s awareness of their own mastering of developmental SMP experiments, like exploring how far or high they can jump, contributes to the dialogic approach to confirm children’s (YC’s) potential to grow (Yontef, 1993:273). Zinker (1977:7) states that totally accepting another person contributes to self-love, self-appreciation and self-knowledge of that person.
- **Being present** implies that the therapist must be fully present with the client in the here and now, meet the client authentically and express observations, feelings and thoughts (Joyce & Sills, 2010:46; Yontef, 1993:127). The researcher’s understanding is that for YC, being in the primary developmental phase of SMP, full meaning can include the therapist and child exploring with physical activities and having fun together.
- Yontef (1993:252) refers to **dialogue as being** “... **lived** ... rather than talked about”. He further maintains that any activity that communicates and shifts the energy between the therapist and client can be used. As discussed in 2.4, YC’s play is active and can be described as the natural form of speech, language or

disclosing emotional conflict for YC. This often happens in a “lived” manner requiring the therapist “... to ‘hear’ what is not being spoken” (Hycner & Jacobs in Joyce & Sills, 2010:45). Kepner (2008:40) states that posture, muscular holding and somatic disturbances, which are referred to as physical processes; provide meaningful expressions of the person involved. In the same way the researcher experienced that by observing YC’s behaviour in SMP important information can be communicated. For example, the child could communicate something by:

- Being all over the room, jumping from one physical activity to another.
- Seeking sensory input, like building houses with big blocks or crawling under mattresses or in dark tunnels.
- Building obstacle courses and taking on new challenges.
- Aggressively kicking, hitting or throwing a big therapy ball.

3.2.3 Holism

Gestalt therapy’s conceptual foundation is Gestalt. It is, in other words, based on holism and field theory (Yontef, 1993:200). Kepner (2008:39) further explains the concept of holism as viewing a person as consisting of body, mind, movement, feeling, thought and many more components, which is, however, different from viewing any one component. The person consists of the integrated functioning of the various components forming the whole in time and space. YC should therefore be viewed as a unit of all the aspects of the whole, including physiological, sociological, cognitive and motivational variables (Joyce & Sills, 2010:27-28; Kepner, 2008:39; Yontef, 1993:87). Basically, this infers the body/mind self-reacting as a whole (Clarkson, 2007:21). Thus the Gestalt view of holism correlates with Ayres, acknowledging the SI development (through SMP) of YC as a whole and affecting the child as a whole (refer to 2.2.4).

3.2.4 Homeostasis and organismic self-regulation

In Gestalt a person is viewed as having a natural tendency to regulate the self. This implies that a person responds appropriately to a need, returning the balance and releasing new energy to attend to a next need (Clarkson, 2007:22; Blom, 2006:23; Nelson-Jones, 2006:118). Organismic self-regulation “imp[lies] that a child will attempt to act in a self-regulatory manner within the resources that are available at a specific time” (Aronstam, Clarkson & Mackewn in Blom, 2006:25). Yontef and Jacobs

(2000:305) add that realizing what one needs, senses, observes and feels emotionally contribute to organismic self-regulation.

The researcher compared the Gestalt concept of homeostasis and organismic self-regulation in YC with Ayres's basic principles of the development of SI as discussed in 2.2.4.2. The researcher's understanding of the process of organizing sensations within the nervous system is that this could correlate with the concept of organismic self-regulation in YC who are in a process of growing and developing. The researcher experienced that allowing YC to meet the needs (natural inner drive) of their developing nervous system by giving them the opportunity to engage in SMP activities promotes their state of organization and homeostasis. Kranowitz (2003:14) confirms this by stating that children need certain sensory input to feel calm and organized. This can be explained by the example of a child who has a need to roll down a slope of grass. The mother, being overprotective or not wanting the child's clothes to get dirty, refuses to let the child engage in this activity. The child's behaviour changes to crying, throwing a tantrum, screaming or maybe just shutting off and refusing to walk any further. Thus the child's state of homeostasis is influenced by the fact that his/her developmental need is not being met.

Bronson (in Gioia & Tobin, 2010:182) states that the development of self-regulatory behaviour helps children to use internal control to monitor their own thoughts, behaviour and emotions. Furthermore, it contributes to goal-directed behaviour, planning and organizational skills in YC, which in effect have an influence on their interaction with others. According to Gioia and Tobin (2010:183), deficits in self-regulation are central to certain childhood and mental health disorders such as attention-deficit/hyperactive disorder, conduct disorder, anxiety disorders and mood disorders. However, Gioia and Tobin (2010:183) are also of the opinion that self-regulation skills can best be facilitated through play interventions at a young age.

The integrative process of SI development as discussed in 2.2.4.2 with all the neural and sensory integration adds up to children's ability to concentrate and organize. The researcher's understanding of this developmental aspect in YC is that it contributes to the enhancement of a child's organismic self-regulation. This is supported by Hymes (in De Witt, 2009:130), who refers to YC using their bodies and minds and all their powers during playing, as "... organization-of-ideas time ...". With reference to 2.2.3.5, Ayres

states that children need a steady amount of tactile stimulation to keep the body and nervous system organized, balanced, functioning and healthy. Touch plays a vital role in neural organization as a whole and could therefore contribute to self-regulation in YC. As stated in 2.3.2, the SI that movement elicits has a strong influence on muscle tone and body posture and helps to regulate levels of alertness and attention (Biel & Peske, 2009:37), thus contributing to self-regulation.

People are always actively organizing their fields, both with regard to current needs or unfinished business of the past (Joyce & Sills, 2010:29). With reference to homeostasis and organismic self-regulation, the focus will subsequently be on figure-ground.

3.2.4.1 Figure-ground

The theoretical concept of figure-ground forms a primary part of organismic self-regulation. The figure refers to the most significant need, or what draws a child's attention the most at that moment. The background of the child's experience at that moment is referred to as the ground (Blom, 2006:24-25).

Oaklander (1988:63) points out that "[o]ne must tune in to the child's needs, respect his defences, move in gently". As discussed in 2.2.4.2 and 2.3.2 children always search their environment for opportunities to develop their sensory-motor skills and will instinctively do whatever is necessary to develop their vestibular systems. The researcher agrees with Oaklander that although it is necessary to tune into the child's needs, it is also important to be very sensitive throughout the therapy process, as the child can subsequently use SMP as a contact boundary disturbance to deflect coming into contact with deeper feelings.

3.2.4.2 Fragmentation

The objective of Gestalt therapy is to treat the child as a whole and not fragments of a child's life (Thompson & Henderson, 2007:189). Children gain awareness of their needs according to their level of development and resources within themselves and their environment. When a child's need (to engage in SMP activities) is not met or fulfilled, it can lead to fragmentation and an incomplete Gestalt in the child (Blom. 2006:24, 25).

Children who experienced trauma often disown sensory, physical and emotional awareness, which results in them not functioning as a whole (Blom, 2006:92). Through SMP children can be helped to overcome this barrier by experiencing their body and new energy on a physical and emotional level.

Understanding what it means to approach the person as a whole and support the integration of fragmented or disowned parts into a whole functioning person is challenging (Kepner, 2008:30). Kepner (2008:28) further states that bringing disowned parts of the self into awareness requires an increase of “active being”. The researcher’s understanding is that SMP will play an important role in preventing further fragmentation by stimulating a whole body experience. The experiential nature of Gestalt therapy (and SMP) contributes to helping clients (which in SMP will refer to YC) re-own the disowned aspects of the self (Joyce & Sills, 2001:98).

3.2.5 Contact-making

Sensory awareness and motor behaviour are potentially the functions through which contact is made. Contact can be made with objects, people, animals, nature, images, memories and aspects of the self (Clarkson, 2007:40; Nelson-Jones, 2006:117). Blom (2006:29) adds that contact is a fundamental part of all experience. Gestalt theory considers both intrapersonal contact, which refers to contact between children and aspects of themselves, and interpersonal contact, referring to contact between children and the environment, as important (Blom, 2006:29).

3.2.5.1 Healthy contact

The healthy flow of experiencing a need and reaching satisfaction is reflected in the natural state of a healthy, spontaneous young child (Clarkson 2007:33). This cycle of a need that arises, the mobilization and action involved in it until a state of satisfaction is reached is often referred to as the cycle of experience, the awareness cycle or the contact-withdrawal cycle (Joyce & Sills, 2010:37-38; Clarkson, 2007:34).

The stages of the cycle of contact can be explained by a metaphor. It starts the moment when a **sensation** or need is experienced. The recognition and sharpening of **awareness** leads to an increase of energy, **mobilizing** the person to **action**, through which full **contact** is made with the situation. When a feeling of **satisfaction** is reached a **withdrawal** of energy takes place and a state of equilibrium or **fertile void** is reached (Joyce & Sills, 2010:37-38; Clarkson, 2007:35).

3.2.5.2 *Contact boundary disturbances*

The more limited one's capabilities for contact, the more one's experience of self and the environment becomes fragmentary, disorganized and subject to resistance (Kepner, 2008:11). The five contact boundary disturbances most relevant to this study will be discussed briefly below:

- Desensitisation

Desensitisation is when the feelings and sensations of the self are numb, deadened or neglected. The existence of pain is kept from awareness (Clarkson, 2007:60). An example is a child who has been physically abused for a long time and does not feel the physical pain of being beaten anymore (Blom, 2006:37).

- Introjects

The negative messages children take in about themselves are referred to as introjects. YC are developmentally and cognitively unable to evaluate messages from their parents or the environment and tend to believe everything they hear about themselves (Oaklander, 2006:143). Children with introjects are always aware of what they should be doing and do not have the ability to self-regulate in terms of their own needs (Clarkson, 2007:61).

SMP can contribute by working through introjects relating to motor behaviour and abilities. Having the freedom to experiment, explore and experience through SMP in a therapeutic environment can be powerfully healing.

- Deflection

Clarkson (2007:60) defines deflection as “... to turn aside from direct contact with another person”. The researcher agrees with Blom (2006:37) that children deflect in a variety of ways to protect themselves from pain. The researcher has experienced that they will break contact by getting up and just walking to another place in the room, or by asking what other activity they are going to do while they are still busy with an activity.

- Projection

According to Nelson-Jones (2006:125), projections are most commonly referred to as “... shifting those parts of ourselves that we dislike and devalue onto others rather than recognizing and dealing with the tendencies in ourselves”. Many of the techniques used in Gestalt play therapy with children are projective in nature. Children’s drawings, stories or sand scenes are often a representation of themselves (Oaklander, 2006:29, 30).

- Retroflexion

Retroflexion means that a person (child) does to him-/herself what originally was meant for others. Children tend to reflect when they are punished for expressing their emotions and thoughts. Emotions of grief and anger are often retroflexed by symptoms of stomach aches, hyperactivity or asthma attacks (Blom, 2007:35-36).

3.2.6 Self within the Gestalt context

In Gestalt the self refers to the capability of the organism to make contact with its environment in a spontaneous, deliberate and creative fluid process. A healthy self is multidimensional and flexible in its capabilities and qualities, and is able to meet the demands of the organism and the environment. As such the self is the “integrator of experience” (Kepner, 2008:10-11; Clarkson, 2007:29; Spagnuolo Lobb and Lichtenberg, 2005: 27; Yontef, 1993:331).

Gestalt therapy theory studies the self as a function of the organism in contact with the environment and not as a fixed structure. The id, personality and ego are seen as “experiential structures” through which the organism relates to the world. Spagnuolo Lobb and Lichtenberg (2005:27-30) describes these structures as follows:

- The id is the sensory-motor background of the experience, perceived as if “inside the skin”.
- The personality is an assimilation of previous contacts.
- The ego is the motor that moves the other two functions.

From the perspective of Gestalt play therapy with children, Oaklander (2006:52) stresses holism, defining the self as “... the union of elements ... that constitute the individuality and identity of a person” (*Webster’s Dictionary* in Oaklander, 2006:52). Oaklander refers to these elements as body, emotions, thoughts and sensations. Nelson-Jones (2006:119) states that motor coordination, organic needs and the senses are always integrated in the self, playing a vital role in discovering and creating the meaning that everybody needs to grow.

3.3 GESTALT PLAY THERAPY

According to Oaklander, who is considered to be the founder of Gestalt play therapy, the philosophy, theory and practice of Gestalt therapy can be used with slight adaptations in therapy with children (Geldard & Geldard, 2008:36; Blom, 2006:17). As mentioned in 1.4 and 1.8.4, Blom (2006:20) describes Gestalt play therapy as “... a psychotherapeutic technique that uses the principles and techniques of [G]estalt therapy during play therapy with the child”.

