THE VIEWS OF PROFESSIONALS ON FAMILY PLAY THERAPY IN THE CONTEXT OF CHILD SEXUAL ABUSE IN SOUTH AFRICA

Arina Fourie
Completed PhD (SW), Centre for Child, Youth and Family Studies,
Faculty of Health Sciences, North-West University, Potchefstroom Campus
arinafourie@gmail.com

Mariette van der Merwe
Senior lecturer, Centre for Child, Youth and Families Studies,
Faculty of Health Sciences, North-West University, Potchefstroom Campus,
23376244@nwu.ac.za

ABSTRACT

This article reports on the information gathering and synthesis phase of an intervention research process. The aim was to obtain the views of professionals working in the field of child sexual abuse (CSA) in South Africa on family play therapy. This article outlines the findings based on data gathered from focus groups with professionals. Data were analysed and four themes emerged. The first theme centred on the importance of moving increasingly to systemic approaches in the context of CSA. Theme 2 outlined the views of professionals on inadequate knowledge and skills to engage in family play therapy. The third theme expanded on a family play therapy framework with suggestions that gestalt therapy theory can be valuable. Theme 4 pointed to a structured an individualised approach with a helping process where there is a balance between process goals and problem goals.

Key words:
child sexual abuse, family play therapy, intervention research

INTRODUCTION

South Africa's historic legacy of violence, extreme inequality and social dislocation often translates into social problems that affect children. Within this context, social problems include high levels of domestic violence, substance abuse, sexual abuse, neglect and poverty (Kaminer and Eagle, 2010; Lalor, 2004; Djeddah, Facchin, Ranzato and Romer, 2000). Sexual offences such as rape and sexual abuse prevent many South African children from experiencing their childhood as a time of innocence, comfort and security. The high incidence of sexual abuse in South Africa, as emphasised by the South African Survey (2012), indicates that the number of reported sexual offences against children in South Africa, during 2011/2012, were estimated to be 25 862. It must be taken into account that many sexual offences against children are never disclosed or reported (Kaminer and Eagle, 2010). Townsend and Dawes (2004) state that it is difficult to know whether there is a real increase in child abuse, or whether an increase is occurring because of the heightened levels of awareness. Waterhouse (2008), indicated that a total of 39% of sexual offences committed against children affect those aged 15 to 17; whereas 13.2% of these sexual offences involve children from birth up to age five and 27% affect children between the ages of six and eleven. This study focused on the last mentioned group, including the families of such children who were affected by child sexual abuse (CSA). Children in primary school are more or less between the ages of six and eleven and play is a natural medium for children in this age group.

The mentioned statistics paint a grim picture, which is not expected when taking into account the macro-level structures that have been put in place to support child protection and children's rights in South Africa. According to Rossouw (2011), and Richter and Dawes (2008), services to children and youth in South Africa are underpinned by policy documents, charters and legislation outlining children's rights. These documents, guidelines and legislation include the Constitution of the Republic of South Africa (RSA) (Act, No 108 of 1996), the Children's Act, No 38 of 2005 (RSA, 2005), and the 1995 ratification of the United Nations Convention on the Rights of the Child (United Nations, 1989). More recently, the White Paper on Families in South Africa (2013) emphasises principles such as human rights and family resilience. Despite such macro-level structures, the provision and monitoring of interventions aimed at vulnerable children still prove to be a critical challenge in South Africa (Kaminer and Eagle, 2010; Richter and Dawes, 2008).

MOTIVATION FOR THE RESEARCH

Effective service provision in the helping professions is not a new challenge. Already in 2004, Pierce and Bozalek (2004) and more recently Hall, Woolard, Lake and Smith (2012) stated that budget constraints in government led to the retrenchment of professionals in many areas of service, which negatively affected victims of CSA. Discussions with professionals working in the field of child care and child sexual abuse point to the gap between needs and service delivery. The first author worked as a case manager for the Children are Precious (CAP) programme of RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect) in Lavender Hill, Cape Town. Here, it became clear that the high incidence of CSA versus the under-provision of services required innovative approaches to optimise services to children and families impacted by CSA. The second author provided supervision and consultation to social workers in organisations specialising in sexual abuse intervention in the Western Cape. For these organisations, it was a constant challenge to meet the need for services, where a discrepancy between the services provided and the need for services resulted in long waiting lists.

The disclosure of CSA leads to an immediate crisis for victims and their families. They are faced with the challenge of legal and forensic processes while struggling with a range of multidimensional effects (Van der Merwe, 2009; Wilson and Van Wyk, 2009). The immediate crisis after the disclosure of sexual abuse needs to be addressed as soon as possible as delays in service delivery, which include being put on a waiting list, can lead to dis-illusionment and resistance to intervention. Timeous services should be cost effective and should leverage the non-tangible resources inherent in families in order to facilitate processes that will continue to be effective between therapeutic sessions and after termination of interventions. According to Fraser, Richman, Galinsky and Day (2009), the social work profession faces the challenge to ensure effective practice with best available change strategies despite limitations in service provision and budget constraints. The focus of the broader study of which this article is a part is to use intervention research to develop and refine a family play therapy model for families affected by CSA in South Africa, in an effort to face this challenge for effective social work practice.

It is clear from the White Paper on Families in South Africa (2013) that there is a need to expand interventions to include the family. According to Ferreira, Ebersöhn and Oelofsen (2007), research must lead to practical guidelines for the assessment and treatment of children and their families who are

victims of sexual abuse. According to Christensen and Thorngren (2000), professionals have struggled to actively integrate children's ways of communicating in family therapy. This emphasises the importance of widening the scope of interventions in order to include families in the process. Based on the above, the research question guiding this section of the research is: *What are the views of professionals on family play therapy in the context of child sexual abuse in South Africa?*

The goal of the broader study of which this article forms part study is to conduct intervention research to develop a family play therapy model for South African families with children who were subjected to sexual abuse. This article focuses on one objective of the bigger research project, namely, to conduct a focus group with professionals working in the field of child sexual abuse to obtain their views on family play therapy in the context of child sexual abuse in South Africa.

