The Effectiveness of the Therapeutic Sandstory Method as a Focused Intervention with a Child: A Descriptive Single Case Study

By

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Dedication

This research is dedicated to Amy, her loving parents and the staff, pupils and families of the East London primary school that sparked my love and passion for working with children - “May no child be left behind.”

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Abstract

This study explores and describes a phenomenological case study, illustrating a postmodern constructionist orientation to sandtray work with a South African child. The Therapeutic Sandstory Method (TSM) involves the innovative integration of a variety of tenets when working with children– constructing sandworlds, storytelling, the reflection of stories and coherent therapeutic documents in therapy collectively facilitating the healing process. This novel method enables children to translate and communicate their own personal experiences and traumas into a concrete form through storytelling and metaphoric connections constructed in their sandworld. It is anticipated that the TSM is a brief yet feasible, child-centered therapeutic engagement designed to continue the therapeutic process outside of the therapy setting, making it ideally suited for children and adolescents from under-resourced communities. The results of the study revealed improved interpersonal functioning and emotional wellbeing after eight sessions. Contextualized narrative and social constructionist findings are discussed and recommendations made pertaining to future research and practice using TSM with children in therapy.

Keywords: Poverty, Mental Health, Creative Therapeutic Techniques, Sandtray therapy, Storytelling, Constructionist Approach, Therapeutic documents, Therapeutic Sandstory Method, Thematic analysis, Data Reduction.

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Chapter 1: Context

1.1 Introduction

The following aspects relating to the study will be discussed in this initial chapter namely, the research problem, the rationale for selecting a South African child for the study, illuminating the association between mental health and poverty in South Africa, changes in South African family structures as a result of poverty and subsequent relations to trauma, emotional and development difficulties in children. This will be followed by the basic research aims and objectives of the study, as well as a summary of the layout of the thesis.

1.2 Background and Motivation for the Study

My interest in exploring this topic stems from the time I worked as an Intermediate Phase teacher at an East London school for children from economically disadvantaged communities. I witnessed many children and families experience interpersonal and intrapersonal encounters as a result of political, social, cultural, and economic factors, experiencing the shortage of mental health care resources available to families who are unable to afford medical aids and pay for long-term therapy. The lack of feasible, short-term therapeutic resources and interventions available for families ignited the desire to understand the social and emotional experiences of children living in South Africa, with the hope of being able to offer support and assistance to those in need in the future. Due to my affiliation with children who have experienced interpersonal difficulties and economic adversity, I considered a multimodal approach to child therapy, integrating expressive therapeutic interventions with a post-modern constructionist and narrative framework (Knoetze, 2013). I felt that this novel yet integrative framework was well-suited to addressing the research problem.

1.3 Research Problem

South Africa is described as being one of the most violent countries in the world, with high levels of crime and poverty, resulting in many South African children being subjected to psychological distress and trauma, who are unable to afford or access psychotherapy (Lockhat & Niekerk, 2000). Desmond et al., (2015) highlight that the development in Post Modern Psychology has sparked an interest in exploring alternative therapeutic interventions with children living in South Africa, as traditional psychology is essentially based on Western culture and norms (Yule, 1993). There is very little published research on culturally appropriate therapeutic interventions with children from developing countries (Snelgar, 2018). As a result, published research has yet to reveal the impact of applying the integration of effective creative therapeutic tenets in short-term therapy with children, within a multi-cultural context such as in South Africa. In an attempt to address the omission, the study adopted a qualitative approach that is expressive, multimodal, and culturally appropriate for a South African child – The Therapeutic Sandstory Method (TSM). The TSM consists of three creative tenets using a narrative and social constructionist orientation: Sandplay, Storytelling, and Retelling with the use of metaphors and therapeutic documents (Knoetze, 2013).

1.4 Rationale for Selecting a South African Child for the Study

According to the Department of Health (2015), South Africa currently finds itself faced with an enormous amount of its population facing inequality, poverty, and mental ill health. They describe "the relationship between poverty and mental ill-health …as a vicious cycle…most mental disorders have their origins in childhood and adolescence. Approximately 50% of mental disorders begin before the age of 14 years" (p.13) the most common being substance abuse, depression, anxiety, and mood disorders. Research identifies a significant need to integrate creative, feasible, and culturally appropriate interventions in Child Therapy,

applicable to children from developing countries, living in a multicultural context (Freeman, Epston & Lebovitz, 1997).

1.4.1 Mental health and poverty in South Africa.

For the purpose of this study, mental health is defined by the World Health Organization (WHO) as "the successful performance of the mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity" (Department of Health, 2015, p.11). According to Pickett and Willkinson (2015), there is strong evidence examining income inequality in relation to health, in that "mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live" (p.16). Thus, research elicits the relationship between poverty and the predisposing factors contributing to the risk of South Africans developing psychopathology. Subsequently, as the quality of life amongst South African families decreases, the possibility of family members and children being subjected to psychological distress increases, resulting in the dire need for therapeutic interventions that are brief, feasible, and easily accessible for community members from diverse backgrounds.

1.4.2 Unemployment and the effects on mental health.

Kim, Nyengerai and Mendenhall (2020, p.10) suggest that research has mainly focused on the populations and demographics associated with severe poverty, with little emphasis placed on the middle-class families who make up a large percentage of the South African population. They further elicit how studies have overemphasized focus on mental health and psychology pertaining to Western, high-income households, subsequently limiting "the generalizability of the existing literature to non-Western, low- and middle-income contexts where conditions of chronic stress, such as; poverty, unemployment, and violence, across multiple levels of life are prevalent". In congruence, Posel, Oyenubi and Kollamparambil

(2021) reiterate that securing employment in developing countries remains a challenge and has increased as a result of the Covid-19 Pandemic.

This research focused on South African middle-class households, where the population has shared experiences of both Western positions as well as the minority world imposed on them, where the complexities are acknowledged, involving the synergy of world views and multicultural demographics that are associated therewith. Thus, with the above principles in mind, the obligation rests on practitioners to conduct research focused on South Africans who are currently facing such adversities.

1.4.3 Unemployment and the effects on South African families.

According to the Statistics of South Africa (2021), 44.4% (11, 9 Million) of South Africans are currently unemployed. Those who have remained employed during the Covid-19 Pandemic have reported that 8.5% of them didn't receive their salaries and 12.9% reported not having received their full salaries. Family structures and systems are affected, with many South African families and children being left without significant parental figures/guardians as a result of breadwinners having to leave home in order to provide financially for their families elsewhere (Snelgar, 2018). These changes in family structures and systems can result in psychological, social, and developmental difficulties in children. Erikson highlights the significant role that parents/caregivers play in a child's psychosocial development. Erikson's Psychosocial Theory, (as cited by Street, 1994) states that during the different crises experienced throughout a child's early psychosocial stages of development; such as trust versus mistrust, autonomy versus shame and doubt, initiative versus guilt, and industry versus inferiority, parents and/or primary caregivers "serve as the main social agents in providing social environments for the children under their care" (p.10).

Snelgar (2018, p. 70) identifies how “multiple traumatisation occurs within a broader resource context of poverty, with its attendant burden on family structures and parental coping capacities an inadequate educational system and limited mental health services for children” all of which exacerbate the current situation in South Africa. Waterman (cited in Ferreira et al., 2014, p.108) from a psychodynamic perspective explains how a child could develop a “self-disorder” if parents or caregivers are “unable to provide the necessary self-object functions”. Thus, research supports the potential negative impact on children's early stages of psychosocial development as a result of adjustment in family structures due to socio-economic factors such as job loss and unemployment. Alarmingly, Lockhat and Niekerk (2000, p. 299) caution that if these issues remain unaddressed, they would “return to haunt South Africa in years to come”.

The responsibility rests on psychologists to research culturally appropriate therapeutic interventions for South African children and families that are effective, brief, feasible, and able to facilitate catharsis outside of the therapy setting, as many South African families are unable to afford or access long-term therapy. Knoetze (2013) has developed a novel, integrative approach to sandtray work with children, the Therapeutic Sandstory Method (TSM). He promotes the use of TSM as it is an expressive, multimodal approach to child therapy, integrating Sandplay with narrative and social constructionist orientations. Knoetze (2013) further elicits that the TSM is applicable to use in the South African context, it is feasible and allows for therapy to continue outside of the therapy setting.