3.3.1 Objectives of Gestalt play therapy with YC

The focus of Gestalt techniques when working with children is to strengthen their sense of self and self-confidence. This is achieved by giving them opportunities for making choices, participating in imaginative play, mastering, owning of projections and expelling aggressive energy appropriately (Oaklander, 2006:27). Thompson and Rudolf (in Blom, 2006:51) define three central objectives in Gestalt play therapy with YC, namely promoting awareness, promoting self-support and promoting integration. These will subsequently be discussed.

3.3.1.1 Promote awareness

In Gestalt therapy the goal is always awareness, which includes "... recognition, description, and ownership of sensations, thoughts, memories, emotions, behaviours and all other functions of the self" (Schoenberg & Feder 2005:229). Yontef (1993:202) states that awareness is sensory and a form of experiencing. Thus full self-awareness, also referred to as full contact, is a feeling of being connected, intensely aware and alive in the here and now with a sense of freedom and spontaneity (Joyce & Sills, 2010:31). According to the researcher, it is exactly these elements of being aware, "... experiencing as much of themselves as they can in the here and now" (Reynolds and Mortolla, 2005:158), which SMP encompasses in YC.

The researcher is of the opinion that, through SMP, YC's awareness and self-knowledge are enhanced by whole body experience. As discussed in 2.2.2, SI development includes the organization and integration of all the senses, which helps sensations to form perceptions and behaviours. Through SMP, children experience a high degree of sensory input (body awareness) and integration, which, according to Ayres (2005:59), is necessary for YC to develop feelings of self-control, self-confidence and self-esteem. To demonstrate the effect of SMP with sensory awareness emphasis on movement, tactile and proprioceptive stimulation, the researcher will briefly describe a personal experience during a case study of a four year old child with severe trauma at the age of two and a half.

The child chose to work in a soft swing (suspended with bungee rope) for the biggest part of her therapeutic process of sixteen weeks. The vestibular input helped her to relax, explore with her own physical abilities, have fun, strengthen her sense of self and simultaneously make sense of the polarities in her life.

By using different safe and soft equipment like balls and beanbags, she started to develop her own games to make sense of the "chaos" she experienced in her life. While swinging on her tummy she would sort out all the toys surrounding her, working through many polarities. She spontaneously started a game with the red and yellow balls. For her, touching the yellow ball with her feet while swinging would mean "losing", while

touching the red ball would mean “winning”. She had great fun swinging, trying to escape the yellow ball and sorting out whether she was winning or losing. Throughout the therapeutic process she worked through the polarities of good/bad, pretty/ugly, hurting/not hurting, “out my house”/“in my house”, friendly/unfriendly, dangerous/not dangerous and many more.

With the facilitation of the therapist she primarily managed to self-regulate her “world of chaos” so as to have more order and structure. She managed to deal with unfinished hurt in her young life by organizing, sorting and removing the “ugly”, “hurting” and “bad” by physically throwing and chasing them out of her “house”. For this little girl, being able to explore and experience a new awareness with her body in an SMP manner, which is a developmental need at this age, helped her to organize her actions, thoughts and feelings. The tactile, vestibular and proprioceptive stimulation helped to form building blocks for working through emotional imbalance.

Oaklander (1988:59,128) states that awareness and experiencing can be seen as “one and the same”, whilst Yontef (1993:202) describes awareness in itself as being the integration of a problem. When children experience their senses, including their body, feelings and the use of their intellect, they recover a healthy, balanced attitude towards life.

3.3.1.2 Promote self-support

According to Yontef (1993:55), one of the main goals in Gestalt therapy is the achievement of maturity, which infers a movement away from environmental support to self-support. He further describes the continuous use of “sensorimotor equipment of the organism” (which, according to the researcher, refers to the sensory-motor use of the body) as critical in the interaction with the environment. Similarly, in SMP YC interact with their environment, take more responsibility for themselves and become more self-supportive, demonstrating how the experiential nature of Gestalt therapy (and SMP) contributes to boosting self-support (Joyce & Sills, 2001:98; Thompson & Rudolph in Blom, 2006:51).

Yontef (1993:26) further states that self-support includes self-knowing and self-accepting, which includes one's needs and capabilities. This links with the **paradoxical theory of change**, which, according to Woldt and Toman (2005:158), implies "... to be who you are, not who you are not", inferring "... that change occurs when one becomes what one is, not when one tries to become what one is not". Correspondingly, acknowledging and utilizing the primary phase of SMP in YC and allowing them to be who they are (sensory-motor beings) can contribute to integration and change towards normal development and health. Oaklander (2006:24-27), describes three facets of self-support for healthy contact-making in children:

- **Sensory contact-making**

Contact is defined by Oaklander (2006:22) as "having the ability to be fully present in a particular situation with all of the aspects of the organism – senses, body, emotional expressions, intellect – ready and available for use". Contact skills, which are all the experiences of the senses, such as looking, hearing and moving in the environment, play an important role in children in making contact with their emotions (Oaklander, 2006:22, 91). As stated in 3.3.1.1, children experience a high degree of sensory input through SMP, which enhances their contact skills.

- **Bodily contact-making**

Gestalt therapy is acknowledged as a psychophysical approach with body work as an integral part of therapy (Kepner, 2008:30; Clarkson, 2007:70). Kepner (2008:28) further emphasizes the necessity of body work for the process of change, describing it as "fleshing out" words or images with "sensations, movement, and the concreteness of our bodily existence". Gestalt theory also refers to this sensory contact making, movement and energy of a person as an "embodied process". Therefore the body should be viewed as the basis of a person's (children's) experience and is thus part of the whole organism.

Oaklander (1988:129-130, 138-139) connects therapy involving body movement with creative dramatics. In creative dramatics play acting involves the use of the total self through whole body involvement, movement and body control. Oaklander (1988:128,

129) further points out that breathing is an important aspect of body awareness which can reduce anxiety and give the self a feeling of power and support. The researcher has experienced that children involved in SMP activities often become exhausted, causing them to breathe very deeply, which heightens their body awareness.

According to Oaklander (1988:129), children who are hyperkinetic present with a lot of random body movements, but do not feel in control of their bodies. These children need exercises in body control which they experience as fun. Oaklander (1988:129) describes a game which the children invented, namely randomly falling on a pile of pillows. As the children loved doing the activity, she realised that they were enjoying a feeling of body control. The researcher could add that they most likely also enjoyed the sensations of movement and the tactile and proprioceptive stimulation when landing on the pile of pillows. This activity could be referred to as SMP.

Furthermore, it is important to help children who shut off their bodily awareness due to many different reasons, such as abuse, illness, anxiety, competition and holding back tears of anger, so that they can experience their bodies by knowing them, using them and being comfortable with them (Lampert, 2003:10; Oaklander, 1988:127-128). SMP gives children the opportunity to use and re-connect with their bodies.

- **Strengthening the self**

The importance of the sense of self as central to the development of children is emphasized by Blom (2006:102). This is reflected in table 2.1, representing the process of SI in YC and highlighting the many elements that are essential for children to develop an integrated self. Oaklander (2006:27, 52) recognizes several other elements besides sensory and body experiences that are essential for children to develop a strong, integrated sense of self. Amongst these are:

- Defining the self
- Making choices
- Owning projections
- Mastery
- Power and control
- The use of boundaries and limits

- Playfulness, imagination and humour
- Looking at negative introjects to achieve integration
- The use of one's aggressive energy
- The sixth sense: Using intuition and trusting the self

The researcher has experienced that many of these elements are interlinked in SMP with YC. This is illustrated by discussing the following example of the “boxing game” activity of boxing a suspended punch bag.

Children could have a powerful healing experience by releasing their aggressive energy (Oaklander, 2006:64) through projecting and owning their aggressions and frustrations by boxing the punch bag. The outward action of anger and aggression enhances self-support and inner strength (Oaklander, 2006:64, 81-85). Thus physically working through a process of mastering their boxing skills and experiencing the proprioceptive stimulation of the heavy punch bag facilitate the release of anger, inner feelings and thoughts. Play provides children with a safe space to express themselves in ways that might not be suitable in a less sheltered environment (Benedict & Schofield, 2010:51).

Furthermore, by suggesting to children that they should identify and verbalize feelings of anger, hurt, fear or mastering during the experience, they are helped to come in full contact with their emotions, which contributes to good self-support. This can be encouraged by modelling and focussing on the experience in the here and now. The awareness of the self is further strengthened when people/children are encouraged to verbalize self-statements and own projections (Joyce & Sills, 2010:79-80; Oaklander, 2006:63, 113). When a child's need to master a physical challenge is satisfied, this satisfaction can then contribute to homeostasis (Blom, 2006: 25).

By adding the elements of creatively experimenting and exploring to the “boxing game”, such as including a score board or drawing the “boxer” on the wall or a drawing board, children are helped to define themselves. Involving children with the details of the drawing, like how their hair looks or what expression their faces should have, helps children to identify with the drawing. The self can also be defined in working through polarities on various levels when helping children

to define themselves (Blom, 2006:112). An example of this is hitting the punch bag with more or less force, winning or losing, or feeling angry or friendly, happy or sad.

The creative and playful nature of this game helps the child to "... come to life ..." (Zinker, 1977:41) and brings vitality, pleasure and humour into the therapeutic relationship. Playfulness serves as a natural enhancement of self-expression of what is important for the child at that moment (Blom, 2006:109; Ogden, Minton & Pain, 2006:173).

In addition, the "boxing game" gives children some control and power when they are given simple non-threatening choices (Oaklander, 2006:58-59). Little boys find it very exciting to choose their own pair of boxing gloves from three possibilities, or deciding how many rounds they would still like to box. As discussed in 2.2.4, YC in a developmental phase of SI and sensory- motor development are constantly confronted with physical challenges and choices. They often have to trust themselves to take on new physical challenges.

Involving the children in making the rules and staying within the boundaries of the game contributes to their physical and emotional security (Blom, 2006:61-62). Blom (2006:61) further states that boundaries help to anchor the session and makes children aware of their choices and responsibilities. This enhances their self-control.

One of the introjects often harboured by children is that it is not acceptable to express anger (Oaklander, 2006:69, 70). The "boxing game" provides them with a safe and acceptable way of expressing and releasing their angry feelings in a physical and verbal manner.

The researcher has experienced that children who choose to engage in this "boxing game" often choose to repeat the game in subsequent sessions. This whole body experience empowers them to make contact with deeper feelings and thoughts and to work through a process of owning projections and taking responsibility for themselves. This helps children to get better closure on their emotional problems. Lastly, the multidimensional nature of this game allows

children to use their imagination, act on their insights and gut feelings and learn to trust themselves.

3.3.1.3 Promote integration

The goal of Gestalt play therapy in children is to facilitate self-healing by restoring their natural functioning and self-regulatory processes (Thompson & Henderson, 2007:197; Lampert, 2003:9). As discussed in 2.2.4.1, SMP can be viewed as an integral developmental function of children's natural needs and, as such, contributes towards health.

One of the main objectives in Gestalt play therapy is the facilitation of the personal integration of children (Thompson & Rudolph in Blom, 2006:51). As a holistic entity children must be helped to integrate cognition, emotions, body and senses (Blom, 2006:54). Oaklander (1988:162) points out that for YC integration does not only occur through open expression, but also through them experiencing the accepting, safe atmosphere and playing in the therapeutic environment.

Perls (in Yontef, 1993:83) stresses that to incorporate integration an all-inclusive view (of children and their field as a whole) is required to spot and tackle core difficulties, thereby inviting them to be themselves as fully as possible by integrating the body and mind (Clarkson, 2007:21).

3.4 GESTALT PLAY THERAPEUTIC PROCESS WITH CHILDREN

Kepner (2008:41-42) describes the developmental process of therapy as one of creating conditions that is necessary for progress in the direction of wholeness. Thus, according to Kepner (2008:41), integrative work can be viewed as the result of a developmental sequence forming building blocks and not as the starting point of therapy. Reynolds and Mortolla (2005:158-159) agrees by describing healing in Gestalt therapy as a process of growth, re-establishing normal development and growth that have been influenced or fixated, reduced, misdirected and rigidified due to a harmful environment. Zinker (1977:23) confirms this by stating that for something significant to happen, a process of building readiness is necessary. Building readiness could imply the process of

strengthening the self, which in itself is a prerequisite for children to express buried emotions (Oaklander, 2006:27).

In Gestalt, being considered a process therapy, the focus is on the “what” and “how” of therapy and not the “why” of behaviour (Blom, 2006:51). Many authors agree that this process always starts with a therapeutic relationship (Blom, 2006:54; Oaklander, 2006:20-21; Reynolds and Mortolla, 2005:159). It is not necessarily a linear process. Oaklander refers to the natural progress or sequence that is visible in work with children as the “therapy process”. She states that she tends to go back and forth as the child’s needs are assessed (Oaklander, 2005:20).