DEFINITION OF TERMINOLOGY

Sexual abuse

Milner (cited in Richter, Dawes and Higson-Smith, 2004) mentions that, despite the heightened awareness of the prevalence of CSA, agreement by professionals on a clear definition of CSA remains problematic. As far back as 1993, Faller (1993) debated the definition of child sexual abuse and highlighted that there are clinical and legal definitions. Furthermore, diverse professions define child sexual abuse differently. Also, individuals affected by CSA will have different definitions for their experiences. The World Health Organisation's (2006:10) definition of child sexual abuse is often cited, namely: "The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws and social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their stage of development – in a position of responsibility, trust or power over the victim". Richter et al. (2004) conclude that whether the definition of CSA for different individuals entails 'contact' or 'no-contact' acts, a general definition is needed for the use of all the professionals working with victims of child sexual abuse. The following definition of sexual abuse outlined by Finkelhor in 1980 and cited by Barrett, Cortese and Marzolf (2000:138) is also relevant, namely, "touching, with the intention of sexually arousing the child or providing sexual arousal for the offending adult; kissing, in a prolonged manner, or by one whose purpose is similar to touching; fondling of genitals or other

parts of the body in a sexual or prolonged manner; overt sexual contact, such as oral-genital contact, manual stimulation of the genitals, or intercourse".

Family

Geldard and Geldard (2010) describe the family within the context of the Western society. Their definition embraces the idea that the traditional nuclear family is not the only sort of family, as many children are raised in single-parent, blended and step-families. Rigazio-DiGilio and McDowell (2012) and the White Paper on Families in South Africa (2013) also challenge the positivist notion of a single reality of how 'family' should be conceptualised. In their argument, they leave room for a postmodern view where the idea of an ideal family structure is shifted to make room for "multiple images of productive family life" (Rigazio-DiGilio and McDowell, 2012:419). In line with the chronosystem dimension in ecological systems theory (Bronfenbrenner and Morris, 2006; Bronfenbrenner, 1994; Bronfenbrenner, 1979) families will share each other's temporal dimension where the life histories of different family members will converge to form a shared history. Painful events will affect the whole family, but conversely they will also share and gain support from each other's strengths.

Family play therapy

Two modalities of intervention with children exist; one involves individual counselling including play therapy and the other family therapy as described by different authors, such as Rhodes (2012), Geldard and Geldard (2010), Gil (2006), Haslam (2006), Gil and Sobol (2005), Gil (1994) and Miller (1994). Gil (2006) describes family play therapy as the merging of two major clinical approaches: family therapy and play therapy. It simply means using a range of play therapy techniques and approaches to elicit the full participation of family members within a therapeutic relationship and dialogue. Family play therapy provides a holistic outlook to address the effects of child sexual abuse, as the child and members of the family are approached in a systemic framework. Integration can then take place within the family context resulting in a more mutually supportive environment than when the child is seen in isolation (Hill, 2012; Geldard and Geldard, 2010; Haslam, 2006; Christensen and Thorngren, 2000; Rotter and Bush, 2000). In addition to the need to expand services to families affected by CSA, Bailey and Ford Sori (2005) mention advantages such as the shared experience of the family and opportunities for clinicians to observe family structures and transactions.

RESEARCH DESIGN AND METHODOLOGY

As part of the development and refinement of a family play therapy model, this article outlines the results of one phase of the intervention research process, namely the information gathering and synthesis phase (Fraser and Galinsky, 2010; Du Preez and Roux, 2008; Fawcett, Balcazar, Balcazar, White, Paine, Blanchard and Embree, 1994; Hayes, 1994; Van Rooyen, 1994). The views of professionals working in the field of CSA and a literature review contributed to the identification of themes and functional elements of interventions others have used, as suggested by Gilgun and Sands (2012).

Approach

The aim of this part of the broader intervention research was to build on existing knowledge in order to develop an understanding of child sexual abuse interventions from the perspectives of professionals working in the field. The knowledge accumulated in this article assisted the aim of the research to develop a family play therapy intervention aimed at closing the gap between high incidences of sexual abuse and the need to expand therapeutic interventions for CSA victims, while coping with the limited resources available to help such children and their families (Geldard and Geldard, 2010; Dishion and Stormshak, 2007; Bailey and Ford Sori, 2005; Goldenberg and Goldenberg, 2004). The research was applied (Babbie, 2011; Fox and Bayat, 2007) to assist in solving specific problems in practice.

Design

The blueprint for this research was the intervention research design based on the original Design and Develop (D and D) model of Rothman and Thomas (1994), as also described by Gilgun and Sands (2012), De Vos and Strydom (2011), Fraser and Galinsky (2010), Fraser et al. (2009), Caspi (2008), Du Preez and Roux (2008), Fraser (2004) and Fawcett et al. (1994). Intervention research has various components and phases that are mostly described in a linear fashion, but which circles back and forth between the different parts (Gilgun and Sands, 2012; Rothman and Thomas, 1994). In this regard, Rothman and Thomas (1994) refer to intervention research as an integrative perspective to research aimed at developing technology for intervention. Typically, intervention research would provide the process to support the development and refinement of a practice model. Researchers and practitioners often work together to apply research-based knowledge to

develop or improve services (Fraser and Galinsky, 2010; Corner, Meier and Galinsky, 2008; Du Preez and Roux, 2008).

Thomas (1984) and Rothman and Thomas (1994) refer to Design and Development as an integral part of intervention research. In 1994, Van Rooyen used the term developmental research (as in the 1978 and 1984 work of Thomas) to refer to what is now commonly known as intervention research, as described by Corner et al. (2008). A recent issue of Qualitative Social Work focused on intervention research (2012) and it is of interest that the editors, Gilgun and Sands (2012), report that many researchers who submitted articles for the special edition did not have a clear understanding of what intervention research implies. Gilgun and Sands (2012) refer to Shaw who mentioned to them that intervention research in England is commonly seen as evaluation research. It seems as if some researchers who submitted articles for this special journal edition wrongly perceived intervention research to imply outcome or evaluation research. Design and development are an integral part of intervention research, but are not reflected in the current term. Gilgun and Sands (2012) tentatively suggest that consideration should be given to change the term, *intervention research*, to *developmental intervention research.* Time will tell how this suggestion will be accepted among researchers. In this study, the development of an intervention model is the core aim and the authors can relate to the suggestion of Gilgun and Sands (2012). This qualitative study will incorporate detailed descriptions of the social and professional realities of the professionals included as participants, which will be integrated into the design phase of the intervention model. According to the phases of intervention research, consultation with professionals and literature review are part of the information gathering and synthesis phase of intervention research aimed at identifying functional elements of other models (De Vos and Strydom, 2011).