1.5 Research Aim

With this rationale in mind, this study aimed to explore and describe, through a single case study, how effectively TSM promotes and facilitates healing for a child in Makhanda, South Africa, as a brief, therapeutic intervention.

1.5.1 Specific Objectives.

The overall aim of the study translates into the following specific objectives. To explore and describe:

1. How the child-client responds to the instruction and process of execution of the TSM; inclusive of elements of excitement or resistance.
2. Possible factors in the TSM process that could hinder, or facilitate a collaborative therapeutic relationship.
3. The possible mechanisms of change at work during the TSM process.
4. How TSM facilitates or hinders expression in child therapy.
5. Themes and patterns identified in the TSM process.

1.6 Summary of Thesis Layout/Structure

In Chapter 1 we discussed the research problem, the rationale for selecting a South African child for the study, illuminating the association between mental health and poverty in South Africa, changes in South African family structures as a result of poverty, and subsequent relations to trauma, emotional and development difficulties in children. Followed by a discussion of the overall aim of the study as well as the specific objectives contributing to the theoretical and conceptual focus of the study. In Chapter 2, the reviewed literature and relevant theoretical research are discussed, and Chapter 3 highlights the methodology, clinical setting, data collection methods, and ethical considerations pertaining to the study. Chapter 4 focuses on the findings of the study to describe and explore the impact of the TSM as a brief intervention with a child in therapy and clarifies the child-client's story consisting of the case formulation, treatment plan, and course of therapy implementing the TSM process with the child-client. Chapter 5 provides a detailed evaluation of the Therapeutic Sandstory Method, more specifically the aims that have been met as well as the research questions answered.

Chapter 6 presents limitations of the study, reflections, and personal reflection recommendations for fellow scientist-practitioners and researchers, ending with a conclusion of the research study the thesis concludes with proper referencing and appendices capturing supporting documents pertaining to the research process.

1.7 Conclusion

The chapter provided a detailed account of the research problem, the rationale for selecting a child living in Makhanda, South Africa, for the research study, enlightening the relationship between mental health and poverty within South Africa as well as the changes and adjustments made in South African family structures as a result of poverty and subsequent relations to trauma, emotional and development difficulties in children. The basic research aims and objectives of the study were highlighted and discussed, as well as a summary of the layout of the thesis.

Chapter 2: Literature Review

2.1 Introduction

This chapter elucidates a discussion about literature highlighting the value of Sandtray work with children internationally, as well as within South Africa. Integrative therapeutic interventions are also discussed as fundamental interventions used when working with South African children facing adversity. This will then be followed by an introduction and discussion of The Therapeutic Sandstory Method (TSM) (Knoetze, 2013), a multimodal and creative therapeutic intervention to child therapy.

2.2. Sandtray Work in Therapy

Sandtray therapy is a technique that has been recognised and expanded upon since 1911 by a number of people; such as H.G Wells, the author of *Floor Games* (Wells, 1912), British Paediatrician, Margaret Lowenfeld, and Jungian analyst, Dora Kalff (founder of Sandplay). After H.G Wells published his book *Floor Games,* Margaret Lowenfeld came to recognize the healing qualities of projection and later developed the "World Technique", thus prompting Dora Kalff's development of a therapeutic technique used with adults and children known as Sandplay (Knoetze 2013).

Mendez (2012) describes Sandplay Therapy as a non-directive, expressive therapeutic approach, based on arranging and playing with miniatures in a sand tray, and is applicable and appropriate to use with clients of any age, ethnicity, or gender. Jungian Sandplay has been the chosen medium for sand expression in the past years however practitioners are adapting and using alternative lenses, applications, and interpretations to sandtray work; such as the use of the Adlerian Model, Object Relations, and Kleinian applications, where Sandplay has been made mobile and accessible to children and adults outside of the therapy room and into schools,

hospitals and homes (Knoetze, 2013). Webber and Mascari (2008) explain how the sand reflects the clients' own inner world, utilising metaphors and narratives to express interpersonal and intrapersonal feelings related to past trauma, within a safe environment.

Goliath, (2015) describes additional benefits of sandtray work in therapy especially when integrated into trauma counselling, as it decreases children's avoidant behaviours relating to triggers of the traumatic event enabling the potential for clients to develop a strong therapeutic alliance and sense of safety in the therapeutic setting. As a result, they are able to express and resolve emotional issues linked to their traumatic experience (Rasmussen, 2002). Research conducted by Webber and Mascari (2008, p. 2) emphasises how "clients report that they feel drawn to certain figures and are surprised at the power of sandtray in promoting their disclosure of sensitive issues". An additional benefit of integrating sandtray therapy in trauma counselling is identified by Goss and Campbell (2004) in that it is effective in assisting and meeting the needs of children with cognitive difficulties and socio-emotional problems, compared with that of traditional talk therapy. In accordance, Mendez (2012) supports the use and applicability of sandplay in a multicultural context, as it "can be used in association with other modalities of treatment, with clients at different levels of maturity, as well as those with different ethnic orientation and genders" (p. 12).

A postmodern orientation to sand tray work has also been welcomed by theorists such as Gallerani and Dybicz (2011), as they move "from the conventional Jungian position of interpreter of the Sandworlds to the position of co-creator and editor of the narrative identity reflected in the Sandworld…Every Scene, every Sandworld, tells a story" (Knoetze, 2013, p. 460). Roesler (2019) highlights that sandtray therapy has become more popular and valuable as an intervention when treating a variety of psychological, behavioural, and emotional problems. He further elicits that as years have progressed, a number of studies have promoted

the effectiveness of sandtray work with children in therapy, not only in the West but across parts of Africa, Asia, and South America.

2.3 Sandtray Work in South Africa

Some recent studies conducted within a South African context, align with Roesler's (2019) findings including the works of Adlem (2017), Ferreira et al. (2014), Fouche (2021) Knoetze (2013), Lubbe-De Beer and Thom (2013) and Snelgar (2018), all of whom reported benefits and success when using sandtray with their clients. Lubbe-De Beer and Thom (2013) reported that using sandtray work with vulnerable South African youth facilitated feelings of hope and increased psychological well-being. They also reported that sandtray work is an effective and appropriate technique to use in communities that are under-resourced. South Africa is home to a variety of societies, each with their own unique cultural preference, morals, and societal norms, therefore sandtray work is an applicable and relevant technique to use when working with a South African child. Boik and Goodwin (as cited in Adlem, 2017, p. 3.) argue that sandplay can be used across languages, ages, and developmental levels because the symbols of the objects used in the sandplay can serve as a common language making it a suitable intervention to use with children living in South Africa.

Snelgar (2018, p. 20-21) studied the effectiveness of sandplay therapy with a Xhosa child. He explains that sandtray therapy used with rural youth in South Africa is an effective intervention as it allows children to express themselves using the sandtray and miniatures as a means of communication. Snelgar (2018) further emphasizes the effectiveness of sandtray therapy with South African youth, in that children were able to share subjective traumatic experiences (as a result of parental abandonment, bullying, and poverty), using the sandtray and miniatures. He elicits the effectiveness of using sandtray to facilitate "improved resilience"

and supports the relevance and applicability of sandtray therapy, as the technique "may find utility in various cultural contexts".

Similar findings were reported by Fouche (2021, p.8) in that the "symbolic expression of a 16-year-old girl in rural South Africa, was congruent with trauma symptoms highlighted in sandplay literature". She continues to highlight the applicability of utilising sandtray therapy in her case study with an aggressive South African child-client. Snelgar (2018) and Fouche (2021, p.8) identify a limitation in the use of sandtray work within the South African context - the need for "more investigations to be made into the relevance of sandplay therapy in cultural contexts where collective and 'non-traditional family structures are present". Knoetze (2013) illuminates the fact that integrating sandtray therapy, together with other creative therapeutic modalities (TSM), could possibly be most beneficial when working with children in therapy within South Africa, however, he highlights that little research has been focused on this specifically.