Oaklander (2005:20) also adds the reminder that there is much more that requires attention in the therapeutic process than her many expressive and projective techniques. Zinker (1977:23) agrees with this by stating that “... [m]uch of therapy consists of stoking the fire, nurturing a particular theme, building support in areas of verbalization or actions where support is needed”. He further states that in order for a person to grasp a new impression or perception of the self and to direct behaviour in that direction, a series of graded experiences is needed beforehand. As seen in the case study in 3.3.1.1, SMP was utilized to “stoke the fire”, helping this four year old child to move through the theme of polarities connected to her trauma and helping her to self-regulate into a more integrated whole.

The researcher agrees with Reynolds and Mortolla (2005:154) that each therapist develops their own unique style and skills in working with children. She further states that the integration of a therapist’s personality and experience in Gestalt therapy will determine the therapeutic process. The researcher is of the opinion that the therapist’s educational background and level of prior exposure to SMP activities could also influence this process.

The Gestalt therapy process consists of a variety of elements listed by Oaklander (2006:20-47) as follows: relationship, contact, resistance, senses, the body, strengthening the self, emotional expression, self-nurturing, persistent inappropriate process and ending of therapy. For the purpose of the conceptual framework of this study, these elements are discussed briefly below.

3.4.1 Therapeutic relationship

Authors such as Blom (2006:54), Oaklander (2006:20-21), Frank (2001:179) and Yontef (1993:30-31) all agree that the foundation of the therapeutic process and the outcome of therapy rely on a successful relationship between the client (child) and the therapist. This therapeutic relationship can progress into an I-thou relationship described by Buber (Reynolds & Mortolla, 2005:159). In the I-thou relationship the therapist has the responsibility to meet children on their level and become their playmate. Meeting children on an equal level contributes to a relationship where they feel comfortable in the presence of an adult therapist and find it easier to be themselves and have a relationship of trust (Blom, 2006:55-56). Blom, (2006:56) refers to Schoeman who considers the fact that the therapist must become the child's friend and playmate the main goal in the therapeutic relationship.

Landreth (2002:16) describes play therapy as a dynamic interpersonal therapeutic relationship. The therapist should be able to provide selected play materials and must facilitate the development of a safe relationship with the child in order for him/her to feel safe and fully express and explore his/her feelings, thoughts, experiences and behaviour through play.

YC, being in a primary phase of SI development, usually find it fun to interact with an adult in SMP. Enjoyable play interaction helps children to form a "therapeutic alliance" with an adult therapist and decreases resistance to interaction (Schaefer, 2010:4). YC are always actively organizing their fields, both with regard to current needs and unfinished business of the past (Joyce & Sills, 2010:29). The researcher has experienced that YC who choose to engage in physical activity rather than any other activity tend to adapt to the therapy process better. It brings out playfulness and the physical activity helps them feel more relaxed and spontaneous. This contributes to the therapeutic relationship.

3.4.2 Contact

Children's contact skills are an important aspect that needs to be addressed throughout the therapeutic process (refer to 3.2.5). It may be necessary to provide children with a

variety of sensory experiences to enhance their contact skills (Blom, 2006:89; Oaklander, 2006:22).

3.4.3 Resistance

Oaklander (2006:23) states that almost all children display self-protective behaviours seen as resistance. According to her, therapists should "... expect and respect ..." some resistance. By accepting children's resistance could help them to risk something new. Resistance can manifest repeatedly during the therapeutic process. Therefore it is important for therapists to find creative, non-threatening ways of making contact with the children (Blom, 2006:59-60; Oaklander, 2006:24). For YC, SMP could be a safe way to make contact.

3.4.4 Senses

Oaklander (2006:24-25) maintains that in the Gestalt play therapy process it is important to unlock and improve the senses by means of a variety of activities, such as playing in the sandbox, listening to sounds and looking at pictures or colours. Children who have been traumatized may have skipped some important sensory developmental experiences and may often regress and allow themselves these experiences, like playing with mud.

3.4.5 The body

Oaklander (2006:25-27) considers working with children's bodies as an important aspect of the therapeutic process. She demonstrates how body work is integrated into the therapeutic process as time spent on aspects such as loosening up, unblocking, breathing, getting to know one's body and discovering the power within the body. She experienced that she only spends five minutes on these activities at times and a whole session at other times, and describes therapy with children as "... a dance: Sometimes I lead and sometimes the child leads". The integral role of body work during the therapeutic process has been discussed under bodily contact-making (refer to 3.3.1.2).

3.4.6 Strengthening the self

Strengthening the self – by which YC are helped to express and accept buried emotions – is a process in itself. In order to allow a young child to live free from constraints and gain a sense of well-being, the focus in the therapeutic process may need to shift from one element to another (Oaklander, 2006:27, 36). These elements that contribute to a strongly integrated sense of self and the process involved were discussed in the “boxing game” illustration (refer to 3.3.1.2).

3.4.7 Emotional expression

Identifying and expressing suppressed emotions are essential aspects of the therapy process (Blom, 2006:123). Oaklander (2006:33-34) distinguishes between two aspects of emotional expression that need to be addressed. The expression of aggressive energy refers to the energy that is necessary “... to bite into an apple ...”. This energy is a sense of power and involves action. In order to prepare children for expressing their suppressed emotions it is necessary to first explore the cognitive elements of emotions and their reactions to the body (Blom, 2006:123-124).

3.4.8 Self-nurturing

Oaklander (2006:43-44, 143) maintains that assisting children towards self-nurturing is a very important step in the therapeutic process. This constitutes helping children to be more tolerant and enthusiastic with regard to nurturing themselves. A variety of techniques assist the therapist during her dialogue with children with regard to their life stories, giving them the opportunity to express and accept all the negative or hateful parts of themselves. To be more accepting, to work through introjects and to actively nurture themselves, children need a certain amount of inner strength and self-support.

Ribas and Ribas (2009:105) refer to children’s self-nurturing process as:

Taking care of myself is being with me, is looking at myself positively, it’s to accept who I am ... and never abandon me ... it’s to protect me ... it’s telling what I feel, it’s to water my soil every day, letting me free and strong to grow.

3.4.9 Persistent inappropriate process

Inappropriate behaviours that tend to persist despite feelings of self-worth, self-support and appropriate expression of feelings need to be focussed on. It is often necessary to plan experiments to direct a child's awareness toward this behaviour (Oaklander, 2006:45-46).

3.4.10 Ending of therapy

According to Oaklander (2006:47-48), the length of therapy for children can vary from a few sessions up to two years, depending on each child's unique circumstances. After working through all the needs, mastering new skills, expressing blocked emotions and discovering new ways of being, a period of homeostasis is reached. This period is referred to as closure, which is an essential part of the therapeutic process.

3.4.11 Parents and families

It is important to involve the parents and educate them about the therapeutic process (Oaklander, 2006:48). With reference to SMP, the researcher, being an occupational therapist working with YC with developmental problems, has often experienced that some parents need to be educated in terms of the developmental importance of SMP with YC.

3.5 Conclusion

It is clear from this theoretical discussion of Gestalt play therapy that SMP can play a vital role in therapy with YC by contributing to enhancing their sense of self, their organismic self-regulation and the therapeutic relationship. Therefore the analysis of the experiences of professionals utilizing SMP with YC in Gestalt play therapy is of utmost importance.

CHAPTER 4

EMPIRICAL DATA AND RESEARCH FINDINGS

4.1 INTRODUCTION

Data collection and the analysis of data start with going back to the purpose of the study (Greef, 2005:311). According to Henning (2004:129), the classification of data is not neutral but is guided by the research objectives, namely to explore and describe the experiences of professionals utilizing SMP with YC in Gestalt play therapy. The collection and analysis of data were informed by the research question, which reconfirmed the purpose of the study (Creswell, 2007:107; Creswell, Hanson, Clark, Plano & Morales, 2007:238).

The empirical data was collected during two focus group discussions with professionals trained in Gestalt play therapy who met the criteria of the study (refer to 1.5.5). The one focus group consisted of five professionals from diverse educational backgrounds (two social workers, a teacher, a trauma counsellor and a professional with a psychology background) and the other consisted of four qualified occupational therapists. The reason for the two different groups was to enrich the data collected. The lived experiences and meanings perceived by the participants in both groups ensured the authenticity of the research (Morse in Greeff, 2005:311; Whittemore, Chase & Mandel, 2001:530). The focus group discussions were recorded with a video recorder. A co-facilitator took field notes and helped to summarise and clarify the data with all the participants. These notes were used in addition to the transcribed data during the analysis of the data.

In light of the fact that the researcher was familiar with four participants in the two focus groups, the “Hawthorn effect” was kept in mind during the analysis of the data. The Hawthorn effect refers to a reaction of the participants according to which they improve or modify their responses with the goal of pleasing the researcher (Macefield, 2007:149). During the analysis of the data it became clear that the participants shared their own experience of utilizing SMP with YC.

In this chapter the researcher will supply details of the data that were collected and verified by means of a review of relevant literature in order to certify the quality of the data. In using a qualitative strategy of enquiry the researcher will give detailed descriptions of the participants' experiences by identifying themes, sub-themes and categories (Creswell, 2009:193, 199).

Two main themes with sub-themes and categories were identified. as illustrated in Table 4.1 and Table 4.2. The main themes are that participants are of the opinion that *SMP enhances the therapeutic relationship* and that *SMP has a self-regulatory function*.

4.2 MAIN THEME 1

PARTICIPANTS ARE OF THE OPINION THAT SMP ENHANCES THE THERAPEUTIC RELATIONSHIP

Table 4.1

Main themes	Sub-themes	Categories
1. Participants are of the opinion that SMP enhances the therapeutic relationship	<ul style="list-style-type: none"> • SMP is part of YC's developmental field 	<ul style="list-style-type: none"> • Feeling safe
	<ul style="list-style-type: none"> • Enhances contact between therapist and child 	<ul style="list-style-type: none"> • Dialogue • Energizing both therapist and child
	<ul style="list-style-type: none"> • Strengthens sense of self 	<ul style="list-style-type: none"> • Body awareness • Playfulness, fun, humour • Making choices / taking control • Mastering

The empirical data showed that SMP can be utilized to enhance the therapeutic relationship with YC, since this is a natural way of entering the world of the child. Nash and Schaefer (2010:25) confirm that using play (which would include SMP with YC) enhances the therapeutic relationship. This aspect was confirmed by several participants who stated that because SMP is such a natural part of who YC are, they (the participants) find it easy to connect with YC. The goal and objective of the therapeutic relationship were summarized by a participant as follows: "In a therapy situation you are creating a safe space for [the children] ... to become more in touch ... using all the feelings and senses ... with how am I, where am I". All participants agreed

that the utilization of SMP is a major contributing factor in building a therapeutic relationship with YC.

4.2.1 Sub-theme: SMP is part of YC's developmental field

As discussed in 2.3 and 2.4, SMP is part of YC's developmental field, which should be a non-threatening way of meeting them at their level. According to the participants, this contributes to the fact that the children feel safe and that by engaging on an SMP level, YC can learn to trust the therapist.

4.2.1.1 Feeling safe

One participant commented that because SMP is non-threatening, children like motor activities such as playing ball games. According to this participant, "[i]t's such a natural part of a child's world of experience". The participant is also of the opinion that children, being familiar with SMP, find it a "safe space" in which to build a relationship. For some children working at a table "... can be difficult" (or threatening), but to kick a ball – "... that they can do". She also stated that "[c]hildren like movement and children like a ball", both of which form an integral element of SMP. Another participant who mainly uses SMP to build relationships finds that it helps children relax. By involving the child and by bouncing and catching a ball she starts communicating and gradually gets to know the child. This contributes to building a relationship with the child during the first session. Schwartzenberger (2007) confirms that safe and empowering sensory-motor play activities assist children in feeling safe and reduces the effects of anxiety.

Yet another participant, who had to do physical activities with a child who had cancer, said that during therapy the child seemed to experience a feeling of safety in the physical play, feeling safe enough to open up on an emotional level. These findings correspond with that of Benedict and Schofield (2010:54), who state that another way in which the therapist can construct a safe place for children is by respecting their play themes. This allows the therapist to help the child create distance from upsetting ideas or feelings. Play themes can also be on an SMP level, as discussed in 2.4.1.