Sampling and participants

Non-probability sampling with elements of purposive sampling (Babbie, 2011; Rubin and Babbie, 2009; Strydom and Delport, 2011; Ritchie, Lewis and Elam, 2009) was employed to deliberately select specific features, from the sampled population. The population was all professionals working in the field of CSA in the Western Cape. The inclusion criteria for participant group 1 (focus group) were that they had to work in the field of child sexual abuse and/or trauma or have a good knowledge base on social work, play therapy, family therapy and/or sexual abuse. An existing database of professionals in the Western Cape working in the field of child sexual

abuse was used for sampling. Eight participants took part in the first focus group discussion during which information was gathered. A description of the participants is provided in table 1 below.

Table 1: Participant group 1

Participant number	Profiles	Years' experience
Participant 1	Social worker, specialising in CSA	7 years
Participant 2	Social worker, specialising in CSA	5 years
Participant 3	Social worker, specialising in play therapy – private practice	10 years in private practice
Participant 4	Counsellor, specialising in play therapy	5 years
Participant 5	Counsellor, specialising in play therapy – private practice	5 years in private practice
Participant 6	Social worker, using gestalt approach in her interventions with children. Expert in the field of child sexual abuse – private practice experience	20 years in private practice and one of the co-founders of the Teddy Bear clinic in Johannesburg
Participant 7	Social worker	2 years

For crystallisation purposes (Ellingson, 2009), an additional focus group was conducted with social workers, working in the field of child sexual abuse. The inclusion criteria for participant group 2 were the same as for the first focus group participants. The second focus group served as a sounding board for the first author as the model was developed. This group included social workers specialising in play therapy and/or CSA with five years or more experience.

Data collection

Creswell (2013) views data collection in qualitative research as a process during which different activities are used aimed at gathering in-depth, rich information to answer the research question. Focus groups were used to collect data using a discussion guide to structure the focus group discussions (Stewart, Shamdasani and Rook, 2007) and to gather data on the views of professionals on family play therapy within the context of CSA in South Africa.

The data collection process was supported by field notes and audio recordings of focus group discussions. Transcripts of focus group discussions were subjected to data analysis.

Data analysis

Analysing data (Creswell, 2013; Babbie, 2011; Rubin and Babbie, 2009) entailed transcribing and coding the information. Transcripts of the focus group discussions were analysed according to the data-analysis spiral of Creswell (2013) and integrated in the process as described by Marshall and Rossman (2011). Elements of thematic analysis, as described by Clarke and Braun (2013) and Braun and Clarke (2006), were used additionally to order and arrange the feedback provided by the participants. Thematic analysis within a social constructionist epistemology was used in this study, as patterns were identified that were socially produced by the focus group participants. Thematic analysis allowed the identification of different patterns and themes and from the data and meaning was given to the information produced by the participants in this study. Categories were identified and were reviewed and re-reviewed. Four themes emerged as will be outlined later in this article.

Ethics

As set out by Whittaker (2012), Strydom (2011), and Terre Blanche, Durrheim and Painter (2006), ethical considerations form a core feature of this study. Firstly, both authors, as social workers, adhere to the South African Council of Social Service Professions' Code of Ethics. Voluntary participation was understood by and informed consent (Rubin and Babbie, 2009) was given by each participant. This part of the study was deemed as low risk in terms of causing harm to participants as they reported on their professional practice. The anonymity of participants was respected at all

times. The participants were given the opportunity to withdraw from the study at any time.

Trustworthiness

In their seminal work on trustworthiness, Lincoln and Guba (1985) argue that ensuring credibility is one of the most important factors in establishing trustworthiness. Shenton (2004) outlines indicators that researchers can use to make sure that their data is truthful and trustworthy. The following provisions applied to this study: Well-established methods in qualitative investigation such as the data collection, data analysis, the intervention research process and focus groups are all fixed research methods that have been successfully utilised in qualitative research. Furthermore, the analysis of the narratives and descriptions of the participants were grounded in the data and a non-judgemental attitude on a personal level was maintained throughout the study process (Flick, 2007). Crystallisation is the term more typically used in qualitative research and is described by Ellingson (2009) as the search for more complex interpretations of the phenomenon, in this case CSA. Themes and patterns (Ellingson, 2009) supported by transcribed data provided an overview of the views of professionals regarding family play therapy in the context of child sexual abuse in South Africa.

FINDINGS

The findings presented below are based on the analysis of the transcripts of the focus groups. Added to this is the input from a literature review that formed part of the information-gathering and synthesis phase of the intervention research. Four themes emerged and are supported by quotes from the transcribed data as presented below.

Theme 1: Individual intervention versus family play therapy within the context of CSA in South Africa

The participants recognised the need to expand interventions to include the sexually abused children and their families with the rationale that this will help to expose more affected families to therapeutic interventions. The participants indicated family play therapy as an intervention modality that addresses problems in a holistic way and that involves each family member in the integration process, enabling family members to work together in order to process the trauma of child sexual abuse.

The participants' views on the need to expand therapeutic services to include the families of sexually abused children were based on their professional

experiences in which interventions were mostly focused on individual children as victims of sexual abuse. The need to expand services to include the families is supported by various researchers (Gil, 2011; Geldard and Geldard, 2010; Dishion and Stormshak, 2007; Bailey, 2005; Goldenberg and Goldenberg, 2004; Rotter and Bush, 2000; Miller, 1994). The White Paper on Families in South Africa (2013) indicates that it is important to view the family as part of a system, as the members are interdependent of each other and any change in the behaviour of one member, will affect the behaviour of the rest of the system. The Annual Report of the Department of Social Development (2011) confirms that interventions and initiatives aimed at vulnerable children in South Africa need expansion. The need for the expansion of services in South Africa is emphasised by the participants who provided descriptive accounts of their professional experiences in terms of interventions to CSA victims in South Africa:

"It is frustrating to know that the work done with the child during an individual session will stop, knowing that the child's environment has an impact on the emotional status of the child. It is important to broaden our views as to how we can include the family so that the therapeutic input in one hour can be maintained after the session."

"In my experience, working as part of the sexual offences court structure in South Africa, it is horrific to see the number of children and their families in need of emotional support and in the same breath we cannot do anything to change the system. So we as social workers need to look into ways to hold 'ten individuals in one hand instead of holding thousands by the fingertips'."