2.4 Integrative Therapeutic Interventions with Children

Desmond et al., (2015) highlight the challenges that therapists may face when working with children, as many children have not yet developed abstract thinking (which is particularly helpful in traditional talk therapy) and therefore find it difficult for them to express their feelings and thoughts verbally. According to Adams (as cited in Desmond et al., 2015, p. 440), "Being able to connect with children who are experiencing a range of emotions and behavioural difficulties in a way that is therapeutic, developmentally appropriate, and engaging is a challenge faced by many clinicians". They encourage therapists to practice the integration of creative and expressive therapies with more traditional structured therapies in order to "assist children in processing traumatic experiences and to facilitate coping" (p.440), ultimately

"creating a space of empowerment for vulnerable individuals by giving them a voice…and enhance the potential for optimal therapeutic growth" (p.442).

It is evident that research highlights the significant role that creative therapeutic interventions could play in facilitating healing. Leggett (as cited in Desmond et al., 2015, p. 453) identifies how "suitable therapeutic approaches that combine talking and playing…would be the greatest benefit to understanding the client's story". Therefore, Knoetze's (2013) Therapeutic Sandstory Method (TSM) a novel, yet creative, integrative, multimodal approach; utilizing sandplay, narrative story-making, and therapeutic documents could serve as an effective short to medium-term therapeutic engagement with a child who is experiencing the above mentioned psychological and socio-economic difficulties.

2.5 Therapeutic Sandstory Method

Knoetze's TSM is an expressive, child-centred approach to sand tray work, using a narrative and social constructionist orientation (2013). He describes how this is achieved by combining deliberate story-making, sand-play, the reflection of stories, and the use of therapeutic documents, as a 'coherent approach' in the transformative healing process. TSM allows children to translate their own personal experiences into a concrete form, enabling them to communicate by engaging in storytelling and making metaphoric connections between stories and their life. Typically, TSM involves five stages consisting of 8-10 sessions and is found to be an effective short- to medium-term therapy in resource-scarce contexts (Knoetze, 2013). It is an intervention that undertakes a multimodal approach to working with children but more importantly is designed to continue outside of the therapy setting, making TSM an appropriate intervention to use in South Africa as many families are not able to access or afford long-term psychotherapy.

2.5.1 Constructing sandworlds and sandstories.

In conventional sandplay, clients are required to build a sandworld and by implication, create their own sandstory. However, the narrative orientation to sandtray work makes this explicit. The first main tenet of TSM is building a sandstory. The child is invited to construct and reconstruct their stories (about internalised traumas) with metaphors in the sand tray, culminating in attempts to reconstruct new meanings and identities to help make sense of their world (Knoetze, 2013). Guilfoyle (2009, p. 20) highlights how "post-structural philosophical context within which narrative therapy has developed…has the depth and complexity required to enable a rich understanding of therapeutic relational dynamics…as it locates meaning in an understanding of how ideas and attitudes are developed over time within a social… context". Thus, acknowledging the social nature of human life whilst encouraging individuals to share their own stories.

Similarly, narrative therapy uses metaphors extensively as a means of understanding and shifting realities thus, individuals are able to establish their own ideas, knowledge, and truths that are socially and culturally informed, through their own narratives (Kosanke, 2013). Vaandrager and Pieterse (as cited in Adlem, 2017, p.2) describe how Narrative therapy is particularly effective in helping an individual to "deconstruct the 'old problem' story into a 'new alternative' story…separate their lives and relationships from those knowledge(s) and stories that they judge to be impoverishing and to re-author their own lives according to alternative and preferred stories of identity, and according to preferred ways of life".

2.5.2 Stories and metaphors in the sand.

The second tenet in the TSM is an object of postmodern therapeutic conversation which is that of story-making, the deliberate telling of a story using metaphors. The miniatures and metaphors allow the child-client to separate themselves from their dominant life stories,

allowing them a safe and trusting space to reconstruct their preferred life narratives (Desmond et al., 2015). Petrovska (2016, p.43) highlights the significant impact of using stories in therapeutic work with children in that this story "facilitates healing and empowerment…it needs to be recognised as valuable and integrated". Postmodern psychology research further highlights the importance of using language, stories, and narratives in constructing social and personal discourses (Lyddon, Clay & Sparks, 2001). They further emphasise the significant role that metaphors play in developing the creation of meaning in an individual's life. Thus, Lyddon et al. (2001) identify that metaphors provide an array of benefits when used in psychotherapy such as; building a safe and trusting therapeutic alliance, assisting in addressing challenges relating to the client's resistance in therapy, accessing and exploring symbols and meanings, the ability to discover a client's hidden personal assumptions and beliefs.

Research highlights the importance of focusing not only on a client's individual life story but also focus on cultural and contextual stories (Freedman & Combs, 1996). Similarly, Anderson (as cited in Freedman & Combs, 1996, p. 30-31), reminds us that "the conversation, not the therapist is its author" and as therapists one can learn a great deal about a client through listening to their story as it provides a "rich source of knowledge and about the significance people find in their workday lives…revealing more about what can make life worth living than about how it is routinely lived". Using metaphors and story-making in therapy promotes a client's subjective experience of meaning-making, resulting in this integrated modality being relevant and applicable to use with clients from different cultures, religions, and spiritual backgrounds. The marriage of both narrative and social constructionist orientations, allows for the therapist to act as a guide, facilitating the healing process and supporting the client in reconstructing their own life narratives and dominant stories, ultimately leading to self-empowerment and becoming the expert of their own lives.

2.5.3 Storymaking.

According to Knoetze (2013), story-making allows for a child to construct and reconstruct their stories about internalised traumas, resulting in attempts to reconstruct new meanings and identities to help make sense of their world. A therapist utilises deliberate metaphoric and fictional practice resulting in a child feeling more at ease telling a story, in comparison to their own personal life. Gersie and King (1990), describe how deliberate story-making helps create a good therapist-client relationship, as it allows for a child to feel heard and important. Storymaking in child therapy is well suited in the South African context as the broader African culture has traditionally honoured the oral tradition of telling stories for many years (Yule, 1993). According to Freedman and Combs (1996, p.30), the significance of story-making is that "life is a matter of telling stories about life, and of living life…creating ever-new more complex stories about stories - that this story making is not just about human life, but is human life" (p.30). Keeping this in mind, one could argue that adopting a "postmodern view of reality" would be potentially beneficial to use with children who are experiencing socio-emotional challenges during stages of psychosocial development. Freedman and Combs (1996, p. 23), reiterate that these two orientations "offer useful ideas about how power, knowledge, and truth are negotiated in families and larger cultural aggregations…all the things that make up the psychological fabric of reality - arise through social interaction over time".

2.5.4 Retelling stories using coherent therapeutic documents.

Another creative technique that comprises the third tenet in the TSM is therapeutic letter writing. Knoetze (2013) coincides with current research aimed at promoting the use of letters in therapy, in that he expresses the value of rewriting the story and accentuates how one letter is equivalent to many face-to-face therapy sessions, enhancing the healing process for children who experience trauma in South Africa. However, according to Elzen, Breen and Neymeyer

(2020), even with important ground-breaking findings related to this, research on the benefits and effects of therapeutic letter writing over a period of time has not yet been undertaken. Little research has been done on exploring the impact of therapeutic letter writing and story writing between client and therapist in South Africa.

Knoetze (2013) believes one way of addressing this issue is to encourage the use of therapeutic letter writing between client and therapist, as it allows a client to feel a sense of empowerment and control in their own healing process. In accordance, Desmond et al. (2015, p. 446) promote the use of letters in therapy when they explain that writing letters "aids the client viewing themselves as separate from their problem through the process of reauthoring their problem stories". The utilization of therapeutic documents as a communicative tool is a practical and feasible intervention that can continue out of the therapeutic setting, making it a viable therapeutic intervention to use in South Africa, where many members of the community are unable to access and afford long-term therapy. The TSM is a multimodal approach promoting possible healing through the use of an array of therapeutic modalities best suited to the client's individual and social context. It is an intervention that is expressive, creative, and most importantly culturally sensitive, making it an appropriate intervention to use in therapeutic work with South African children.