An aspect of safety and an important element in the establishment of a therapeutic relationship is trust. Most participants experienced that by interacting with YC through

SMP causes the children to trust them. For example, one participant spoke about the surprise shown by a young child when she interacted with the child on an SMP level. She explained that “[i]t was as if you could see on her little face, ‘I can trust her’”. Another example was a child who spontaneously disclosed her sexual abuse to a participant who only interacted with her through gross motor activity. The participant shared that “[i]t is so hectic to think that this child trusts me so much ...” – the only way the participant interacted with the child was on a SMP level.

All the participants in the occupational therapy (OT) group had the experience that children referred to them for SI/occupational therapy (which implies the utilization of SMP in building the therapeutic relationship), felt safe enough to disclose deep emotional feelings spontaneously while engaging in SMP activities. While seeing one of the OT participants and engaging in SMP, one child felt safe enough to suddenly project his grandfather’s funeral and worked through all his emotions related to this incidence. In another case a participant experienced a three year old child disclosing a subconscious traumatic experience (an assault the mother had experienced while the child had been in the womb) by playing this out on a very physical level. Creating a safe place for children is the starting point of helping them conquer emotional and behavioural difficulties and heal from trauma experiences (Schwartzengerger, 2007).

In addition, another participant mentioned that providing YC with simple SMP activities (referred to as “just right challenges” in 2.5.1.1) which the children can conquer also contributes to them feeling safe. Apart from feeling safe with the therapist they feel safe “... because there is nothing to measure against. He is not a winner or loser or coming first, like it is at schools ...”.

4.2.2 Sub-theme: Enhances contact between therapist and child

Yontef (1993:218) describes a relationship as a process that follows on the interaction between the therapist and another person. This relationship is facilitated through dialogue and occurs through a process of contact which, according to Yontef (1993:218), requires a connection between two people, but also parting as two separate individuals, moving about and enhancing awareness in order for organismic self-regulation to take place. The meeting of child and therapist during SMP creates a new, shared energy.

4.2.2.1 Dialogue

SMP enables a connection to be established within children when adults engage in SMP with them. A social worker participant (who does not normally use SMP on a regular basis) commented on a child's facial expression when the participant interacted with the child during SMP. According to the participant, it was as if the child was saying, "I can't believe this lady is doing this with me." By engaging in SMP, the participant was not only communicating an acceptance of the child's phenomenology, but also an I-thou non-verbal acceptance. Schaefer (2010:9) maintains that when adults engage in play, children tend to find them more attractive and easier to like. This facilitates the therapeutic relationship.

SMP allows both therapist and child to be physically involved on a bodily level by being included in the process. Through movement children explore and communicate with their world (De Witt, 2009:73). Inclusion is communicated through the contact that SMP provides while "exchanging balls", "having a sword fight" or "playing soccer" and through the attitude and tone of verbal communication by the therapist. Joyce and Sills (2001:48) state that to communicate inclusion to a client (which in the case of this study is the young child), the therapist needs to tune into the (child's) energy level, embracing feelings, body process and thinking. They further state that making the (child) feel included deepens the working coalition, promotes trust and confirms the experiences of the (child). Through responding in a natural way, the therapist can generate an intense healing. This is supported by a participant who experienced "... a significant change ..." in the child's behaviour after several sessions of "... pool noodle fighting ... [where they] ... laughed [and] staggered around panting breathless[ly]".

SMP also allows children to connect verbally with the therapist. Two participants spoke about bouncing the ball and just "chatting" while building a relationship and grounding the child for the session. Other participants spoke about the value of SMP with children who were quiet, shy and had difficulty communicating verbally with the therapist. After engaging in SMP, these children began to speak.

Furthermore, children seem to experience that they are accepted and taken seriously when they are given the chance to communicate their thoughts, emotions and needs through SMP within the boundaries of the therapy session. An example given by a

participant was that of a child who felt “humiliated” and “powerless” but released his aggression through SMP by smashing recycling boxes “... and nobody said it is unacceptable”. Another child, who was very ill with cancer, engaged in a physical activity (a soccer game) with one of the participants. While physically fighting the ball, he reached the point of total exhaustion. According to the participant, this helped the child to create meaning of his experience and to verbalize his fight against death. This kind of relationship and experience forms a safe basis and a “... resilient sense of self” (Joyce & Sills, 2010:47).

SMP enables therapists to engage in the here and now and allows them to be real and present in their interaction with YC. Yontef (1993:219) emphasizes that for therapists to be present, the latter not only agrees to the patient (who in the context of this study will be the young child) being who they are but also to their own response towards the child. Following the child’s rhythm in the “pool noodle fight” and physically engaging with the child created trust towards the therapist and deepened the therapeutic relationship.

SMP allows the therapist to be affected by the child and the child in his/her turn is affected by who the therapist is, which essentially implies practising inclusion and being present. According to Yontef (1998:220), these two factors form the foundation of dialogue. SMP, in other words, simply allows contact to happen. It isn’t forced and acceptance occurs in a “dance” between the parties. Participants of the OT group discussed the use of SMP when working with children presenting with perseverating motor patterns (stress related or other causes). One participant shared that she goes in confluence with these children by “... starting to mirror them, to go in where they are and to make contact”. She “... slowly processes that pattern into a more functional SMP action”. Another participant agreed by stating that “[i]t becomes that dance between you two together. SMP is a channel to break this thing”. In this process of engaging in functional SMP, children are helped to “... contain [their] anxiety”.

SMP also allows for the therapist and child to relate on an equal level (I-thou dialogue), which is the foundation on which dialogue is based. In this I-thou relationship the child and therapist are equal in humanity although they bring different abilities and qualities to the relationship (Mackewn, 2004:82-83). According to the participants, SMP is an “easy”, “good” and “helpful” connection with the natural world of experience of YC. SMP is dialogue being lived through contact on a verbal and non-verbal level, naturally

communicating inclusion, confirmation and presence by the therapist and forming positive alliances.

4.2.2.2 Energizing both therapist and child

Some participants commented on the fact that it seems as if new energy is added to the therapy session when they use SMP. One participant often experiences that when she works with children at a table, they start breaking contact on a verbal or non-verbal level. According to her, “[y]ou [can] see it in the attitude of their body – ‘I don’t feel like doing this now’”. She then uses SMP to put new energy into the session, making a new “...connection with the child to carry on” and finds that this “... definitely ...” works for her. Zinker (1977:28) maintains that energy can be “... pumped up ...” where there is no energy in a person. The spontaneous and enjoyable quality of SMP provides body energy which, according to Zinker (1977:29), uplifts the organism’s (child’s) spirit. In addition, Kranowitz (2003:20) maintains that active brain cells and bodies are children’s primary source of energy.

Many participants also experienced that by matching the child’s energy in SMP can be “... fun ... relaxing ... and rewarding”, and this also makes them (the participants) feel energized. One participant shared how a child observed the fact that she (the participant) also enjoyed the ball game in which they engaged and commented spontaneously, “But Miss, your face!” She then realized that she enjoyed it so much that the child observed the change in her facial expressions.

4.2.3 Sub-theme: Strengthens sense of self

To strengthen a child’s sense of self includes helping a child to develop a strong, positive sense of well-being (Oaklander, 2006:27). The development of children’s sense of self with relation to SMP was summarised by a participant as follows:

Children develop a sense of self through moving in space; they learn to do things through sensory-motor exploration and play. Children become competent and confident in the world through exploring the world with their bodies, which leads to being playful and engaged, thereby developing interests which lead them to mastery and learning. It is for

me about being, doing and becoming. At this age this dynamic process is best enabled through SMP.

During the focus group discussions the following sub-categories, being important for strengthening the self, were highlighted:

4.2.3.1 Body awareness

Kepner (2008:3) views the body as being central to the self and underpinning the physical being of a person in this world. Bodily movement, sensations, and expression form a basis for (body) awareness and a sense of self. Oaklander (1988: 130) emphasizes the importance of body movement and awareness as essential aspects of the awareness of feeling. A participant provided a clear description of her understanding of the impact of SMP on the child's bodily awareness by saying:

Everybody likes to know who they are, that self, that awareness.

It [SMP] is so powerful to make them aware ...

Where am I in my body ... And I am, I become, by moving – it's that whole process, this dynamic thing.

The developmental need that YC have to explore and experience movement and other sensory input through SMP was shared by a participant (a social worker) who experienced that children like running and jumping on large “poof cushions”, or use them as building blocks and then bump or dive them over. Through these “natural” SMP activities sensory-motor body awareness is enhanced. Tervo (2007:28-29) experienced that play activities involving large muscle movements (SMP) increase bodily sensations, body awareness, smoothness of movement and contact with the therapist and environment. According to Blom (2006:90), body awareness further contributes to children's functioning as a whole, including their thoughts, emotions and body.

Another participant shared a case study of a child who had been tied to a tree and deprived of SMP. By playing with him on a sensory-motor level and making the child aware of his body parts and what they can do and of his own individuality, the child seemed to have a “wow” experience. In addition, the child overcame his silence and started talking, which “amazed” the participant. Tervo (2007:29) points out that

traumatized children have a poor sense of body awareness, which can restrict their natural developmental process. Furthermore, Kepner (in Tervo, 2007:28) states that children who are alienated from their bodies are disconnected and fragmented within their selves, resulting in fragmented or disorganized contact with the environment.

An example of a group activity aimed at heightening children's body awareness by exposing them to different tactile surfaces was shared by a participant. The children were allowed to walk and jump over a variety of tactile surfaces, such as soft fur, cold tiles and a rough carpet. Making children aware of their likes and dislikes and how they are using their bodies strengthened their awareness of the self (Ogden *et al.*, 2006:16). All these examples convey the importance of body awareness through the physical experience of SMP for strengthening the sense of self.

4.2.3.2 Playfulness/fun/humour

At the beginning of the focus group discussion, the participants were asked to reflect on their own experiences of SMP as YC. Although they all had different experiences, varying from swinging in a blanket, jumping on a trampoline, climbing in trees, carrying heavy stuff, building houses, walking on and rolling in big drums, they all agreed that this was great fun. One participant described this as "... one of my most enjoyable experiences as a child". Most participants came to the conclusion that it is exactly these elements of playfulness, humour and just laughing and having fun while hopping a big ball, having a "pool noodle fight" or bumping each other with the ball (factors inherent to SMP) that make this fun in a therapeutic situation.

Martin (2007:309, 312, 313) highlights the advantages of humour, fun and laughter. It boosts energy and improves moods. Furthermore, it connects people and has a positive effect on relationships. Knox (2010:549) adds to this by stating that playfulness helps YC to develop positive experiences. When children start playing, their defences are immobilised and feelings of worthlessness and negative cognitive schemas are changed to pleasurable sensations and positive effects (Ogden *et al.*, 2006:172, 173). They further state that playfulness supports healing by encouraging an overall state of pleasure and wellbeing of the traumatised child.

Knox (2010:550) suggests that therapists should communicate playfulness through body language, facial expression and speech. In this regards the respondents experienced that playfulness and relaxation encourage expression and spontaneity in both therapist and child. According to Woldt and Toman (2005:33), it is an increase in the use of all the senses and an increase in awareness of the self during spontaneity that open one up to perceive the other unmasked. Spontaneity links with Gestalt theory as it is considered a characteristic of the Gestalt theory (Thompson & Henderson, 2007:195).

4.2.3.3 Making choices / taking control

Giving children choices helps to strengthen their sense of self, for it gives them a feeling of some control over their lives (Oaklander, 2006:59). One respondent stated that children find it easy to make choices and show or express their preferences through SMP. For them it is an “easy control” and a “safe control”. This participant expressed her experience of this aspect as follows: “In just standing back and watching children engaging in SMP it is amazing to see what they do ...”. According to this participant, YC tend to take control and make their own choices regarding how they will engage with SMP activities and with which activities they wish to engage.

Another participant supported the above-mentioned by stating that children’s selves’ are strengthened when they take control of a need. In this regard the participant gave an example of how a little boy who could never make choices started making his own choices through engaging in SMP, and this empowered him to take more control. Helping children to break challenging activities into smaller, manageable bits reduces stress, and giving children the responsibility of making choices and taking control whenever possible contributes to them having fun (Kranowitz, 2003:15).

Another participant, who works in the cancer unit of a hospital, shared her experience of how these children have to go through a great many medical procedures, having no control over their lives. One child who was in therapy with her, had to exercise so that his treatment could be more effective, though he was very ill. When the child and participant engaged in a real soccer game one day, the participant observed that the child was so empowered by his decision to excel at the game that, although he was very ill, he started kicking harder and harder. In the end, being very exhausted, he just

sat hunched on the floor and said, “Do you know how tired I am fighting against death?” The participant observed that this child was physically exhausted and also emotionally drained. She argued that being in control of something strengthened this child’s self to such an extent that he “... got permission to discharge ... on an emotional level” – starting to take control of his feelings and emotions with regard to his illness.