"When we as social workers work with the individuals, our work has an impact on one life, so if we could work with the family as a whole, we will be able to touch so many more lives." "It is time that we start looking beyond the individual work with children."

"The family is the building blocks of society; it is the foundation of healthy communities. The focus of a social worker is to create healthier communities and including the family in the work of children is the way to do it."

Family play therapy is not a new mode of intervention. As described by Miller (1994), family play therapy has developed over the years into a more integrated concept of family and play therapy. While play and family therapy are both well-established therapeutic paradigms, family play therapy is an integrative approach that combines elements from play therapy and family therapy, and which includes children, family members and the social worker in the play therapeutic setting (Gil, 2006).

Disclosure of child sexual abuse can lead to intense reactions, such as shock, denial or confusion, all of which may serve to incapacitate caregivers and prevent them from being emotionally available to affected children (Charleston, 2009; Gil, 2006; Corcoran, 2004). Various authors emphasise the need to include families in the play therapy process (Gil, 2011; Geldard and Geldard, 2010; Charleston, 2009; Gil, 2006; Schaefer and Kaduson, 2006; Bailey and Ford Sori, 2005; Corcoran, 2004; Christensen and Thorngren, 2000; Rotter and Bush, 2000; Gil, 1994; Keith and Whitaker, 1994; Miller, 1994; Schaefer and Carey, 1994). Therefore, the focus of the intervention should shift from the individual to the family system.

Gil (2011) and Gil (as cited in Christensen and Thorngren, 2000) are of the opinion that including the family in the therapeutic process can be highly valuable. Firstly, the victim of CSA is the reason why a family requests intervention. Secondly, by working with the family, the social worker is helping to ensure a more positive and lasting effect on the child. Evidence from the focus groups and literature suggests that it is worth developing a family play therapy model for children affected by CSA and their families. The suggested systemic nature of the therapeutic process may add value, while the model will possibly be more cost-effective than interventions focused mainly on affected children.

Theme 2: Limited knowledge and experience in terms of implementing and integrating play therapy in families

Participants indicated that limited knowledge exists in terms of the implementation of family play therapy as a process. This is supported by authors such as Haslam and Harris (2011), McMonigle (2008), Haslam (2006), Ariel (2005), Christensen and Thorngren (2000) and Rotter and Bush (2000), who argue that knowledge about the benefits of integrating family therapy and play therapy does exist. However, little knowledge exists about how to implement family play therapy and how to provide an integrated therapeutic intervention process. According to these authors, there is a gap in the education of social workers in terms of family play therapy. The participants confirmed this void as is clear from their feedback:

"*As a gestalt therapy trained social worker, I have worked with the individual, with the inclusion of the parents where needed, but my knowledge, based on the development and implementation of play therapy with families is limited."*

"In my personal opinion, play therapy with families provides a space for all the members to play out difficult situations. I understand the definition and

the rationale behind the integrated approach to play therapy, but in my opinion, the implementation of the process lacks knowledge and the know-how."

"I feel that I am not equipped enough to implement play as part of the family therapy process; I am nervous to do it as I am scared that I will not do the right thing. The whole dynamic changes when we have to work with the whole family, so much more to look out for during each therapy session."

"*In South Africa, there is not a lot of training in this field, but I will benefit from training to include the families in therapy. It definitely is something that would help me in my work."*

The participants elaborated on the need to gain knowledge about the content and the implementation of the family play therapy model and, as a result, information emerged on the possible structure and framework of family play therapy, which is provided below.

Theme 3: Family play therapy framework

The merging of play therapy and family therapy to develop an integrative family play therapy framework was highlighted during the focus group discussion.

Merging two approaches: Play therapy and family therapy

A clear challenge emerged from the discussions, namely to develop an integrated family play therapy framework with a systemic grounding. The focus group participants regarded the establishment of the process of family play therapy as a daunting one due to uncertainty about the framework and the implementation of the therapeutic process. This corresponds with the views of Haslam and Harris (2011), Haslam (2006), Ariel (2005) and Christensen and Thorngren (2000) who ascribe the gap in the implementation of family play therapy to the fact that social workers typically do not feel comfortable working with family play therapy, to the lack of training in this field, and to the negative professional and personal attitudes of social workers towards the integration of play therapy with family therapy. Most of the participants agreed that the play therapy process should include elements of family therapy to underpin the therapeutic framework. This is in line with the opinions of Gil (2011), Haslam and Harris (2011), Gil (2006) and Haslam (2006) who define the process of family play therapy as the integration of two key clinical approaches, namely family therapy and play therapy. According to these authors, this can be achieved by using play therapy

techniques and approaches to encourage the participation of all the family members within the context of CSA.

According to the participants, the challenge was to integrate the two modalities and to implement one practical framework. Focus group members articulated this as follows:

"As gestalt trained therapists, it is very difficult to think about the implementation of therapy without the foundation of the gestalt principles. The fact that the family is included in the process makes it more daunting. I feel comfortable working within the gestalt framework, but how to integrate it with family therapy seems difficult."

"It is a lack of confidence that is preventing me from trying to include families in the play therapy process, but I think the benefits of family play therapy are so vast that it should definitely become a priority in South Africa."

There is a clear need among participants to obtain more information about the integration and implementation of the two modalities. Therefore, the discussion of the importance and use of play as part of family play therapy below.

Using play as medium during the implementation of family play therapy

Participants made it clear that play as a medium should form part of the therapeutic framework. This corresponds with the above-mentioned need for more information about the integration and the implementation of play therapy and family therapy. The benefits of using play therapy when working with families have been acknowledged by various authors (Gil, 2011; Geldard and Geldard, 2010; McMonigle, 2008; Gil, 2006; Haslam, 2006; Ariel, 2005; Bailey and Ford Sori, 2005; Gil and Sobol, 2005; Christensen and Thorngren, 2000; Rotter and Bush, 2000; Gil, 1994). Although play therapy is predominantly seen as a child-focused medium, literature has shown its use in families. Authors such as Topham and Van Fleet (2011), Casado-Kehoe, Van der Bleek and Thanasiu (2007), Ariel (2005), Rotter and Bush (2000) and Gil (1994) state that play during intervention allows family members to become less defensive, to overcome resistance, to manage their stress, to enhance creative thinking and to explore more acceptable ways of problem-solving and conflict resolution. According to Haslam (2006), symbolic play is a powerful medium to use with children; however, symbolic play can also be effective with adults. When playing, adults are able to use their cognitive ability to translate the symbols of play into expressions in

their own lives. This is important when including the family in the process of play therapy. Participants commented on the importance of the inclusion of play in family play therapy sessions:

"Play as a medium should be utilised throughout the family play therapy process, as this will enhance the family members' ability to open up verbally and emotionally as they can focus on identifying their underlying thoughts and feelings in a non-threatening way as play facilitates the engagement of family members in the therapeutic process."