With the above principles in mind, TSM could possibly serve as a vehicle of expression and transformation for children and adolescents in therapy who have experienced trauma and socio-emotional difficulties. The TSM implements the utilization of three effective modalities in therapy, to assist in promoting healing and facilitating self-empowerment and resilience in South African children (Desmond et al., 2015).

2.6 Conclusion

This chapter explained the literature informing the value of Sandtray work with children internationally, as well as within South Africa. The significance of utilising Integrative therapeutic interventions was identified when working with South African children facing adversity. The chapter provided an introduction and overview of a new therapeutic technique, The Therapeutic Sandstory Method (TSM) (Knoetze, 2013), a multimodal and creative intervention to child therapy.

Chapter 3: Methodology

3.1 Introduction

For the purpose of this study, this chapter presents the theoretical framework of the study (phenomenological, hermeneutic, social constructionist, and interpretative paradigms) followed by the discussion of case study methodology (pragmatic case study), the scientist-practitioner model, along with the specific research questions and aims of the study. The research methodology is then presented which is identified as; the research design, sampling of participant, method of data collection, data reduction, and data analysis (thematic analysis) to interpret the qualitative data. The clinical methodology involving the child-client's personal TSM (narrative and social construction orientation) process is discussed, consisting of four phases. The ethical considerations, risk aversion, confidentiality, criteria for trustworthiness as well as principles of reliability and validity of the study are discussed, followed by a conclusion to conclude the chapter.

3.2 Theoretical Framework

According to Pyo et al., (2023, p. 13) "research can be quantitative or qualitative, depending on the data collection and analytical methods…qualitative research uses specific methodologies to analyse qualitative data obtained through participant observations". This research study is a qualitative interpretative study with a South African child, in Makhanda, South Africa, where the researcher is positioned as subjective and, in the words of Parker, where the "subject and object coincide" (Parker 2005, p.6). The theoretical and conceptual focus of the study aligns with the phenomenological, social constructionist, interpretative hermeneutics tradition, ultimately situating the research in a post-modern paradigm.

According to Edwards (2007), in pragmatic case study research in psychotherapy, the term research methodology is used to refer to the scientific principles underlying the process of data collection, data reduction, and data interpretation. The clinical methodology refers to "the set of procedures for assessment, treatment planning, and ongoing decision-making in the implementation of an intervention" (Edwards, 2007, p. 21). Both the research method (Research Methodology) and the intervention (Clinical Methodology), are informed by the post-modern phenomenological, interpretative, hermeneutic, and social constructionist paradigms all of which focus on a person's subjective experience, the influence of social aspects on the construction of knowledge and understanding of these. When unpacking each of these orientations it becomes apparent how each paradigm is unique, applicable, and complimentary to the study.

To summarise, the Phenomenological orientation to research is philosophical and focuses on describing and exploring subjective human experiences by focusing on the essence and construction of the subjective experience, in order to gain an understanding of the fundamental meanings and significance attributed to them. The interpretive paradigm is a broad orientation aimed at interpreting and comprehending human subjective experiences, meanings, intentions, and perspectives, whilst recognizing the influence of social and cultural contexts on the construction of knowledge in order to achieve a holistic understanding. Hermeneutics aligns itself with phenomenology and interpretative paradigms in that it focuses on interpretation and understanding, however, the focus is on different methods of communication of a person's subjective experience, through interpreting meanings and intentions. The researcher found the Hermeneutic Model to be well-suited for the case study description as it "provides a structure within which you can systematically investigate aspects of psychotherapy" using case study methodology (Edwards, 2011, p. 3) enabling the scientist-practitioner to;

1. Formulate a theme or question, such as the aim directing this proposed study;

2. Articulate a conceptual framework: For this study a phenomenological, interpretive, hermeneutic, social constructionist, and narrative therapy orientation, integrated with sandtray work which informs meaning;

3. Situate the case study within an existing body of literature: Sandtray Therapy, story making, narrative therapeutic techniques, and childhood trauma;

4. Review the case material: Through the use of data extraction, using specific vignettes pertaining to the objectives of this study. Subsequently establishing specific themes are identified in case material of the TSM process to be analysed within the framework of suitable literature to the South African context.

5. Write a case narrative: Extracting specific vignettes during the TSM process pertaining to specific patterns of behaviours and themes observed, without distorting the original meanings of the narratives based on the aims and objectives of the study.

6. Concluding evaluation: Review the primary research aim, to explore and describe how TSM facilitates healing in child therapy as a single therapeutic intervention, against case material.

3.2.1 Social constructionism paradigm.

Social constructionism aligns with the hermeneutic paradigm in that both are aimed at understanding meaning. Whiting (2007) describes social constructionism as a postmodern theoretical orientation that focuses on the realities that people construct over time within a social, community context. It is an attitude that a researcher adopts to understand how beliefs, meanings, and views of themselves in the world is as a result of subjective experiences,

language systems, and social contexts – through interactions and constructed stories as a result of the social interactions. Whiting (2007) further highlights how these constructs may all change if the context changes. Social constructionists support the notion that the modernist worldview focuses on truths and generalised rules and procedures with little emphasis on subjective meanings thus, challenging the authoritative truths and encouraging scientist-practitioners to focus on the individual's subjective experiences and meaning associated therewith (Freedman & Combs, 1996, p. 21). They further explain that human beings are limited in their ability "to measure and describe the universe in any precise, absolute and universally applicable way… we are against using the medication, research, findings or diagnostic terminology in mechanised, routine and/or dehumanising ways" (Freedman & Combs, 1996, p. 21).

3.3. Case Study Methodology

According to Fishman (2013, p. 403) psychotherapeutic case studies "have the capacity to link directly to the work of practitioners … in the same type of setting in which clinicians' function, that of the single case…case studies have played a most important role in the development of a wide range of therapy models". (p. 403). Practitioners such as Edwards (1998) and Fishman (2013) promote the significance of using a single case study as the research methodology, as case studies enable scientist-practitioners to draw on clinical evidence obtained directly from the therapeutic setting. Fishman and Westerman (2011) as cited in Snelgar (2018, p. 7) argue that case studies play an important role in evidence-based practice as it enables the "focusing in on small amounts of clinical material in order to expand…general theoretical concepts by concretizing them to form the basis of evidence-based practice in psychology".

Edwards (1998, p. 10) describes that "it was the careful observation, description and comparative discussion of individual cases that was the foundation of the development of clinical knowledge…the foundation of knowledge in the human and social sciences in general". According to Fishman (2002, p.276) when exploring a case study systematically one should always be mindful of the "culture wars" between the traditional (the essence of which is a quantitative statistical orientation), "natural science" and postmodern paradigms that are interpretive, focusing on "human sciences".

3.3.1 Pragmatic case study method.

There are many different types of case studies and case study research. Even though findings from individual case studies cannot be generalised with the wider population, Edwards (2007) and Fishman (2013) both elicit the significance of utilizing the pragmatic case study method and its contribution to building psychotherapy evidence as it informs evidence-based practice and provides a rich, detailed case description of the client. When using the pragmatic case study method, it allows the researcher to gather qualitative data from a variety of sources (Edwards 2011). This detailed case description is practiced through natural observation, in real-world settings, without too much intrusion in the research process (Fishman 2013). Another benefit highlighted when using a pragmatic case study method is that allows researchers to examine the effectiveness of therapeutic interventions (including integrative modalities) in a typical clinical environment that feels natural to both therapist and client (Fishman 2013). This in turn provides the research with relevant and comprehensive data, based on a client's subjective experiences and contextual influences. Edwards (2011) explains how the qualitative data collected during the process can then be organised, thematised and analysed (through the process of data generation, data reduction, and data interpretation) in order to identify specific themes, questions, aims, and objectives pertaining to the study.