4.2.3.4 Mastering

When children achieve a (physical) goal or skill that they could not achieve previously, they experience the joy of accomplishing it and develop a stronger sense of self. The mastering of activities often leads to a feeling of control, which in its turn leads to the motivation to try new things and take risks (Parham & Mailloux, 2010:356-365). De Witt (2009:71-72) states that the more children experience control and coordination in their movements, the more secure they feel and, as a result, they will take more risks. She further argues that the positive experiences through the mastery of physical and movement-related activities enforce a positive self-image and help children to develop their potential in other aspects as well (De Witt, 2009:71).

A participant emphasized the fact that YC are in the age group where they have a need to explore on a sensory-motor level. The participant further stated that by engaging in physical activities, YC are constantly aware of what they can do or cannot do. She gave an example of a little boy who, by just picking up a big ball on his own, discovered his own mastery by expressing the following, “Wow, I am quite strong – look how big ball I can pick up.” Oaklander (2006:57) states that when children are allowed to follow a goal without interfering, they are able to arrive at that great feeling of accomplishment associated with mastery. According to one participant, children enjoy it when one reflects on what they are doing and say something like “[I] see you are good at that”. She finds that positive feedback on their physical abilities and skills makes them feel good about themselves.

One of the participants experienced that children who are clumsy and not good in sport “... feel so safe because they can actually concur [a] simple [physical] activity [in the therapy room]”. For them it is such a boost to master something on a physical level, where they are used to be a “loser” in their own eyes. In a discussion on this topic Oaklander (2006:29) states that when children feel safe in the therapeutic relationship,

they start creating their own mastery experiences and reflect this in their own intrinsic fulfillment. Another participant mentioned that she often uses a simple sensory-motor activity, like challenging a child to walk with a beanbag on the head, as a mastering activity. When children succeed with a physical challenge, the sense of mastery strengthens the self (Parham & Mailloux, 2010:328; De Witt, 2009:24-25). Last (2006:131) adds that as children become more skilled, this contributes to their self-confidence.

Another aspect of mastering was shared by a participant who engaged in a soccer game with a child. The fact that she was “clueless” and that the child could help her by teaching her “... skills and tricks ...” which he could master contributed to his own strengthening of the self.

The findings of this study indicate that through SMP children get the opportunity to master developmental challenges. This contributes to children feeling some sense of their own power in using their bodies and being more self-supported, which furthers healing. Many experiences that provide opportunities for mastery are necessary for healthy development and therefore it is important for the therapist to provide mastery opportunities for children (Oaklander, 2006:29, 58) that are easy enough for them to taste success (Kranowitz, 2003:11).

From the above discussions on the connection/significant value of SMP in the therapeutic relationship with YC it also became clear that SMP not only contributes to the therapeutic relationship between the therapist and child, but also to the child/parent relationship.

4.3 MAIN THEME 2:

PARTICIPANTS EXPERIENCE THAT SMP PROMOTES SELF-REGULATION IN YC

Table 4.2

Main themes	Sub-themes	Categories
2. Participants experience that SMP promotes self-regulation in YC	• Grounding the child	• Calm alert state • SMP helps to bring the child in the here and now
	• Enhances contact with the self	• Whole body experience • Emotional expression • Work with resistance

Balance needs to be re-established when a child's equilibrium is distressed. This is achieved through a process of self-regulation which occurs when needs are being satisfied (Nelson-Jones, 2006:118). In the data analysis the following two sub-themes were identified: *grounding the child* and *enhancing contact with the self*. These two sub-themes with their different categories will be discussed below.

4.3.1 Sub-theme: Grounding the child

According to Zinker (in Clarkson, 2007:72), *grounding* is a term used to describe a process where the child is anchored in the environment. In addition, Potgieter, (2006:135) states that "[g]rounding is aimed at the ability to live in the here and now".

Participants reported that providing SMP activities at the beginning of therapy sessions helps children to rid themselves of excess energy and grounds them in the here and now. The essential components of grounding, namely calm-alert state and the here and now, will be discussed subsequently.

4.3.1.1 *Calm-alert state*

Some participants experienced that SMP helps children reach a calm-alert state of arousal. For children who enter the playroom in a state of hyper-arousal or psychomotor restlessness, SMP activities seem to contribute towards getting rid of excess energy and children "... calm down and gather themselves". This, according to the participants in particular, is the case in children who come into therapy and are "... all over the place ..." or "... frazzled ...". Physical process work could entail the provision of outlets for energy and aggression (Tervo, 2002:145). Ogden *et al.* (2006:18) uphold that traumatised children may display inappropriate behaviour in a safe setting, which would otherwise have been appropriate during the trauma. According to Schwartzberger (2007), children who experience trauma may present with "... physical hyper-arousal – hyperactivity ...", anxiety, attention deficits and always being alert or reactive to sensory triggers significant to aspects of the trauma. Schwartzberger (2007) maintains that SMP helps to direct this powerful survival energy (activated by the emotional brain during trauma) into healthy physical and emotional development. In addition, Last (2006:131) further emphasizes the value of physical activity in reducing anxiety in children.

Two participants (a social worker and a trauma counsellor) who had therapy balls in their playrooms experienced that some children prefer sitting on a ball at the table. According to these participants, they experienced that the movement of the ball "... has a calming effect, [helping them to be] more in control of themselves". In 2.3.2 the researcher referred to Biel and Peske (2009:37), who describe the effect of movement in regulating levels of alertness and attention. The one participant (a trauma counsellor) noticed that when children enter the therapy session they normally ask to play with the big ball first, which reflects their need for physical activity. She finds it "amazing" how playing with the ball helps to put them in a calm-alert state, "... now being more focussed for what will follow in the session".

The participants from the OT group use SI therapy techniques, such as deep proprioceptive and sensory calming activities, during play therapy to facilitate the grounding of children. From the empirical data it was clear that participants were of the opinion that OTs who have training in SI techniques have a distinct advantage as play therapists with regard to YC. According to one participant, using SMP to facilitate a

calmer state of arousal in grounding children in the here and now is a challenge for play therapists without these skills.

4.3.1.2 SMP helps to bring the child into the here and now

Participants added that the multiple sensory input children experience through SMP helps them to come in touch with "... how am I, where am I?" and also how playing with balls "... brings the child into their body to ... feel and just becoming in touch where they are in space at that time and how they're feeling". Stern (in Tervo, 2007:29) states that new experiences in the here and now have a healing effect on the central nervous system and neural pathways through body-oriented work with fixed Gestalts or blocked developmental processes.

4.3.2 Sub-theme: Enhances contact with the self

Yontef (in Clarkson, 2007:39) maintains that "[a]wareness is a form of experiencing. It is the process of being in a vigilant contact ... with full sensory-motor, emotional, cognitive and energetic support". SMP enhances children's sense of who they are physically and emotionally, using their whole body to make contact with their selves and their environment. The important aspects of whole body experience, emotional expression and working with resistance, relating to both internal and external contact with the self, will subsequently be discussed.

4.3.2.1 Whole body experience

The phenomenology of what a whole body experience and the value of SMP could hold for YC was described by a participant as follows:

[SMP] is so developmentally [appropriate]. The child develops body control before it develops control over speech muscles and cognitive control. It sort of interests the child's sphere. It's a very basic, very human, very sort of deep connection with them. It's so satisfying when the body moves ... and that I've got a body. And that is the thing that is so wonderful, that ... [SMP] gives the child.

All the participants reported various episodes of children releasing aggression through SMP. They argued that children are often powerless in their anger because it is unacceptable to release anger. A participant described this as follows: “They are not actually intact with who they are and how they are feeling ... things from their environment make them angry or upset ... they’ve got all this inside.” However, the therapy room provides a safe space for releasing anger in whatever way the child chooses. Benedict and Schofield (2010:51) agree that play in a therapeutic environment provides children with a safe space to communicate unacceptable feelings and behaviours that would not be acceptable in a less protected environment. In addition, Schwartzberger (2007) states that traumatized children often display behaviour that is related to survival responses, controlled by the emotional brain. Their actions are often not rational and can be triggered by a state of anxiety or fear.

Some children have a need to express and release their aggression by engaging in extreme aggressive actions, using “... physical effort ...” with their whole bodies. One example of such expression is a young child who physically attacked a big pink panther by throwing it on the ground and stomping on it, accompanied by loud noises. The emotional release of the child was described by participants as “... to get rid of, get it all out ...”, “... [it’s] just like a release”.

Participants also experienced that children need “... to discharge before they talk about where the anger comes from”. After many sessions of extreme aggression release, one child reached the point where he said, “I don’t feel like that today,” referring to the fact that he does not feel angry anymore. The participant experienced this as the turning point in the therapy process since the child showed a “... significant change in his behaviour ...” and was now ready to work on a deeper emotional level.

The participants experienced that the release of emotions, including aggression, through SMP helps the child to make contact with the self and, in doing so, assists in self-regulation and change in behaviour. These findings correlate with Gioia and Tobin (2010:191), who state that aggression release in a safe environment strengthens the development of self-regulation.

Several participants experienced that YC have the need to use “physical effort” through the use of their “whole body” in order to work through “... things that are really upsetting the child”. The participants included examples of multisensory motor activities providing movement, proprioceptive, tactile and other sensory experiences. The activities were directly related to the children’s specific needs and were not dictated by the participants. Being able to experiment and explore through the use of SMP and without any interruptions helps children to self-regulate. Benedict and Schofield (2010:51) refers to O’Connor and Schaefer who views a reasonably unstructured setting and a therapist who accepts the child unconditionally (which, according to the researcher, would include a child’s need for physical activity) as an ideal therapeutic approach with YC. The ability to self-regulate (find balance) is enhanced and helps the child develop a stronger sense of self. This correlates with Gestalt therapy being a need approach, viewing people as having a natural tendency to self-regulate and maintain balance (Clarkson, 2007:22-23). This could entail that children would at some level move the play in the direction of their issues or needs.

Another participant uses whole body experience in a metaphorical way, especially with very young children who cannot always verbalize emotions and think about them abstractly. She uses the example of a child’s heart being a dustbin. Filling the dustbin with beanbags (trash, rubbish) representing all the sad or angry feelings makes the dustbin foul-smelling and heavy. During therapy the children then help to build an obstacle course, pretending it is a mountain they have to go over. Carrying the “heavy dustbin” gives a lot of proprioceptive input, which enhances the whole body experience. By systematically working through each feeling (trash) in the dustbin, it gets lighter and carrying it through the obstacle course gets easier. Using this metaphor enables children to feel the emotional baggage getting lighter on an emotional and physical level. Research by Heffner, Greco and Eifert (in Nash & Schaefer, 2010:23) finds that the use of metaphors in the treatment of YC become more significant and helpful as children’s abstract reasoning skills and language develop.

Besides using metaphors, one participant uses fantasy and projection on a gross motor or physical level with YC, enabling them to act out experiences or situations by utilising the whole self. During an activity where children imagined they were different animals by moving like animals, the whole body experience is clearly displayed as a natural part of YC. When children engage in SMP, whether they move heavy objects or just

experience movement with large muscle groups through fantasy play, proprioceptive input is provided. This creates meaning for them and helps to strengthen the sense of self.

Nelson-Jones (2006:119) describes the self as the integration of the senses, motor coordination and the person's needs. The original Greek term for proprioception can be translated as "sense of self", which further supports the concept of body and mind acting as a whole. Clarkson (2007:21) refers to Perls who maintains that physiological and psychological mechanisms are always involved in emotions like anger, grief, dishonour and hatred. Movement and body sensation therefore are workable ways of intervention with regard to traumatic experiences, but has to support adaptive body processes to be resolved (Ogden *et al.*, 2006:25).

4.3.2.2 Emotional expression

The participants agreed that "[SMP] is a way to move from the internal world to the external world of the child". Many participants experienced that the movement and physical action of SMP helps children to "open up" verbally and express emotions. This correlates with Ayres (2005:76) statement that movement can have a facilitating effect on vocalization (refer to 2.4.1.2). Children often yell or scream when playing actively. One participant experienced that playing a soccer game with a child "... acted as a release for [his] emotional expression ... and such a lot came out after that session". Another participant shared about a similar case where a little boy who was shy, talked very little and was very withdrawn initially started to experiment and make choices after she merely interacted with him in an SMP manner. According to the participant, this contributed to his own self-regulation and this "... opened his speech ... [a]nd he even started to become naughty – and that was wonderful!"