"Play is part of the way I was trained to work therapeutically with children. I won't exclude it from therapy where children are included".

"I am used to always incorporate some playful activity in my sessions with children and cannot see any other way when working with families".

"Play will help the different family members to express what they feel, it will build relationships. It will create a different type of platform for the family members to communicate."

"Every family member will be able to express their feelings without having to feel like that they have to talk about it."

Play techniques such as hand puppets, painting, drawing exercises, clay, sand-tray work and other expressive media during family play therapy as a process can engage children and parents, and improve communication and understanding (Kaduson, 2006). In this regard, Gil (2011) and Gil (2006), state that the utilisation of different play therapy techniques can serve as a bridge between the creative, non-verbal world of the child and the verbal world of the adult, which could lead to a new interaction process that holds benefits for all parties involved.

Throughout the focus group discussion, it was clear that the principles of gestalt therapy theory should be utilised as a foundation in conjunction with the use of play in family play therapy, as discussed below.

Principles of gestalt therapy theory

The participants agreed that the inclusion of gestalt therapy theory principles in the integrated framework of family play therapy should be investigated further. The gestalt principles of awareness and dialogue within a helping process, as described by Yontef (1998) and Yontef (1993) should form the foundation of the family play therapy process and of each family play therapy session. Various authors refer to gestalt therapy as a phenomenological-

existential therapy that allows each individual in the family system to focus on his/her own perceptions and experiences with an emphasis on awareness in the here and now and the immediate experience (Yontef and Jacobs, 2011; Joyce and Sills, 2010; Blom, 2006; Latner, 2000; Clarkson, 2004; Yontef, 2002; Mackewn, 1997; Magill, Rodriguez and Turner, 1996; Yontef, 1993). One focus group participant articulated this as follows:

"Different gestalt therapy techniques can be used to build relationships, identify different feelings and emotions, communicate, and raise sensory and emotional awareness and to enable family members to tell their story as part of the play therapy process."

It seems as if the structure of the process should focus on the immediate needs of family members during each session. Carson (1999) and Keith and Whitaker (1994) agree with this point of view and emphasise the importance of the family play therapy structure and a creative approach to intervention without following a rigid and technical approach to the process. The participants agreed that the intervention process of family play therapy should be dictated by the needs of the family of the case in hand because every family is different. Some of the participants expressed this as follows:

"Trained as a social worker in the gestalt therapy field, I would suggest that it is important to focus on the here and now and the foreground needs the family brings to each session by using play as a medium."

"The sexually abused child brought the family to therapy but we need to focus on the issues the family is dealing with on a daily basis and the issues as a result of the abuse."

"The gestalt therapy process is not static and can and should be implemented during each session in order to identify and address their unfinished business."

"I would suggest that the person-focused approach should be extended to the family and the foreground needs of the family should be identified throughout the process. I always make sure that I bring my clients back to the reason they are part of this therapy process; in this case it would be sexual abuse that brought the family to therapy."

Various researchers conclude that the aim of a family play therapy approach should be to help each individual family member to improve the perceptions of his or her immediate experiences (Yontef and Jacobs, 2011; Blom, 2006; Latner, 2000; Mackewn, 1997; Magill, et al., 1996; Yontef, 1993). It will be the task of the social worker during family play therapy to allow all the

family members to talk freely about their emotions and painful issues, and to make use of counselling skills in conjunction with other play strategies. In conclusion, family play therapy could allow family members to objectively look at their family environment, which is burdened by CSA. During this process, family members can learn more effective ways to deal with trauma within the family by being allowed to focus on their own trauma and experiences and to understand the CSA victim's trauma in a systemic way. Family play therapy could, therefore, provide a controlled but non-threatening environment in which parents and family members can experiment with change.

Theme 4: Family play therapy process

In intervention research (Gilgun and Sands, 2012; De Vos and Strydom, 2011; Fraser and Galinsky, 2010; Fraser et al., 2009; Caspi, 2008; Du Preez and Roux, 2008; Fraser, 2004; Fawcett, et al., 1994), a prototype must be developed to apply to people who are experiencing the problem under investigation, in this case families affected by child sexual abuse. It was, therefore, necessary to identify specific techniques and to place them within a preliminary framework in readiness to be used with the next group of participants (families affected by CSA) in the next phase of the intervention research. Ariel (2005) and Carson (1999) emphasise that the structure and process of family play therapy should ideally include a range of creative intervention techniques aimed at making the therapeutic process more attractive and accessible and to raise awareness in the 'here and now'. Family members can be involved in play or supported by media such as hand puppets, sand-tray work, painting, drawing, clay or other forms of creative expression. In this regard, Gil (2011) and Gil (2006) state that the utilisation of different play therapy techniques can serve as a bridge between the creative, non-verbal world of the child and the verbal world of the adult, which could lead to a new interaction process that holds benefits for all parties involved. Participants in focus groups mentioned possible techniques that can be incorporated in a family play therapy model. It is beyond the scope of this article to describe these techniques in detail as this will be included in a prototype together with functional elements obtained from literature. However, the literature review focused on the work of Yontef (2002; 1998; 1993) in terms of a gestalt intervention process, combined with the work of Hepworth, Rooney, Rooney, Strom-Gottfried and Larson, (2013), in terms of a social work intervention process and the historical work of Dennison (1989) who offered a structured yet individualised approach. The Dennison model allows for a balanced focus on the helping process as well as on the problems or needs of each family supported by creative

techniques. In the next phase of the intervention research, the functional elements described in this article will be incorporated in a prototype that will be applied within the context of family play therapy with families affected by CSA.