This study used an exploratory-descriptive pragmatic case study methodology illuminating the alignment of postmodern (narrative and social constructionist) concepts within a case study with the use of qualitative data, "in which the central research question focuses on participants' experience" (Edwards, 1998, p. 4). Due to TSM being a relatively new approach to child therapy, the aim of the descriptive study was to explore, not to generalize or construct a theory, but rather to "achieve an organised and coherent presentation of the phenomenon (Edwards, 1998, p. 7)", which in this specific study is the understanding of the effectiveness of the TSM with a child, living in Makhanda, South Africa, with the aim of providing information that is valuable in guiding future research and clinical decision making. For this reason, the researcher felt the pragmatic case-study method well-suited for the nature of the individual case, as it is well aligned with the above-mentioned theoretical framework and conceptual orientations and provides a coherent approach to the execution of the case, data collection, data reduction, data analysis, and data interpretation.

3.4 Scientist-Practitioner Model

When a researcher is also the psychologist collecting clinical data and observations, a possible limitation would be that of the researcher being biased due to subjective experience and therapeutic views. In order to verify and increase the trustworthiness of the qualitative research, the case study was conducted in the clinical setting situated within a Scientist-Practitioner orientation. According to Johnson (2015), the Scientist-Practitioner training model (or Boulder) Model remains the primary model to train graduates as it integrates science and practice, on a continual basis (Jones & Mehr, 2007) where training psychologists need to apply and integrate psychological theory, while simultaneously generating new knowledge and skills through the application of theory in practice. Jones and Mehr (2007, p. 767) believe that the Scientist-Practitioner Model possesses "the ability to move the field forward and generate fresh

knowledge in the form of new empirical findings, theories, or treatment programs". Similarly, Edwards (1998) emphasizes the importance of understanding and acknowledging the benefits of subjectivity (understanding of the child-client) within the Scientist-practitioner Model. With the above in mind, I found the Scientist-Practitioner Model to be suitably aligned with the methodology and context of the study.

3.4.1 Supervision.

Throughout the clinical and research process, I remained mindful of the distinction between the two processes. Weekly supervision with an experienced and registered child psychologist ensured that the child-client's therapeutic best interest directed the treatment process, as the scientist-practitioner, I needed to consider the potential risk of following treatments and interventions suited to my research needs and data gathering rather than what is best suited for the child-client's therapeutic needs. This became evident in that I, under the guidance of my supervisor, altered the timing during stages and implementation of the TSM originally suggested by Knoetze (2013) to best suit the child-client's therapeutic process, yet remaining close to the suggested method and not deviate significantly from the original suggested method.

Overall the theoretical and conceptual focus of the study aligns with the different orientations (phenomenological, social constructionist, interpretative, and hermeneutics) and case study methodology, using the scientist-practitioner model, ultimately situating the research in a post-modern paradigm, with each orientation informing and contributing to the research, specific research questions, aims, and objectives of the pragmatic case study.

3.5 Research Aim and Questions

With this rationale in mind, the study aimed to explore and describe how TSM as a brief therapeutic intervention, provides a vehicle of transformation to facilitate healing in working with a child in Makhanda, in South Africa.

3.5.1 Specific objectives.

The overall aim of the study translates into the following specific objectives. To explore and describe:

1. How the child-client responds to the instruction and process of execution of the TSM; inclusive of elements of excitement or resistance.
2. Possible factors in the TSM process that facilitate a collaborative therapeutic relationship.
3. The possible mechanisms of change at work during the TSM process.
4. How TSM facilitates expression in child therapy.
5. Themes and patterns identified in the TSM process within this specific study.

3.6 Research Methodology

The study aligns generally with the theoretical and conceptual orientations described above, with the interpretative hermeneutics' orientation, ultimately situating the research in a post-modern paradigm. Both the research method (research methodology) and the interventions' (clinical methodology) theoretical orientation and paradigms are informed by the post-modern, interpretative, hermeneutic, and social constructionist paradigms. Edwards (2007) clarifies that research methodology is used to refer to the fundamental scientific values underlying the process of data collection, reduction, and interpretation. The theoretical and conceptual orientation of the research study and methodology is based on phenomenological,

interpretative, social constructionist, and hermeneutic paradigms. These paradigms along with The Hermeneutic Model (Edwards 2011) as discussed in section 3.3.2, guided the research methodology (research design, participant sampling, data generation, data reduction, and data analysis).

3.6.1 Research design.

This study used an exploratory-descriptive pragmatic case study methodology, illuminating narrative and social constructionist concepts within a single case study, "in which the central research question focuses on participants' experience" (Edwards, 1998, p. 4). Therefore, the purpose of the study was not to simplify findings but to attain a better understanding of the Therapeutic Sandstory Method (Knoetze, 2013) approach to an observed child in therapy and to assess whether this method is, intelligible and applicable for practitioners to implement when working with a South African child, living in Makhanda.

3.6.2 Sampling and participant selection.

Purposive sampling was used, based on the explicit aims and objectives of the study. A single, voluntary child-client participant, referred to a training university's psychology clinic by a legal guardian, presenting with socio-emotional concerns, was selected based on the criteria for the selection of the participant for the study; a South African pre-adolescent child aged 7 to 12, able to communicate in English, of any gender, socio-economic status and race.

3.6.3 Data generation.

According to Edwards (1998) during case study research, as with Amy's case, (Amy is a pseudonym for the child-client, as all identifying data has been obscured to protect the child and family's identity) when data is generated, the process of data reduction is important. Edwards (1998, p.17) describes data reduction as the organizing of data collected during

interviews in the form of transcripts and verbatim. This data is then reduced and "organised into a manageable form both for the researcher to work with and presentation". Aligned with pragmatic psychotherapy case study research, in Amy's case, the data generated does not reflect her full psychotherapeutic process, but rather sections of data (vignettes) from parts of each session in Amy's TSM process. Amy's therapeutic journey is more rounded than this description pertaining to the TSM, as it involved a number of other creative child therapy techniques (puppets, games, and art) and a number of play therapy sessions after the TSM process had ended. However, the data generated in this study pertains to Amy's TSM process. Thus, the significant interactions and vignettes in Amy's TSM process were extracted in service of the research question and aims pertaining to this study.

Keep in mind, the whole case is more rounded than this description pertaining to the TSM. Whilst generating data during Amy's TSM process I remained aware of both the benefits of my subjective stance as a researcher and therapist as well as the dangers of my subjective stance, being close to the clinical case (Edwards 1988). Edwards (1988, p. 3) deliberates on the importance of combining clinical methodology with that of research methodology and elicits that "the quality of our science depends on the quality of our data". This means that a sufficient range of qualitative data is collected to enable meaningful relationships to be examined within a single case. Thus, in order to ensure the quality of this case study, a variety of data sources were used. These data sources were based on Amy's clinical case and consisted of the following;

1. Interviews with her parents,
2. Intake sessions with Amy,
3. Process notes in Amy's case file
4. Personal notes on thoughts and reflections during clinical and research supervision.

5. Tape and video/Zoom recordings pertaining to our sessions together,
6. Vignettes that I have extracted in service of the research questions,
7. Therapeutic documents created in the TSM process (retell-letter, TSM storybook)
8. Photographs taken of Amy's sand trays and the sandworld that she constructed.
9. Lastly my research diary and personal reflections about our TSM process together.

3.6.4 Data analysis.

It is important to highlight that data was analysed both for research themes as well as for clinical themes. This study focused on extracting pertinent incidents in clinical methods through data reduction, eliciting data aligned with answering the research questions. Clinical data was then analysed using Thematic Analysis. The relevant data extracted was transcribed as a series of case vignettes consisting of; recorded observations, metaphors, narratives, child-client's stories, and my own personal reflections from my reflective notes recorded on the session notes (See figure 1) after each session regarding how the session went, the child-client's progress as well as any thoughts or feelings regarding the TSM process as an intervention.