A participant (a trauma counsellor) shared her experience of a girl who played with small toys while rolling over a ball on her tummy. According to this participant, it seemed as if the movement helped the child to regulate and to be able to disclose deep emotional feelings. It seemed that the physical actions and movement stimulation serving as a "crutch" provided a safe space for the child to discuss her intense emotional experiences. In this regard the researcher can add examples from her own experience where some children who find it difficult to discuss intense emotional issues

often like using SMP to nurture themselves while talking to the therapist. This would be in the form of swinging or just playing with a ball, all of which are activities that form part of YC's developmental field. According to the researcher, it seems as if YC like to engage in a physical activity while talking to the therapist. YC sometimes also use SMP to deflect from the hurting emotions, and then tend to strengthen themselves to a point where they feel safer and can carry on with the discussion.

All the participants of the OT group experienced that the SMP element of occupational therapy and SI therapy facilitates the expression of emotions during SI therapy sessions. Children who were referred to OT for SI therapy spontaneously expressed deep emotional issues such as:

“You know, when my dad tickles my vagina, I want to wee all the time.”

“Did you know I don't have a daddy?”

“My brother hates me.”

These experiences of the OT participants confirms the role of SMP in strengthening the self and helping YC to feel safe enough to express deep emotions. Oaklander (2006:27) agrees by stating that a heightened sense of self will often spontaneously induce emotional expression.

4.3.2.3 Working with resistance

Some participants discussed the fact that because most YC find SMP a safe space to be in, children also use it as a creative adjustment to deflect from working on deep emotional issues. This supports the writings of Joyce and Sills (2010:105), Reynolds and Mortolla (2005:158), who view the styles and symptoms of resistance in children as efforts and ways of regulation in relation to a situation in order to make life well again. Kepner (2008:65) also highlights the fact that in the Gestalt approach the purpose of resistance in people is viewed as “... an expression of [the] self” in order to keep a balance.

Participants mentioned that they sometimes find it difficult to distinguish between whether a child is deflecting or if the child is in the process of self-regulating and strengthening the self. They are, however, of the opinion that by having a therapeutic

relationship with the child and “... clinical reasoning, therapeutic instinct or subtle clues ... [they] ... at least find that point ...” where they know how to facilitate the therapeutic process.

One participant had the experience of an abused child being desensitized, showing limited emotions and speech due to being detached from himself. Through engaging in SMP activities, the child started to “... explore ...”, using his body in movement and experiencing his senses, which helped this child to make contact with himself. Another participant (a trauma counsellor) stated that traumatized children who are sensory desensitized need a lot of sensory experiences to open up their blocked emotions. Blom (2006:85) states that desensitized children need many sensory experiences and children who retroreflect must be helped to come into contact with their anger through body work in order to help them express their emotions.

4.4 Summary of empirical results

This research study revealed valuable outcomes regarding the experiences of professionals utilizing SMP with YC in Gestalt play therapy. The first main theme identified from the findings was the role that SMP has in building a therapeutic relationship. SMP, being a primary developmental aspect in YC, helps them to feel safe and enhances contact between the therapist and the child.

The second main theme revealed in this study is that SMP intervention helps to facilitate self-regulation processes in YC. The researcher’s understanding is that SMP, being a physical activity with multiple sensory intake, facilitates sensory-based self-regulation, expressed in behaviour as arousal, attention, affect and action (Anzalone, 2007; Williamson & Anzalone, 2001:18-19) on a level parallel with emotional self-regulation. SMP in Gestalt play therapy helps the child to be grounded in the here and now, promoting whole body experience and self-organization to release and express emotions, strengthening the self and enhancing self-control. The mechanisms of modulation and facilitation further the process of self-regulation through SMP (Cordero, 2008:2). Bringing children into a safe environment (which for YC can be SMP) supports the development of self-regulation (Gioia & Tobin, 2010:191).

In conclusion, it seems as if all the participants experienced the utilization of SMP in Gestalt play therapy as being positive as well as vital when working with YC, with some participants calling SMP a "... powerful tool in the young child" or saying, "I can't work without it." It also seems as if the space and tools provided in the therapy room furthers (or hinders) the use of SMP in the therapeutic process. When large blocks, pool noodles, mattresses, poof cushions and big balls are provided, YC are immediately drawn into SMP more easily.

In reflecting on the feedback and information from the two focus groups (the diverse group and the OT group), the following were observed:

- Sharing valuable experiences created a new awareness in both focus groups. The one participant (a trauma counsellor) mentioned that since she was contacted by the researcher, she consciously tried to become more aware of whether or how she was utilizing SMP with YC. However, she added that she could not always define what she was doing with reference to SMP and expressed a need to have more background knowledge on the topic of discussion. Another participant (a professional with a psychology background) maintained that she gained a lot from being in the focus group and became much more aware of the importance of utilizing SMP with YC in Gestalt play therapy.
- The size of and equipment available in the therapy room seem to influence the ease and success with which SMP is implemented with YC. In general the therapy rooms of the OT group seems to be more "SMP friendly" with a variety of equipment for children to engage in physical activity. In contrast with this, one of the participants from the diverse group mentioned that she can only bounce the ball to the child because of the little space available. Another participant, who is a school teacher, uses her pre-school classroom as a play room. She commented on how easily YC engage with any SMP equipment that they observe in her classroom. She experienced that especially boys wanted to play things out on a large scale, for example by using large blocks. They "... move and try out different things on a very physical level until they find something they are comfortable with". This confirms that a well-equipped therapy room contributes to the possibilities and therapeutic value of utilizing SMP with YC.

- The OT group specifically uses the neurological frame of reference of SI, specializing in the processing of sensations through all the senses and how they influence children's behavioural responses. This leads to a more integrated use of SMP with YC, as one participant commented: "This is what I like of being an OT, because you can start to integrate everything". They already experience SMP as "... this amazing tool that we as OTs have".
- Much deeper work can be done where children have the opportunity and equipment to engage in more whole body SMP experiences. This phenomenon was observed in both groups.
- Participants from the OT group seemed to be more open to creative exploration in SMP, while some participants from the diverse group seemed to use more textbook examples, but also found this powerful.
- All the participants in the OT group have experienced that movement often facilitates a projection, while less participants in the diverse group had this experience due to using less movement activities. However, a participant (a pre-primary teacher) who uses her classroom as a therapy room has experienced projections due to children engaging with the SMP equipment she has in her room.
- A participant (a social worker) did not experience the utilization of SMP in Gestalt play therapy with YC as part of her comfort zone. For her this is trial and error. She utilizes SMP only by coincidence.
- No participants in the diverse group had any formal training in SI. Some participants have done their own literature study on the topic. The one participant (a social worker) worked with an OT and realized the need for more knowledge regarding SI. She observed an SI therapy session and also used sensory questionnaires regarding children's sensory processing during her interview with parents. This helps her to make relevant referrals when needed.

- Some other participants expressed a need to do a course or workshop on utilizing SMP with YC in Gestalt therapy.

A participant mentioned that therapists should be aware of children's temperaments, as this is also reflected in their physical activity. It is important to realize that all children have their own "... inborn ways of being ..." (Blom, 2006:81). Interactive children enjoy taking part in fun activities and often have a need for physical activity, while conscientious children need to be "... [brought] out of their shells ..." more carefully. Wilbarger and Wilbarger (2002:339) add that people have individual needs and likings in terms of sensory experiences which can be seen in the differences in people seeking for sensations, or those who do not seek sensations. This is often observed in their choice of activities. Another participant made the group aware of the fact that self-knowledge of the therapist is also important. If the therapist does not like SMP, the child should not be disadvantaged.

In light of the fact that SMP is part of the developmental field of the YC, participants are of the opinion that parents must be made aware of this aspect. Children's healing does not only take place in the therapy room between the child and therapist. Parents play a pivotal role in the child's life and once they are aware of the importance of SMP in development, they can facilitate the healing process. Le Blanc and Ritchie (in Nash & Schaefer, 2010:22) found that involving parents in the treatment of their children supports positive effects and successful outcomes in play therapy. Parents have a major influence on YC's behaviour, and literature supports interventions where parents are involved in bringing about change in YC (Nash & Schaefer, 2010:20).

One participant mentioned that she always uses SMP when working with the child and parent to enhance their relationship and to make parents aware of SMP's developmental role in YC. She emphasizes the fact that children have a need for physical play activity with their parents and this is often neglected in the child/parent relationship. This participant claimed that parents who spend time interacting with their children on a physical level make the children feel important. They enjoy such activities, and the positive feedback makes them feel good about themselves. According to Siegel and Coleman (in Schwartzenberger, 2007), SMP interaction between children and their parents plays a vital role in the children's brain growth, emotional intelligence and physical development.

In conclusion of the focus group discussions, the participants were asked to reflect on their experience of utilizing SMP with YC during therapy. For the researcher their responses summarize the essence of the therapeutic value of SMP for YC.

“I experience SMP as an extremely helpful tool in my therapy ‘toolbox’”

“It opens doors”

“Energizing”

“Rewarding”

“Essential”

“Relaxing”

“Fun”

4.5 Conclusion

The analysis and results of the empirical study of two focus group discussions with professionals using a Gestalt play therapy mode of intervention, was described in this chapter. The two main themes and sub themes were discussed and verified with a literature control. The researcher’s observations of the 2 focus groups were finally discussed. The next chapter will provide a summative overview of the research study, including the most significant findings of the research process, recommendations and limitations.

CHAPTER 5

EVALUATION OF THE RESEARCH, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In this chapter the researcher will aim to give a summative overview of the research study. This will involve an evaluation of the aim and objectives that were formulated for this study and the most significant findings of the research process. In addition, the conclusions that were drawn, the recommendations for professionals working with YC and possible future research opportunities will be discussed. Limitations that were identified during the course of this study will also be highlighted and discussed.

5.2 OVERVIEW OF THE RESEARCH TOPIC

Sensory-motor play predominates in YC as they are in the process of developing control over their bodies. The first seven to eight years of a child's life are the years of sensory-motor development during which they learn new motor skills. This is a normal neurological process which happens through the organisation and integration of senses by sensory processing. This process of SI happens through sensory motor activity and play, referred to as SMP experiences, which lead to the organisation of play behaviour. Exploring through movement, being a fundamental ingredient of SMP, is a natural and spontaneous desire for YC – they want to have fun and enjoy their physicality. Every child has a natural inner drive to develop SI, always searching their environment for opportunities to develop their sensory-motor skills. YC need a steady amount of tactile, proprioceptive and movement stimulation to keep the body and nervous system organized, balanced, functioning and healthy. This helps YC to form a complete awareness of who and where they are by sensing their bodies and responding to the sensations in the world around them. Thus SMP furthers SI development (De Witt, 2010:70, 74; Parham & Mailloux, 2010:328; Ayres, 2005:7, 13, 14, 15, 24, 59).

The researcher's experience as an OT in the field of SI therapy over many years was the source of motivation for this study. By observing the way in which children enjoy engaging in SMP activity on their developmental level and the effect that this has on their emotions, the researcher became aware of the potential value of SMP in the Gestalt play therapeutic process. Through SMP children experience muscle movement and control, which promote body awareness, the latter being one of the major aims in Gestalt play therapy. However, the researcher has experienced that professionals who are qualified to work from a Gestalt play therapy perspective and come from diverse educational backgrounds with regard to working with children do not necessarily have the necessary knowledge or experience of SMP and SI theory. Guidelines in Gestalt literature on body work with YC are limited. If the important role of SMP in YC is not acknowledged and integrated in the therapeutic process, the child is not treated holistically.

To reformulate the purpose of this study (Creswell, 2007:109), the researcher wanted to investigate what the experiences of professionals utilizing SMP with YC in Gestalt play therapy are. This question was answered by collecting valuable data through an empirical study of two focus groups with Gestalt play therapists.

5.3 EVALUATION OF THE RESEARCH

5.3.1 Aim of the research

The aim of this study was to explore and describe the experiences of professionals utilizing SMP with YC in Gestalt play therapy in order to create an awareness of the value of SMP in treating YC holistically and to provide recommendations for professionals working with YC.

A qualitative research approach, using two focus groups with a subjective exploration and descriptive component, was followed. Professionals from diverse educational backgrounds in the Cape Peninsula and in the Boland with a masters degree in play therapy participated in two different focus groups. The diversity of the participants proved invaluable with regard to the extent and depth of the data collected.

In chapter four the results of the empirical study, i.e. the direct input of the participants obtained during the focus group discussions, clearly revealed that they experienced the utilization of SMP in YC in a very positive way. All the participants agreed that SMP is needed in play therapy with YC. The reflection of the participants in the focus groups (as stated in 4.4) summarized the essence of their experiences of utilizing SMP in therapy with YC: “Essential”, “Fun”, “Energizing”, “Relaxing”, “SMP opens doors” and “An extremely helpful tool in my therapy toolbox”. In addition, the researcher observed that the participants paid close attention to and commented on one another’s input – thus clearly showing a strengthening of awareness of the value of SMP in treating YC.