DISCUSSION AND CONCLUSIONS

This article described the views of professionals on family play therapy within the context of CSA in South Africa. From the first theme it was clear that participants valued a systemic approach where family members are included in the helping process for victims of CSA. Family members are a neglected population in the field of CSA with the limited service delivery mainly focusing on the children directly affected by CSA. Note should be taken of the view of one participant who said that social workers try to hold thousands of people by the fingertips, instead of ten individuals in one hand. It is a well-known fact that social workers have high caseloads and often have to follow crisis-based approaches. It seems as if the time has come where service delivery should make provision for social workers in specialised positions to work systemically and strength-based with families affected by CSA. Enabling environments should be created where families can find their own expertise to facilitate trauma integration. This is in line with the response strategy for families outlined in the White Paper for Families in South Africa (2013) with the strong focus of a systems approach. The family play therapy model developed in the broader study will also fit within a social development approach where the White Paper for Families in South Africa (2013) makes provision for additional supportive services to strengthen families after particular life events.

It was also clear that social workers need additional training to be skilled to implement family play therapy. They will also need specific supervision as they hone their skills in family play therapy. It was interesting in theme three that gestalt therapy theory was strongly indicated as a framework for family play therapy. Gestalt therapy theory accommodates the foreground needs of clients and dialogue aimed at enhanced awareness. Combined with play techniques this can provide a powerful intervention aimed at the integration of CSA. Participants generally valued play and play media in the process of family play therapy. The tentative family play therapy process outlined in theme four, points to the inclusion of a gestalt framework, a social work helping process and a model that was developed in the 1980's which offers an individualised and goal-directed approach. This Dennison therapy practice model (Dennison, 1989; Dennison and Glassman, 1987) has a deliberate primary and secondary goal focus in the different phases of the helping

process. Family play therapy interventions with families affected by sexual abuse should never lose sight of the dynamics of the helping process and the Dennison model offers a practical framework which will help social workers to be mindful of the helping process. In the next phase of intervention research the elements outlined in this article will be integrated into a prototype to be applied to families affected by CSA.

REFERENCES

Ariel, S. (2005). "Family Play Therapy" in Schaefer, C.E., McCormick, J. and Ohnogi, A.J. (Ed.). *International Handbook of Play Therapy: Advances in Assessment Theory, Research, and Practice* New York: Jason Aronson, 3-22.

Babbie, E. (2011). *The Basics of Social Research* Belmont, USA: Wadsworth, Cengage Learning, Fifth Edition.

Bailey, C.E. (2005). *Children in Therapy: Using the Family as a Resource* New York/London: W.W. Norton and Company.

Bailey, C.E. and Ford Sori, C.E. (2005). "Involving Parents in Children's Therapy" in Bailey, C.E. (Ed.). *Children in Therapy: Using the Family as a Resource* New York/London: W.W. Norton and Company, 475-500.

Barrett, M.J., Cortese, J. and Marzolf, K. (2000). "Treatment of the Sexually Abused Child" in Bailey, C.E. (Ed.). *Children in Therapy: Using the Family as a Resource* New York: W.W. Norton and Company, 137-164.

Blom, R. (2006). *The Handbook of Gestalt Play Therapy: Practical Guidelines for Child Therapists* London: Jessica Kingsley Publishers.

Braun, V. and Clarke, V. (2006). "Using Thematic Analysis in Psychology" *Qualitative Research in Psychology* 3:77-101.

Bronfenbrenner, U. (1979). *The Ecology of Human Development* Cambridge: Harvard University Press.

Bronfenbrenner, U. (1994). "Ecological Models of Human Development" *International Encyclopaedia of Education* 3(2):37-43.

Bronfenbrenner, U. and Morris, P.A. (2006). "The Bioecological Model of Human Development" in Lerner, R.M. and Damon, W. (2006). *The Handbook of Child Psychology: Vol 1. Theoretical Models of Human Development* New Jersey: John Wiley and Sons, Sixth Edition, 793-828.

Carso, D.K. (1999). "The Importance of Creativity in Family Therapy: A Preliminary Consideration" *The Family Journal* 7(4):326-334.

Casado-Kehoe, M., Van der Bleek, L. and Thanasiu, P. (2007). "Play in Couples Counselling" *The Family Journal* 15(2):133-136.

Caspi, J. (2008). "Building a Sibling Aggression Treatment Model: Design and Development Research in Action" *Research on Social Work Practice* 18(6):575-585.

Charleston, S.C. (2009). "Mapping the Maze: An Art Therapy Intervention following Disclosure of Sexual Abuse" *Journal of the American Art Therapy Association* 26(1):12-18, http://www.ci.org.za/depts/ci/pubs/pdf/general/gauge2012/sa_child_gauge2012.pdf (Accessed on 22/04/2010).

Christensen, T.M. and Thorngren, J.M. (2000). "Integrating Play in Family Therapy: An Interview with Eliana Gil, PhD" *The Family Journal: Counselling and Therapy for Couples and Families* 8(1):91-100.

Clarke, V. and Braun, V. (2013). "Teaching Thematic Analysis: Overcoming Challenges and Developing Strategies for Effective Learning" *The Psychologist* 26(2):120-123.

Clarkson, P. (2004). *Gestalt Counselling in Action* London: Sage Publications, Third Edition.

Corcoran, J. (2004). "Treatment Outcome Research with the Non-offending Parents of Sexually Abused Children: A Critical Review" *Journal of Child Sexual Abuse* 13(2):59-84.

Corner, E., Meier, A. and Gallinsky, M.J. (2008). "Development of Innovative Group Work Practice Using the Intervention Research Paradigm" *Social Work* 49(2):250-260.

Creswell, J.W. (2013). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches* Thousand Oaks: Sage Publications, Second Edition.

Dennison, S.T. (1989). *Twelve Counselling Programs for Children at Risk* Illinois: Charles C Thomas.

Dennison, S.T. and Glassman, C.K. (1987). *Activities for Children in Therapy: A Guide for Planning and Facilitating Therapy with Troubled Children* Illinois: Charles C Thomas.

Department of Social Development. See Republic of South Africa.

Department of Safety and Security. See Republic of South Africa.

De Vos, A.S. and Strydom, H. (2011). "Intervention Research" in De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at Grass Roots: For the Social Sciences and Human Service Professions* Pretoria: Van Schaik Publishers, Fourth Edition, 473-489.

Dishion, T.J. and Stormshak, E.A. (2007). *Intervening in Children's Lives: An Ecological, Family-centred Approach to Mental Health Care* Washington, DC: American Psychological Association.

Djeddah, C., Facchin, P., Ranzato, C. and Romer, C. (2000). "Child Abuse: Current Problems and Key Public Health Challenges" *Social Science and Medicine* 51:905-915.