3.6.4.1 Thematic analysis.

According to Clarke, Braun and Hayfield (2015, p.1) Thematic analysis is described as "a method for identifying, analysing and interpreting patterns of meaning (themes) within qualitative work... and can be applied across a range of theoretical frameworks and paradigms". Thematic Analysis is most suited for a qualitative study as it "is a research tool that allows an in-depth engagement" (Kosanke, 2013, p. 20), further aligning it with the chosen conceptual and theoretical orientations (hermeneutics, interpretative, etc.) of this study. For the purpose of this study, the selection of vignettes from the qualitative data obtained through observations, recordings, session notes, etc.) were guided by the specific research questions and aims pertaining to the research study. Clarke et al. (2015, p.2) highlight how well-suited thematic

analysis is to this study of the TSM process in that the aim is "not simply to summarise the data content, but to identify and interpret, key, but not necessarily all, features of the data guided by the research question (the research question is not fixed and can evolve throughout coding and theme development)". This coincides with Knoetze's (2013) extracting of verbatim and selecting specific vignettes from the client's TSM process, which is then used to help create meaning and understanding of the client's subjective and social constructionist views.

Clarke et al. (2015, p.2) describe how thematic analysis "can be used for both inductive and deductive analyses, and to capture both explicit and latent meaning". They further explain how thematic analysis allows for thematizing to be done in a range of ways and perspectives, for example, this qualitative data pertaining to the child-clients' TSM process was thematized manually (using recordings, clients verbatim, session, and process notes) through the process of colour coding (See figure 1).

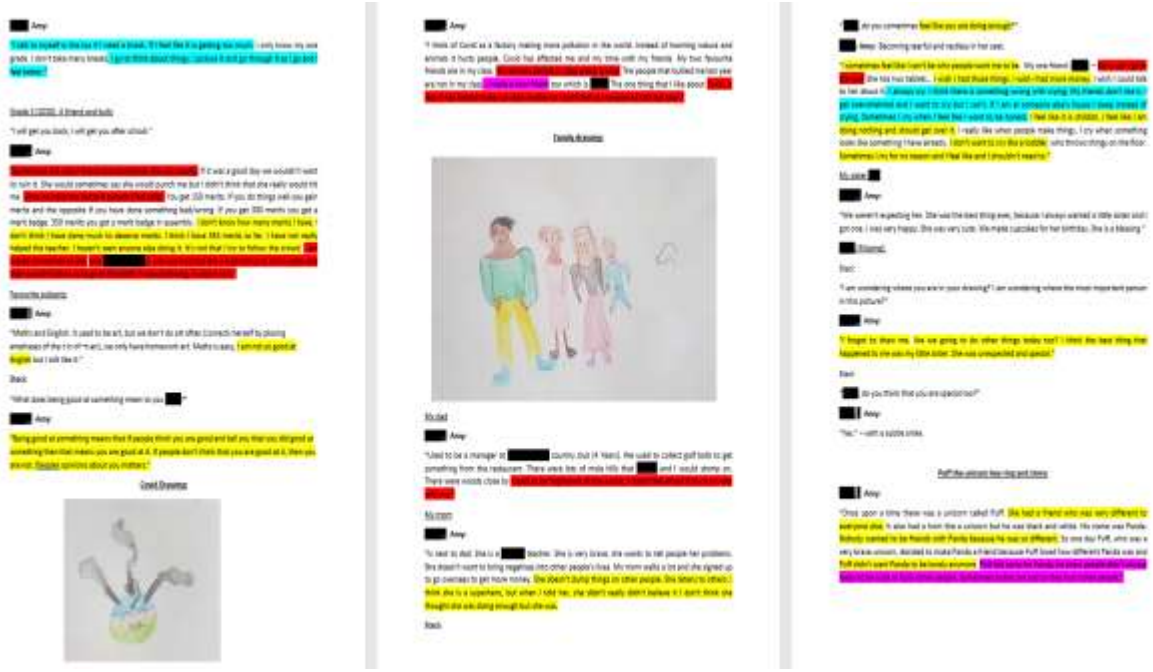

Figure 1: An Example of Vignettes Extracted from Clinical Method and Thematized Manually using colours.

For the purpose of this study, we implemented what Braun and Clarke (2006) describe as a six-phase process for thematic analysis, initially intended for interview data, yet providing a perfect structuring tool as it was used to extract specific research themes and meaningful vignettes in relation to the research question and specific research aims.

1. The first phase required me to become familiar with the data generated in the TSM process with my child client. Repeated reading of qualitative data was important, in order to identify and record the child-client's initial meanings and patterns.
2. The second phase involved systematically generating codes applicable to the data gathered.
3. The third phase required that I search for meanings, patterns, and themes in vignettes that represent significant findings in correlation to the research question and aims.
4. Phase four required the reviewing of the themes, to conclude whether each theme was sufficiently supported by adequate amounts of data relating to specific themes identified in TSM.
5. The fifth phase involved defining each theme and recording the fundamental core pertaining to each theme.
6. The final phase involved my ability, as the scientist-practitioner, to demonstrate written research that was a "concise, coherent, logical…and interesting account of the story" (Braun & Clark, 2006, p. 23).

3.7 Clinical Methodology

The clinical method of the study is informed by the post-modern, interpretative, hermeneutic, social constructionist paradigm. Clinical methodology refers to "the set of procedures for assessment, treatment planning and ongoing decision making in the implementation of an intervention" (Edwards, 2007, p. 21), which in this case is the TSM.

Knoetze's (2013) TSM is an expressive, child-centred approach to sand tray work, informed by narrative and social constructionist orientations.

3.7.1 Narrative orientation.

The general theoretical orientation of the research study was explained at the start of the chapter, this description of the narrative orientation specifically pertains to the clinical methodology of the TSM, a technique situated within the narrative therapy tradition. Narrative therapy was initially theoretically conceptualized and further developed in the 1980s by Michael White and David Epston. Research indicates that this therapeutic approach views problems in terms of stories that shape one's life (life story), it externalizes a client's problems assuming their clients have the skills, and abilities to re-author their own life stories thus becoming the expert of their lives (White, 2007).

White (2007) further described how narrative therapy focuses on identifying the meanings, problem stories, and negative conclusions that clients have authored and internalized as a result of their life history, significant relationships, and communities within which they live. Narrative therapy aims to provide alternative stories to these negative understandings and problem-saturated life stories relating to their identities through deconstructing the problem life story and understanding how a variety of factors (such as culture, sexuality, gender, and race) have influenced the client's dominant story pertaining to their life. Freedman and Combs (1996, p.16) support this when stating that "people began to inhabit and live out alternative stories...within new stories, people could live out new self-images, new possibilities for relationship and new futures".

Research highlights how narrative therapy is congruent with existentialism as it encourages people to find their own meaning. Narrative therapy is adaptable and applicable to different contexts and can be integrated with a variety of therapy modalities and interventions.

Expressive therapeutic interventions such as Sandplay therapy is one modality that has found the integration of narrative therapy to be beneficial in the healing process, as each person has a story to tell and in the process of storytelling, one is able to find meaning and fosters feelings of being valued and self-worth (Knoetze, 2013). Gersie as cited in Knoetze (2013, p. 461) describes these stories as being "crucial to human experience...telling matters and not telling has many undesirable consequences for our health. We all tell stories. They are universal, told across cultures, time, location, historicity, and contexts".

3.7.2 Social constructionism and narrative therapy.

According to Freedman and Combs (1996, p. 22), narrative therapy is theoretically aligned with the postmodern, social constructionist worldview - that stories, realities, and identities are socially constructed as a result of "power, knowledge, and truth negotiated in families and larger cultural aggregations" making it particularly relevant to use in South Africa. In essence, Freedman and Combs (1996, p. 22) highlight that a social constructionist approach "locates meaning in an understanding of how ideas and attitudes are developed over time within a social… context". Thus, acknowledging the social nature of human life whilst encouraging individuals to share their own stories. Narrative therapy uses metaphors extensively as a means of understanding and shifting realities. Doam (1997) explains that social constructionism is closely aligned with narrative therapy, in that both orientations support the idea that narratives and discourses develop over time and are based on and are measured in accordance with norms developed within a particular social context. He further highlights that "social constructionists prefer stories that are based on a person's lived experience…as stories based on lived experience allow for the experience of personal agency" (p.130).