However, not all the participants with diverse backgrounds other than OT felt that they have enough knowledge or insight or feel comfortable in utilizing SMP in Gestalt play therapy. One of the participants of the diverse group expressed that she “... would like to be more aware of SMP and how it interlinks with Gestalt play therapy”. Another participant from the diverse group had a request for the continuation of similar discussions by means of a supervision group, indicating a new awareness.

5.3.2 Objectives of research

The aim of this study was achieved by reaching the following objectives as stated in 1.3.

5.3.2.1 Objective 1

To undertake an in-depth literature study to explore the theoretical aspects of SMP in the broader context of Ayres’s SI theory, including the developmental aspects of play, gross motor activity and emotions in YC. Furthermore, the researcher wanted to explore the theory of play therapy from a Gestalt approach and the interrelatedness of SMP in YC.

This objective was met in chapter two and three. The researcher completed an in-depth literature search of current literature, showing how different authorities in the field impacted on the conceptual framework of SMP in relation to the broader context of the SI theory and development in YC. In chapter three Gestalt therapy theory and Gestalt play therapy theory, with reference to SMP in YC, were discussed by means of an in-depth literature study.

5.3.2.2 *Objective 2*

To conduct an empirical study by collecting data during two focus group discussions in order to explore the experiences of professionals utilizing SMP with YC in Gestalt play therapy.

The empirical data was collected during two focus group discussions with participants who met the criteria of the study. The one focus group consisted of five professionals from diverse educational backgrounds (two social workers, a teacher, a trauma counsellor and a professional with a psychology background), and the other consisted of four qualified occupational therapists. All the participants have a masters degree in play therapy, were able to speak either Afrikaans or English and reside either in the Cape Peninsula or the Boland. The method of data collection included video recordings and field notes made by a co-facilitator.

5.3.2.3 *Objective 3*

To analyse data and verify research findings through a literature control in order to describe the experiences of professionals utilizing SMP with YC in Gestalt play therapy.

The researcher identified two main themes with different sub-themes and categories from the analysed transcriptions of the data that had been collected during the two focus group discussions. The findings were validated with literature and a detailed discussion of these was provided in chapter four. The two main themes and the different sub-themes and categories as well as examples of responses in all categories are reflected in Tables 5.1 and 5.2.

Table 5.1: Main theme 1:

Participants are of the opinion that SMP enhances the therapeutic relationship

Sub-themes	Categories	Examples of responses
SMP is part of YC's developmental field	<ul style="list-style-type: none"> • Feeling safe 	<p>"Children like motor activity – they don't feel threatened by it"; "They feel safe"; "[SMP] is their language".</p>
Enhances contact between therapist and child	<ul style="list-style-type: none"> • Dialogue • Energizing both child and therapist 	<p>"I bounce the ball and the child catches it ... and we just talk ..."; "The noise and spontaneity that SMP brings about ..."; "I must know myself ... [and] be child-focussed".</p> <p>"I feel more energized when I jump up and throw the ball"; "SMP puts a new energy in the [session]".</p>
Strengthens sense of self	<ul style="list-style-type: none"> • Body awareness • Playfulness, fun, humour • Making choices / taking control • Mastering 	<p>"It is so satisfying when the body moves ... and that I've got a body ... [This is] what SMP gives the child"; "Everybody likes to know ... that awareness ... [of] self ... [SMP] is so powerful to make them aware".</p> <p>"And he laughs and he laughs and he laughs"; "That fun element and then also the relaxing"; "And he's got a tool – the power of humour".</p> <p>"[SMP] is an easy control to give to an child ... children know what to do ... It is amazing to see ... the control they take"; "The child says he wants to start with the big ball ... he has a need to do it".</p> <p>"[Children] get to know their strengths and weaknesses [through SMP] and experience acknowledgement of success as positive".</p>

Table 5.2: Main theme 2

Participants are of the opinion that SMP promotes self-regulation in young children

Sub-themes	Categories	Examples of responses
Grounding the child	• Calm-alert state	“... getting all that activity out ... [to]calm down and gather themselves”; “After SMP activity children work more focussed”.
	• SMP helps to bring the child in the here and now	“... to get where they are now, it’s almost grounding themselves back into their bodies”
Contact with the self	• Whole body experience	“... using their whole bodies rather than just subtle movements”; “... [T]hey are using huge aggressive actions.”; “It is then an effort, it is hard work ... [i]t takes the whole body”.
	• Emotional expression	“... just become in touch with what is actually going on inside”; “And such a lot came out after that session”; “It is through a physical action – then they open up”.
	• Work with resistance	“And he was so resistant [to make contact with the therapist] ... the fact that we just played [interacted through SMP] made the difference”; “And that day he opened up ... and started to talk”.

5.3.2.4 Objective 4

To come to conclusions and make recommendations with regards to the utilization of SMP with YC in Gestalt play therapy. These conclusions and recommendations will be discussed in 5.5 and 5.6.

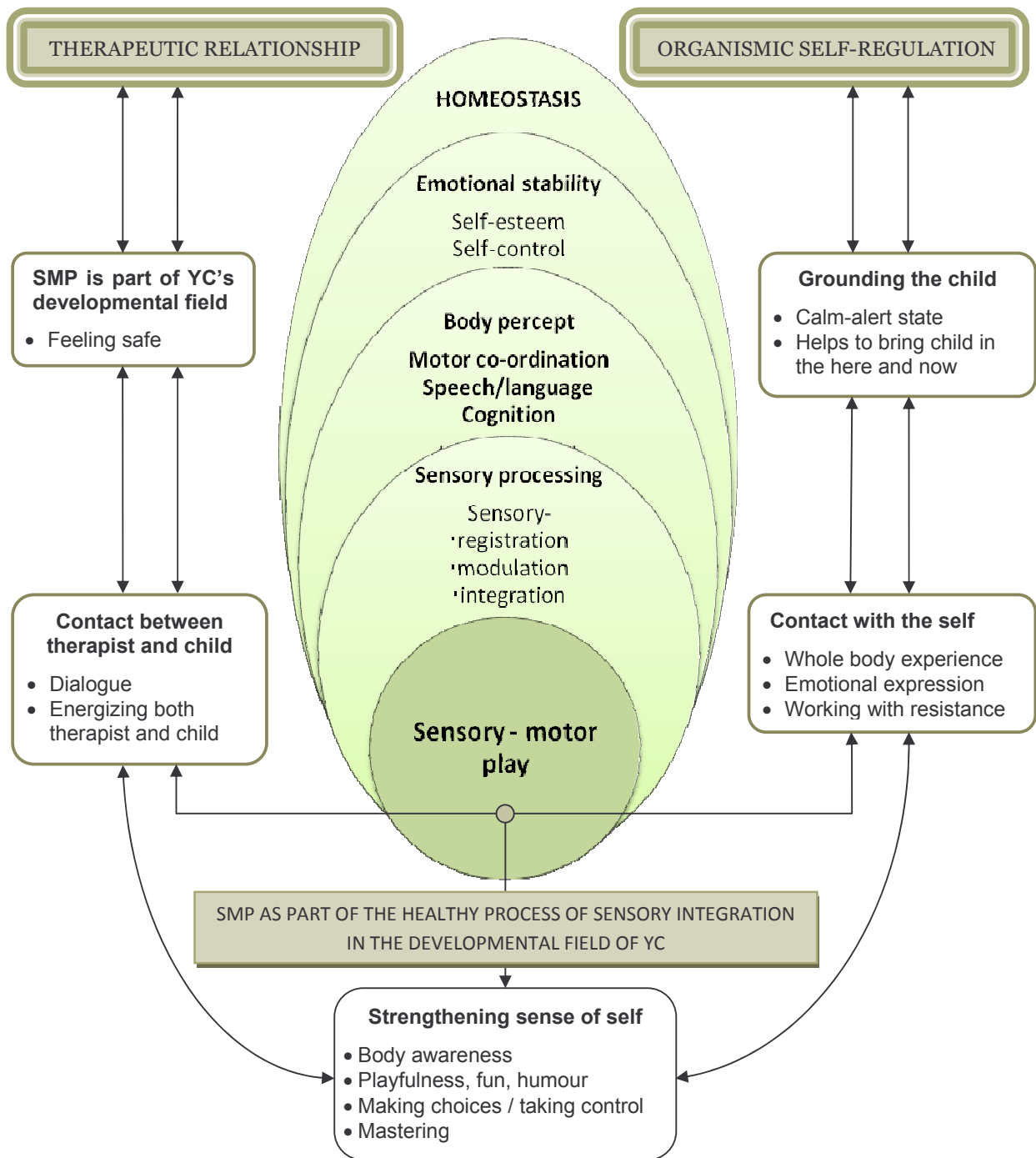
5.3.3 Significant findings

The findings of this research study are presented in Diagram 5.1. This diagram illustrates the results of the empirical study within the paradigm of Gestalt play therapy theory and the developmental field of SMP in YC. The information contained in this diagram is based on the researcher’s interpretation of literature with reference to SMP, SI and Gestalt play therapy with special acknowledgement to Ayres’s theory of the process of SI development (Ayres, 2005:55).

Diagram 5.1

THE EXPERIENCES OF PROFESSIONALS UTILIZING SENSORY-MOTOR PLAY WITH YOUNG CHILDREN IN GESTALT PLAY THERAPY.

A diagrammatic illustration of the therapeutic value of utilizing SMP with YC as experienced by professionals working from a Gestalt play therapy mode of intervention, within the paradigm of the developmental field of SMP



The value and role of SMP as experienced by the participants are illustrated by two vertical columns showing the interconnection and integration of therapeutic aspects influenced by SMP. The first column represents the contribution of SMP to the establishment of the therapeutic relationship. Due to SMP being a natural part of the child's developmental field, it contributes to them feeling safe. SMP also enhances contact between therapist and child through dialogue. Both therapist and child are energized when interacting through SMP.

The second column represents the role of SMP towards establishing organismic self-regulation in YC. SMP helps to bring the child into the present by allowing him/her to calm down and focus on the activity at hand in the therapy room. Contact is established with their immediate environment as the YC are brought into the here and now. Besides grounding the YC in the here and now, SMP allows them to re-own disowned aspects of the self, such as emotions and physical parts, through the use and awareness of their whole body. As fragmented aspects of the self are integrated, the self is able to make contact and establish self-regulation. By engaging in physical whole body activities in SMP stuck emotions are released through verbal and non-verbal expression. SMP acts as a channel for children who resist awareness of emotions by giving them the freedom to explore alternatives and make contact with the self in a fun and safe manner.

At the bottom of the diagram the two columns converge to reveal the contribution of SMP to the strengthening of the self in YC. The sense of self is strengthened through SMP as the YC are made aware of their body, engage in activities in a fun way which helps with emotional expression and the therapeutic relationship and provide an opportunity to make choices and take control. As illustrated in the diagram, organismic self-regulation, including all the sub-themes and categories, is also inter-connected and integrated with the strengthening of the self.

In the centre of this diagram are the concentric rings representing the integration of SMP in the developmental field as part of the sensory processing of healthy functioning YC. The concentric circles reveal the integrative and interactive relationship between SMP, sensory processing, body percept, motor co-ordination, speech and language, cognition and emotional stability. This results in the balanced functioning of the young child.

Sensory processing in YC occurs through SMP, represented in the first concentric circle. The second circle illustrates different aspects involved in sensory processing, namely sensory registration, modulation and integration. Body percept, motor coordination, speech and language and cognition, represented in the third circle, develop through a process of SI. All cognitive abilities, behaviour and emotional growth rest upon a sensory-motor foundation which occurs through SMP in young children (Ayres, 2005:15). Sensory and neural integration are necessary for children to develop good self-esteem and self-control, which leads to emotional stability (represented in the fourth circle). YC's emotional, cognitive and physical development is a unitary happening (De Witt, 2009:6). The outer and last circle of homeostasis represents healthy functioning YC who responds to needs appropriately and restores balance. The interconnection of the therapeutic relationship, organismic self-regulation and SMP as part of the healthy process of SI in the developmental field of YC illustrates the holistic intervention provided by SMP in the Gestalt play therapy process.

5.4 CONCLUSIONS REGARDING THIS STUDY

During the empirical study the researcher focussed on the experiences of professionals utilizing SMP with YC in Gestalt play therapy. All the participants shared valuable information regarding their experience of utilizing SMP with YC. The diversity of the participants' educational backgrounds helped to get a broader perspective and representation of therapists in the field. Firstly, the participants' experiences indicated that they find SMP an amazing tool, that it works well for them and that it is an essential component when working with YC. Secondly, a new awareness was created and some participants shared the fact that they do not always feel comfortable using SMP activities and were not always aware of how and if they were using them. Some participants also expressed their need for more knowledge on the interlinking of SMP and Gestalt play therapy.