Du Preez, P. and Roux, C. (2008). "Participative Intervention Research: The Development of Professional Programmes for In-service Teachers" *Education as Change* 12(2):77-90.

Ellingson, L.L. (2009). *Engaging Crystallization in Qualitative Research*: *An Introduction* Thousand Oaks: Sage Publications.

Faller, K.C. (1993). *Child Sexual Abuse: Intervention and Treatment Issues* U.S. Department of Health and Human Services, McLean, VA: The Circle, Inc.

Fawcett, S.B., Balcazar, Y.S., Balcazar, F.E., White, G.W., Paine, A.L., Blanchard, K.A. and Embree, M.G. (1994). "Conducting Intervention Research: The Design and Development Process" in Rothman, J. and Thomas, E.J. (Eds.). *Intervention Research: Design and Development of Human Service* New York: Haworth Press, 31-47.

Ferreira, R., Ebersöhn, L. and Oelofsen, M. (2007). "An Alternative Way of Assessing Girls who have been Sexually Abused: Using Gestalt Therapy for Assessment Purposes" *Child Abuse Research in South Africa* 8(2):69-80.

Flick, U. (2007). *Managing Quality in Qualitative Research* London: Sage Publications.

Fox, W. and Bayat, M.S. (2007). *A Guide to Managing Research* Cape Town: Juta Publishers.

Fraser, M.W. (2004). "Intervention Research in Social Work: Recent Advances and Continuing Challenges" *Research on Social Work Practice* 14(3):210-222.

Fraser, M.W. and Gallinsky, M.J. (2010). "Steps in Intervention Research: Designing and Developing Social Programmes" *Research on Social Work Practice* 20(5):459-466.

Fraser, M.W., Richman, J.M., Gallinsky, M.J. and Day, S.H. (2009). *Intervention Research: Developing Social Programs* New York: Oxford University Press.

Geldard, K. and Geldard, D. (2010). *Counselling Children: A Practical Introduction* London: Sage Publications, Third Edition.

Gil, E. (1994). *Play in Family Therapy* New York: Guilford Press.

Gil, E. (2006). *Helping Abused and Traumatised Children: Integrating Directive and Nondirective Approaches* New York: Guilford Press.

Gil, E. (2011). "Family Play Therapy: Igniting Creative Energy, Valuing Metaphors and making Changes from the Inside Out" in Schaefer, C.E. (Ed.). *Foundations of Play Therapy* New Jersey: John Wiley and Sons, 207-226.

Gil, E. and Sobol, B. (2005). "Engaging Families in Therapeutic Play" in Bailey, C.E. (Ed.). *Children in Therapy: Using the Family as a Resource* New York: Norton, 341-382.

Gilgun, J.F. and Sands, R.G. (2012). "The Contribution of Qualitative Approaches to Developmental Intervention Research" *Qualitative Social Work* 11(4):349-361.

Goldenberg, I. and Goldenberg, H. (2004). *Family Therapy: An Overview* Pacific Grove: Brooks/Cole Publishers, Sixth Edition.

Hall, K., Woolard, I., Lake, L. and Smith, C. (2012). *South African Child Gauge* Cape Town: Children's Institute, University of Cape Town.

Haslam, D.R. (2006). The *Practice Patterns and Attitudes of Play Therapists on Family Therapy: Where are we?* (Unpublished Doctorate Dissertation) Texas Tech University, Texas.

Haslam, D.R. and Harris, S.M. (2011). "Integrating Play and Family Therapy Methods: A Survey of Play Therapists' Attitudes in the Field" *International Journal of Play Therapy* 20(2):51-65.

Hayes, R.M. (1994). "Information Science Methods for Knowledge Retrieval: Basic Approaches and Emerging Trends" in Rothman, J. and Thomas, E.J. (Ed.). *Intervention Research: Design and Development of Human Service* Binghamton, NY: Haworth Press, 102-114.

Hepworth, D.H., Rooney, R.H., Rooney, G.D., Strom-Gottfried, K. and Larson, J.A. (2013). *Direct Social Work Practice: Theory and Skills* Belmont, CA: Brooks/Cole Cengage Learning, Ninth Edition.

Hill, A. (2012). "Help for Children after Child Sexual Abuse: Using a Qualitative Approach to Design and Test Therapeutic Interventions that may include Non-offending Parents" *Qualitative Social Work* 11(4):362-378.

Joyce, P. and Sills, C. (2010). *Skills in Gestalt: Counselling and Psychotherapy* London: Sage Publications.

Kaduson, H.G. (2006). "Short-term Play Therapy for Children with Attention Deficit/Hyperactivity Disorder" in Schaefer, C.E. and Kaduson, H.G. (Eds.). *Short-term Play Therapy for Children* New York: Guilford Press, Second Edition.

Kaminer, D. and Eagle, G. (2010). *Traumatic Stress in South Africa* Johannesburg: Wits University Press.

Keith, D.V. and Whitaker, C.A. (1994). "Play Therapy: A Paradigm for Work with Families" in Schaefer, C.E. and Carey, L.J. (Eds.). *Family Play Therapy* Northvale, NJ: Aronson, 185-202.

Lalor, K. (2004). "Child Sexual Abuse in Sub-Saharan Africa: A Literature Review" *Child Abuse and Neglect* 28:439-460.

Latner, J. (2000). "The Theory of Gestalt Therapy" in Nevis, E.C. (Ed.). *Gestalt Therapy: Perspectives and Applications* Cambridge, MA: Gestalt Press, 13-22.

Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic Inquiry* California: Sage Publications.

Mackewn, J. (1997). *Developing Gestalt Counselling* London: Sage Publications.

Magill, F.N., Rodriguez, J. and Turner, L. (1996). *International Encyclopaedia of Psychology* London and Chicago: Salem Press Inc.

Marshall, C. and Rossman, C.G. (2011). *Designing Qualitative Research* Los Angeles: Sage Publications, Fifth Edition.

McMonigle, C.L. (2008). *Parents' and Children's Experiences in Family Play Therapy* (Unpublished Master's Dissertation) Virginia Polytechnic Institute and State University, Falls Church, Virginia.

Miller, W.M. (1994). "Family Play Therapy: History, Theory and Convergence" in Schaefer, C.E and Carey, L.J. (Eds.) *Family Play Therapy* Pennsylvania: Jason Aronson, 3-18.