Doam (1997, p. 131) illuminates the alignment between Social Constructionists and Narrative therapeutic orientations, assumptions, and practices in stating that both are "cautious

of singular, totalizing accounts" and prefer to focus on "accounts that honour and respect the community of voices inherent in each individual and how these accounts can be respected within a particular system". Both orientations aim to assist clients whose dominating stories have caused personal difficulties or interpersonal conflicts within family systems. Both orientations share the view that the client isn't the problem, that the problem is something that can be externalized and deconstructed as it was originally constructed as a result of previous social interactions and contexts.

With South Africa having over 11 different languages and diverse cultural and spiritual backgrounds, integrating both orientations within such a multicultural context could be suitable and beneficial when working with children in therapy. After careful intake interviews to judge the suitability of the intervention, the clinical method involved the TSM as a treatment modality, contributing to data generated in this pragmatic case study. We then followed the steps in the TSM processes (clinical methodology) which are presented as 4 semi-structured phases (described below).

3.7.3 TSM as the clinical intervention.

In Chapter 2, a general description of the TSM process was provided along with a more detailed description of the TSM. The description here is to describe this child-client's specific TSM process.

3.7.3.1 Phase 1: Getting to know the client (TSM Stage 1).

During Phase 1, the intake interviews (approximately 3 sessions) were conducted and prompted by Covid-19 restrictions, information was obtained using Zoom as well as a Poststructural Narrative Model to guide the scientist-practitioners case formulation (Meehan & Guilfoyle, 2015). The first two intake sessions included both the child-client's parents. The

child-client's parents were requested to complete background information questionnaires standard to practice, followed by an intake session with the child-client without the child-client's parents present. Two subsequent sessions incorporating other creative therapeutic techniques (puppets, drawing, and play-dough) were used to follow up and transfer the focus to the child alone.

3.7.3.2 Phase 2: Introduction to sandtray and storytelling (TSM Stage 2 &3).

Phase 2 consisted of 2 sessions. Session 1 consisted of preparation for the TSM and collaboratively revisiting highlights in the child's life. In Session 2 (Stage 3 of TSM), I introduced the child-client to the sandtray and asked her to make a story in the sand. Once the sandtray was constructed the child-client was asked to tell their story. A title was given to the story and the child-client was invited to actively play in the sand, bringing their story to life. The child-client's personal report of the sandtray story and changes made by the child-client to their tray was recorded, using verbatim recordings, photographs, and session notes (Knoetze, 2013).

3.7.3.3 Phase 3: Retelling using therapeutic documents (TSM Stage 4).

Phase 3 happened between therapy sessions. I constructed two therapeutic documents pertaining to the recorded sandstory. The first document was aimed at recreating the child-client's exact verbatim story. The second document was written as a "retelletter" (Knoetze, 2013, p. 464) using my own words, offering a reconstruction of thin narratives of hope. The colourful printed version of the child-client's sandstory was in the form of a book, including images, photographs of the sand story, age-appropriate language, and font, making it easy for the child-client to understand. Both the letter and story were meant to be delivered or posted in an envelope together, addressed to the child-client (Knoetze, 2013) however I gave the book

to the child-client in the following session as there was a delay in printing the book. Copies of these therapeutic documents were collected and used as qualitative data.

3.7.3.4 Phase 4: Conclusion (TSM Stage 5).

Phase 4 consisted of 2 final sessions (one with the child-client alone and one with her parents), concluding the TSM process. A follow-up session was arranged with the parents a few weeks later to gauge progress as a result of Covid-19 lockdown restrictions and protests at the university and further feedback and correspondence were obtained telephonically and electronically via email.

3.8 Ethical Considerations and Confidentiality

3.8.1 Informed consent and assent.

Written consent was obtained through two written forms; One consent form (Appendix A) was completed by the parent/guardian and an assent form (Appendix B) was completed by the child-client. I ensured that the letters of consent were explained both verbally and telephonically before sending them electronically via email. Letters of consent were filled out in 2020 and 2021 as part of the initial application for therapy at the training university, prior to starting individual psychotherapy. The consent forms were discussed during the intake interviews in order to ensure the participants of the study understood what they are consenting to as well as to answer any questions relating to the study. The letters informed the participants that the research would in no way explicitly add or subtract from the therapy process; that the therapy will unfold as a primary activity and that the research follows as a documenting activity.

The participants were informed that recorded verbatim of therapy sessions using audio recordings would be used in this study, as well as photographs of the sandstories constructed

by the child-client. This was mentioned in the initial consent forms when applying for psychotherapy at the training university's Psychology Clinic and again in the consent letters pertaining to the study that was shared with the parents. The participants were encouraged to ask any questions relating to any concerns that they might have. During the informed consent and assent process, it was explained to the child-client as well as her parents that her case details would be shared in supervision, for both research supervision as well as clinical supervision in order to ensure I adhere to principles and ethics set out by the Health Professions Council of South Africa (HPCSA) and the university's Humans Ethics Committee as well as to not impede with the child-client's therapeutic best interests.

3.8.1.1 Gatekeeper permission.

After I received ethical clearance (Appendix C) from the ethics committee at the training university's Psychology department (RPERC) and the University (RUESC), I contacted the Clinic Coordinator at the training university's Psychology Clinic to request permission for research purposes, to be assigned a child-client from the psychology clinic's waiting list. Gatekeeper permission (Appendix D) was granted for the study.

3.8.2 Covid-19 and other risk aversion.

In order to ensure the child-client would not be exposed to additional risk, the therapy took place at the training university's Psychology Clinic and Counselling Centre. HPCSA ethical procedures were adhered to and the case was supervised by an experienced child psychologist, to ensure that the standard of therapy and safety were followed. Due to the clinical case taking place during the Covid-19 pandemic, strict safety measures were adhered to at all times, with social distancing being maintained and the necessary sanitizing of toys, stationery, and therapeutic tools before and after each therapy session. Amy's therapeutic process was largely affected by the Global Covid-19 Pandemic, which placed a continuous risk

to the research study and clinical case. Covid-19 and other variants still exist today, thus future Pandemics continue to pose a risk to future research and clinical work with clients and fellow practitioners (Posel et al., 2021). The participants were informed that they were able to withdraw from the study at any time, and their withdrawal would not in any way affect the quality of the ongoing therapy as the scientist-practitioner, I ensured the principle of beneficence was maintained throughout.

3.8.3 Confidentiality and anonymity.

As the scientist-practitioner, I was bound to adhere to the HPSCA rules and regulations regarding the participant's rights to privacy, anonymity, and confidentiality. I was not allowed to disclose any identifying information about the participants to anybody else other than the clinical and research supervisor. This was made explicit during the intake interview when informed consent forms were discussed with the participants. The child-client's case file, including administrative documents, therapy process, and progress notes were securely stored at the training university's Psychology Clinic as per HPCSA requirements.

3.8.4. Criteria for trustworthiness.

According to Shenton (2004, p. 63), trustworthiness "is often questioned in qualitative studies", with particular reference to "concepts of validity and reliability" However, he argues that researchers have demonstrated how to integrate measures to address these concerns. He explains that the following four criteria should be considered in order to ensure trustworthiness in a qualitative study; credibility, transferability, dependability, and confirmability. To further increase the trustworthiness of this qualitative research's findings, verbatim from sessions and respondent validation were utilized ensuring the child-client and her parents agree that the findings of the study correctly reflect their experience.

3.8.4.1 Credibility and dependability.

The study is credible and dependable as the research questions, descriptive design, qualitative data, and thematic analysis are age and contextually appropriate, utilizing specific and thoughtful research strategies enriched by the incorporation of detailed process notes, photographs of sandworlds, and copies of coherent therapeutic documents shared throughout the TSM process.