At the conclusion of this study, it is apparent that SMP should indeed be an integral component of Gestalt play therapy with YC. In the words of one of the participants: "[SMP] is an essential part of working with young children".

For the researcher reflecting on the outcome of the study the most prominent component seems to be the contribution of SMP in the establishment of the therapeutic

relationship with YC. SMP is a part of who YC are developmentally. By making contact through SMP the therapist enters the natural world of YC, which contributes to them feeling safe and this also enhances the dialogic relationship. Polster and Polster (as quoted in Clarkson, 2007:41-42) state that "... contact extends into interaction ...", which occurs through the dialogic relationship. This "[w]hole-hearted and full-bodied engagement ..." that YC get through SMP represents healthy contact which is "... incompatible with remaining the same. Through contact ... one does not have to try to change; change simply occurs". This correlates with the other main aspect of the self-regulatory function that SMP has in YC, as experienced by the participants.

By using their whole bodies, contact with the self and awareness are enhanced. SMP helps children to get in touch with their feelings and thoughts and validates this on an external and internal level. All the contact, fun, choices, control and mastering involved in SMP contribute to strengthening the self, which is a prerequisite for emotional expression. SMP's contribution to emotional expression was discussed comprehensively by most of the participants.

5.5 RECOMMENDATIONS FOR PROFESSIONALS WORKING WITH YC

Based on the findings of this study and the researcher's personal experience of utilizing SMP in Gestalt play therapy with children, the researcher proposes the following recommendations.

It is clear that YC are open to SMP, which promotes their own feelings of safety and enhances contact with the therapist. Therefore SMP must be integrated into the therapy process of YC because it is **developmentally appropriate** and essential and will always play a major part in the development of YC. Care should therefore be taken to approach YC on their developmental level. It is thus a prerequisite that developmentally appropriate SMP interventions should be presented to YC. Giving children the opportunity to explore with their bodies by means of gross motor activity contributes to their development, which is one of the fundamental goals when counselling children (Geldard & Geldard, 2008:6). It is important for play therapists working with YC to always maintain a developmental perspective regarding SMP.

It is recommended that SMP should be seen as a **holistic method** of intervention with YC, and the therapist should be working towards a more integrated self, preventing further fragmentation. YC should always be viewed as body and mind reacting as a whole, and should be allowed to experience themselves on a physical and emotional level. As discussed in 4.3.2.1, Perls maintains that physiological and psychological mechanisms are always involved in emotions like anger, grief, dishonour and hatred. Therefore it is recommended that SMP should not be viewed as being separate from the therapy process and not as play versus work. SMP is the child “working” and “expressing” in therapy, which is an integral part of the play therapy process.

SMP should also be viewed as a **natural way of self-regulation** for YC. In the words of a participant, “[T]hrough SMP ... they are [en]able[d] to re-organise and move and try out different things until they find something they are comfortable with”. In addition, it is recommended that play therapists should familiarise themselves with SI techniques in order to be able to facilitate a calmer or more active state of arousal in children according to circumstances or needs.

The researcher recommends that SMP should be used with traumatised YC. The body’s natural trauma responses correlate with YC’s SMP, being “... a combination of alerting (run, crawling, dance, jumping), organization (pushing, lifting, pulling, rolling) and calming activities (swing, rocking, music, yawning)” (Shwartzenger, 2007). Levine, as quoted (in Schwartzenger, 2007) states that “[s]ensory-motor play can facilitate a deep discharge of emotional trauma and re-organize the brain and autonomic nervous system”. He further maintains that the use of “... sensory- motor care ...” for children who experienced trauma, has been validated by neuroscience. Thus, using SMP with traumatized children helps to release emotions and alter the brain physiologically.

The researcher would recommend the use of **SMP as a working term** in future Gestalt play therapy with children. The researcher’s understanding is that children’s body percept, body image and body awareness are something slightly different than body work described in Gestalt literature because of the core development still taking place through the process of SI.

The researcher recommends that play therapists should have a **child-friendly therapy room** which includes selected play materials to facilitate YC’s engagement in SMP. The

safety of the child is of utmost importance and the researcher recommends that no specialized equipment should be used by the play therapist without the necessary knowledge and training. The play therapist is responsible for setting appropriate boundaries to maintain the child's safety (Benedict & Schofield, 2010:53). In this regard Landreth (2002:16) supports the importance of a child-friendly therapy room in order to provide a child with a safe environment in which their thoughts, feelings and experiences can be explored and expressed. An environment needs to be created to satisfy this need for safety while integrating the therapist's own experiences and personality. The child should always feel comfortable and confident and should be able to have fun. Allowing children to choose and direct activities that are easy enough for them to achieve success will accomplish this goal.

The researcher recommends the following basic materials: big foam blocks, a small trampoline, a punch bag and a soft mattress for diverse purposes. Any developmentally appropriate activities, such as ball games, "tennis" with a balloon, hoola-hoops or a game like "Twister", can also be utilized creatively by the play therapist. YC, being in a phase of exploration, are always busy exploring their physical abilities and it is through experiencing and becoming aware of their actions (Oaklander, 2006:46) that change starts taking place. This is what YC do when they are jumping on a mini-trampoline, falling on a mattress or building with big sponge blocks.

The researcher recommends that professionals working with YC within a Gestalt play therapy mode of intervention should have a basic knowledge of SI theory and sensory-motor activities appropriate for each developmental level. Furthermore, the researcher agrees with Geringer (2009:179) and strongly recommends that sensory integration theory should be included in the play therapy course curriculum at universities.

Due to the lack of sufficient SMP theory in the training of professionals working from a Gestalt play therapy mode of intervention, the researcher recommends that more attention should be given to this topic in postgraduate training. This can be done by means of short courses and workshops on the subject of SI theory and its relatedness to SMP and Gestalt play therapy. The researcher agrees with Du Rivage's (2003) statement that all professionals who work with children can gain from neuroscientific knowledge, which can contribute to a more holistic approach and intervention.

As an OT it is the researcher's opinion that there might be a lack of knowledge regarding play therapy, play being an expression of a child's world and emotions, and the recognition of projection play and self-regulating SMP. This results in an inability to provide successful intervention with regard to YC's emotional issues. It is recommended that a more detailed definition and description of the practice and profession of play therapy should be included in the occupational therapy curriculum.

5.5.1 Further research opportunities

The researcher has identified the following possibilities for further research:

- A more extensive study on SMP so as to develop more specific and detailed guidelines and age appropriate activities based on the SI theory for professionals working with YC within a Gestalt play therapy mode of intervention.
- An investigation of the therapeutic value of utilizing SMP in Gestalt play therapy in YC with regard to each of the following: ADD or ADHD, childhood depression, children in the autistic spectrum, other diagnostic groups and childhood trauma.
- An investigation of the relation or process of the phenomenon observed by many participants of the need that some children have to work through their emotional issues on a very physical level, repeating this over a few sessions until they reach a point which the participants referred to as a "... turning point ...".
- The researcher is of the opinion that more research on the integration of SI theory and Gestalt play therapy theory (both acknowledging the importance of the sensory system) needs to be done in order to establish the value of an integrated therapy.

5.5.2 Limitations of this study

- Even though the focus of this study was on the young child between three and seven years (since this is the age group of vital sensory-motor development), the researcher acknowledges that SMP also forms an important part of the middle childhood years (ranging from seven to twelve years). In this regard the researcher has experienced that SMP could be utilized with success in Gestalt play therapy with children in middle childhood. It is however important to notice that SMP in Gestalt play therapy with children in middle childhood will require a different focus and intervention strategy applicable to this developmental phase. This leaves a new possibility for research.
- Another possible limitation is that although a high percentage of YC receiving Gestalt play therapy present with sensory processing, modulation or integration problems (Geringer, 2009:75-76), this was not included as a focus of the study. The researcher acknowledges that these processing problems are intertwined in the child's phenomenology of SMP and behaviour.
- A final possible limitation could be that the key concepts of SI theory and SMP could be interpreted differently by professionals from diverse backgrounds.

5.6 SUMMARY STATEMENT

In conclusion, the researcher agrees with Yontef (1993:280) that "Gestalt therapy is art ... that requires all of the therapist's creativity and love". In this context love is seen as seeking the good for the client (in this case young children), allowing them to unfold their true being. Indeed, this unconditional acceptance of the other allows the therapist to learn, observe and understand "... the life experience of another just as it is" (Zinker, 1977:6).

Utilizing SMP creatively is a vital part of successful Gestalt therapy with young children. "Loving" young children as sensory-motor beings, whilst creatively integrating SMP in therapy, constitutes the core of the young child's holistic development and healing. This treatment approach directly addresses the effects of trauma on body and mind. When practiced by a sensitive and skilled therapist, the use of SMP can be a useful

therapeutic tool and allows one to experience young children as a more integrated whole.

The effect of SMP in young children's lives could also be seen metaphorically as a stone dropping into a pond, having a ripple effect on all the aspects of development in the young child. Professionals working with young children should always be aware of the fact that SMP is a natural and vital part of the developing young child.

A participant described a little boy who picked up a big therapy ball with both his hands, saying, "I am rather strong; look, I can pick up a big ball!" He started feeling some sense of his own power. For her the symbolism of what this little boy said was:

"Look, I can lift the world with my hands!"

APPENDIX A

CONSENT TO PARTICIPATE IN RESEARCH

You are asked to participate in a research study conducted by Liza Janse van Rensburg from the

**Centre for Child, Youth and Family studies,
North-West University (Potchefstroom campus)**

This research study is part of the requirements for the Masters degree that I am busy with, and the results of the research will contribute to a dissertation. You are selected as a possible participant in this study because you have obtained a M Diac- Direction Play therapy and are working from a Gestalt play therapy perspective

1. PURPOSE OF THE STUDY

The study is designed to explore **the experiences of professionals utilizing sensory-motor play with young children in Gestalt play therapy.**

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

- To attend a focus group discussion on your experience of utilizing sensory-motor play with young children between 3-7 years. Depending on the sufficiency of the data collected, a second group discussion might be necessary. The focus group will consist of five or six participants from diverse educational backgrounds, currently in practice.
- Place:.....
- Date and time:.....

The length of the discussion will be approximately 1 hour. Tea and coffee and snacks will be available.

The researcher will make use of a co-facilitator. She will sign a form of confidentiality to handle all information discussed in the group confidential

The discussion will be captured through video- and audio camera, for the purpose to clarify the researcher's field notes and to transcribe the data collected.

The conclusion of the research study will be written in a report after the study is completed. Deficiencies in the study will be acknowledged.

3. POTENTIAL RISKS AND DISCOMFORTS

The researcher does not foresee potential risks and discomforts for the participants. All information obtained from participants will be treated with respect and dignity. Participants will be offered the opportunity to voice their opinions and air their feelings, if needed. Their right of privacy will also be protected. The identity of the participants will be protected by using fictitious names in the research.

4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

Participants have the potential to benefit from the discussion group in the following ways:

- Enriching participant's awareness of sensory-motor play
- To gain new knowledge and skills from group participants
- Better understanding of young children's behaviour.
- Enriching the Gestalt play therapy process with young children.

This study can form a basis for subsequent studies on the topic of research.

5. PAYMENT FOR PARTICIPATION

A Contribution will be made by the researcher to the participants towards travelling costs.

6. CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Data obtained will only be discussed with the study leader involved in the study. The data will be kept in a locked cabinet, and on a computer under an alias. The data will be destroyed after conclusion of the study. Participants have the right to review the tape after the interview. Furthermore a form will be signed by all participants stating that any information discussed during the focus group discussions will be handled with confidentiality.

7. PARTICIPATION AND WITHDRAWAL

Participation in the study is voluntary. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The researcher may withdraw you from this research if circumstances arise which warrant doing so.

8. IDENTIFICATION OF INVESTIGATORS

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

Mrs. Issie Jacobs or Prof. R. Bloem
Institute for Child, Youth and Family studies,
PO Box 1083
Wellington.
7654,

Tel no: 021 864 3593

9. RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation 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 Issie Jacobs, Tel no.: 021 864 3593.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

The information above was described to me, the participant, by Liza Janse van Rensburg in Afrikaans/English and I am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

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

NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ (Participant) He/She was encouraged and given ample time to ask me any questions. This conversation was conducted in Afrikaans/English and no translator was used.

SIGNATURE OF RESEARCHER

DATE

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