Pierce, L. and Bozalek, V. (2004). "Child Abuse in South Africa: An Examination of How Child Abuse and Neglect are Defined" *Child Abuse and Neglect* 28:817-832.

Republic of South Africa. (2005). *Childcare Act 38 of 2005* Pretoria: Government Printers.

Republic of South Africa. (1996). *Constitution of the Republic of South Africa, Act 108 of 1996* Pretoria: Government Printers.

Republic of South Africa. Department of Social Development. (2013). *White Paper on Families in South Africa* June 2013 Pretoria: Government Printers.

Rhodes, P. (2012). "Nothing to Fear? Thoughts on the History of Family Therapy and the Potential Contribution of Research" *The Australian and New Zealand Journal of Family Therapy* 33(2):171-182.

Richter, L.M. and Dawes, A.R.L. (2008). "Child Abuse in South Africa: Rights and Wrongs" *Child Abuse Review* 17:79-93.

Rigazio-DiGilio, S.A. and McDowell, T. (2012). "Family Therapy" in Frew, J. and Spiegler, M.D. (Eds.). *Contemporary Psychotherapies for a Diverse World* New York: Routledge, First Revised Edition, 415-458.

Ritchie, J., Lewis, J. and Elam, G. (2009). "Designing and Selecting Samples" in Ritchie, J. and Lewis, J. (Eds.). *Qualitative Research Practice. A Guide for Social Science Students and Researchers* London: Sage Publications, 77-108.

Rossouw, L. (2011). "The Implementation of Policies Pertaining to Child and Youth Care within a Team Context in Child and Youth Care Centres" *Social Work/Maatskaplike Werk* 47(2):205-222.

Rothman, J. and Thomas, E.J. (1994). *Intervention Research: Design and Development of Human Service* New York: Haworth Press.

Rotter, J.C. and Bush, M.V. (2000). "Play and Family Therapy" *The Family Journal: Counselling and Therapy for Couples and Families* 8(2):172-176.

Rubin, A. and Babbie, E.R. (2009). *Research Methods for Social Work* Belmont, CA: Brooks/Cole, Seventh Edition.

Schaefer, C.E. and Carey, L.J. (1994). *Family Play Therapy* Northvale, New Jersey and London: Jason Aronson Inc.

Schaefer, C.E. and Kaduson, H.G. (2006). *Contemporary Play Therapy: Theory, Research and Practice* New York: Guilford Press.

Shenton, A.K. (2004). "Strategies for Ensuring Trustworthiness in Qualitative Research Projects" *Education for Information* 22 IOS Press, www.angelfire.com/theforce/shuviii/images/Trustworthypaper.pdf (Accessed on 03/10/2013).

South African Survey. (2012). "South African Institute of Race Relations. Crime and Security: Unit of Analysis",

http://www.sairr.org.za/services/publications/south-africa-survey/south-africa-survey-2012 (Assessed on 23/05/2013).

Stewart, D.W., Shamdasani, P.N. and Rook, D. (2007). *Focus Groups: Theory Practice: Applied Social Research Methods* Thousand Oaks: Sage Publications.

Strydom, H. (2011). "Ethical Aspects of Research in the Social Sciences and Human Service Professions" in De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at Grass Roots: For the Social Sciences and Human Service Professions* Pretoria: Van Schaik Publishers, Fourth Edition, 113-129.

Strydom, H. and Delport, C.S.L. (2011). "Sampling and Pilot Study in Qualitative Research" in De Vos, A.S., Strydom, H., Fouché, C.B. and Delport, C.S.L. (Eds.). *Research at Grass Roots: For the Social Sciences and Human Service Professions* Pretoria: Van Schaik Publishers, Fourth Edition, 390-396.

Terre Blanche, M., Durrheim, K. and Painter, D. (2006). *Research in Practice: Applied Methods for the Social Sciences* Cape Town: University Cape Town Press, Second Edition.

Thomas, E.J. (1978). "Generating Innovation in Social Work: The Paradigm of Developmental Research" *Journal of Social Service Research* 2(1):95-115.

Thomas, E.J. (1984). *Designing Interventions for the Helping Professions* California: Sage Publications.

Topham, G.L. and Van Fleet, R. (2011). "Filial Therapy: A Structured and Straightforward Approach to Include Young Children in Family Therapy" *The Australian and New Zealand Journal of Family Therapy* 32(2):144-158.

Townsend, L. and Dawes, A. (2004). "Individual and Contextual Factors Associated with the Sexual Abuse of Children under the Age of 12: A Review of Recent Literature" in Richter, L., Dawes, A. and Higson-Smith, C. (Eds.). *Sexual Abuse of Young Children in Southern Africa* Cape Town: HSRC Press, 55-92.

United Nations General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, 1577:3, http://www.refworld.org/ docid/3ae6b38f0.html (Accessed on 10/07/2014).

Van der Merwe, M. (2009). "Traumagenic Dynamics as Fundamental Constructs in Sexual Trauma Intervention: Beyond Finkelhor and Browne" *Child Abuse Research: A South African Journal* 10(2):25-40.

Van Rooyen, C.A.J. (1994). "Developmental Research: A Practical Approach to Social Work Research" *Social Work Practice* 2(94):16-21.

Waterhouse, S. (2008). *Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN)* Internal Report Cape Town: RAPCAN.

Whittaker, A. (2012). *Research Skills in Social Work* Glasgow: Learning Matters.

Wilson, L. and Van Wyk, C. (2009). "Intervention with Sexually Abused Children in Middle Childhood: Guidelines for Therapists" *Child Abuse Research: A South African Journal* 10(2):19.

World Health Organisation. (2006). *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence* Geneva: WHO Press.

Yontef, G. (1993). *Awareness, Dialogue and Process: Essays on Gestalt Therapy* New York: Gestalt Journal Press.

Yontef, G. (1998). "Dialogic Gestalt Therapy" in Greenberg, L.S., Watson, J.C., and Lietaer, G. (Eds.). *Handbook of Experiential Psychotherapy* London: Guilford Press, 2-89.

Yontef, G. (2002). "The Relational Attitude in Gestalt Therapy Theory and Practice" *International Gestalt Journal* 25(1):15-35.

Yontef, G. and Jacobs, L. (2011). "Gestalt Therapy" in Corsini, R.J. and Wedding, D. (Eds.). *Current Psychotherapies* USA: Brooks/Cole, a Division of Thomson Learning, Ninth Edition, 342-380.