3.8.4.2 Transferability.

Narrative and social constructionist orientations, allow for subjective experiences and interpretations of metaphors by the child-client. The two orientations combined with the rich descriptions of findings in this research enable fellow researchers to compare and assess the findings applicable to other contexts, ensuring transferability.

3.8.4.3 Confirmability.

Confirmability is ensured through the careful description of the TSM stages, allowing replication by other practitioners or researchers (Bless, Smith & Sithole, 2016).

3.8.5 Reliability and validity.

With the above principles in mind, the research conducted is reliable as the research process was made transparent by providing a thorough and detailed description of the research process as well as ensuring the provision of a rich description of data analysis methods using the child-client's verbatim, video recordings, tape recordings, short notes, and photographs. In accordance, I continuously paid attention to ensure that the theoretical framework upon which the research was conducted remained theoretically transparent throughout the study. Silverman (2014) highlights the important role that qualitative data plays in ensuring reliability and

validity when conducting research. The research conducted is valid, as I made use of reflecting back on findings, metaphors, and stories constructed during the TSM process with the child-client and child-client's parents as Silverman (2014, p.149) encourages utilising "respondent validation" in qualitative studies as it plays a significant role in ensuring validity. Silverman (2014, p.152) further elicits the importance of respondent validation in qualitative studies, as he believes "good research goes back to the subjects with tentative results and refines them in the light of the subjects' reactions".

3.9 Conclusion

The chapter provided a detailed account of the theoretical framework of the study (phenomenological, hermeneutic, social constructionist, and interpretative paradigms) followed by the discussion of the case study methodology (pragmatic case study method), along with the specific research questions and aims of the qualitative study. The significance, applicability, and suitability of the scientist-practitioner model in relation to this study were discussed. This was followed by the research methodology (the research design, sampling of the participant, method of data collection, data reduction, and data analysis) and clinical methodology which involved the child-client's personal TSM (narrative and social construction orientation) process consisting of four phases. The ethical considerations, risk aversion, confidentiality, criteria for trustworthiness as well as principles of reliability and validity of the study were discussed to conclude the chapter.

Chapter 4: Case Illustration – Amy's Story

4.1. Introduction

For the purpose of this pragmatic case study, Amy's clinical intervention is discussed, through a narrative orientation lens. This chapter elicits Amy's therapeutic journey in relation to a comprehensive description of her background including her history, presenting concerns, treatment plan, prognosis, and follow-up. A post-structural narrative formulation is used to discuss the understanding of the case conceptualization. A detailed account of the implementation of the TSM process and consecutive sessions is discussed, followed by a discussion of the clinical themes identified and a conclusion to conclude the chapter.

4.2. Background to Amy's Story

At the time of referral, Amy (pseudonym), was ten years and fifteen days old. She is a white, English-speaking female child, from a low to middle-class socio-economic background, living in Makhanda, South Africa. Amy's parents referred her for psychotherapy after being contacted by her class teacher after Amy reported a traumatic childhood event that occurred at the age of four, where she had experienced sexual encounters with another older female child while sleeping away from home. Both parents expressed concern that Amy had become very timid, anxious, and tearful. Amy's parents reported the onset of changes in Amy's emotional responses a year later when she was five years old and the family had moved to another town. At the age of six, Amy's family's dynamics changed when being separated from Amy's father as a result of her mom finding work elsewhere, subsequently, Amy started at a new school too.

Amy's parents reported that Amy was bullied at her new school and was often criticized for poor performance in Mathematics by her class teacher, at the time. They reported the bullying continued for the following two years. Amy was prescribed Ritalin at the age of eight

as a result of concentration difficulties however, they felt that it had caused Amy to "*lose her sparkle, personality, and creativity*". They further expressed that they would like therapy to help Amy to gain her self-confidence and increase her low self-esteem as she was not participating socially at school. Her parents reported the family had undergone multiple adjustments due to the onset of her father's ill health and unemployment. Amy's family had moved multiple times in the past three years and at the age of nine, the family had welcomed the birth of her baby sister Zara (pseudonym).

Amy's parents felt it was at this time that she developed an increase in self-doubt, low self-esteem, and interpersonal difficulties. The family had noticed that Amy became increasingly anxious about making mistakes and was more withdrawn than usual. They reported that Amy became emotionally distressed about losing her father after a friend's father had passed away. They reported wanting the outcome of therapy to assist Amy to build self-confidence, to communicate her feelings verbally without becoming emotionally dysregulated and being able to cope better at school and in social settings. Amy reported feeling shy, and different from other children and the people around her.

4.3. Treatment Plan

In order to address Amy's emotional and interpersonal difficulties, the TSM was selected as the preferred intervention aimed at facilitating healing linked to feelings of inferiority and difficulty expressing emotions. Knoetze (2013) describes how the TSM "seeks to empower children and adolescents, affirming alternative identities and exceptional life stories" (p.459), making it an ideally suitable intervention for Amy's presenting problem.

4.4. Prognosis and follow up

Amy's prognosis was good. She had supportive parents and educators, who were committed to her therapeutic process. Amy was able to recognize that she was able to express herself to others in a safe and trusting space. She was able to recognize her strengths and showed an increase in confidence. Due to her experience with the lack of structure and consistency, she experienced growing up, therapy sessions were made at the same times and days each week. Due to Amy having felt inferior to those around her and being given individual attention and time, we had concerns about Amy possibly attaching herself to me resulting in experiencing potential difficulties when ending her therapy process. The recommendation was made by the scientist-practitioner and her supervisor for Amy to continue with non-directed play therapy, for a period of 12 Sessions due to unexpected socio-economic factors and family adjustments that occurred at the end of the TSM process.

4.5 Post-Structural Narrative Formulation

Meehan and Guilfoyle (2015, p. 26) highlight that formulations are problematic within a post-structural narrative orientation. They further explain how "narrative practice tends to be solution-focused in nature… considerably more attention is given to understanding processes of change than processes of problem formation and maintenance". Narrative therapists argue that "claims to know persons can contribute to the narrowing down of human multiplicity to a single-voiced vision of life… it is desirable from a clinical as well as a pedagogical perspective to formulate" (2015, p.3). Thus, based on the nature and orientation of the TSM process, we found Meehan and Guilfoyle's (2015, p. 2) proposed "formulation structure for post-structural narrative therapy" to be most suitable as it facilitates ongoing reflection and is sensitive to the multicultural context whilst maintaining focus on the multiplicities of Amy's narratives and life experiences.

4.5.1 Subject position.

Meehan and Guilfoyle (2015, p. 9) describe a subject position as stories that a client will construct that are either "implicit or explicit". They explain how these stories according to the model used, illustrate who the client positions themselves as in their own stories, subsequently causing the client to "become their subject and inhabit the positions". In Amy's TSM process she refers to herself as being "*different to others*" and as a result would often live with feelings of inferiority due to not being able to measure up to other people's standards and expectations in her social, educational, and family contexts. Amy's primary subject position is being that of being inferior which is a common theme in the stories and verbatim that Amy shared in therapy. Amy's view of others is storied as being brave, judgmental, intimidating, more socially and financially competent, and in control of their thoughts, feelings, and reactions. Amy views herself as more socially anxious, introverted, and emotional, yet feels that she is surrounded by people who are more extroverted and able to control their emotions. In an effort to appear "*normal*", she would remove herself physically from the anxiety-provoking environment or avoid telling the truth about how she feels in order to please others around her.

4.5.2 Discourses.

Meehan and Guilfoyle (2015, p. 10) refer to "discourses" as how the client has learnt to construct their view/conclusions of themselves in their narratives. "We can infer discourses from narratives we hear in conversation". Two of the primary discourses that have been identified as contributing to Amy's feelings of inferiority and deficiency is that of extroversion which interconnects into the discourse of individuality. Cain, as cited in Meehan and Guilfoyle (2015, p. 19 & 20) highlights how the discourse of extraversion "places high value on extraverted, and interpersonally confident and self-assured styles of engagement, while devaluing introverted…styles of engagement". This is evident when looking at Amy's reasons

for referral, where her mom stated that Amy had "*become timid, tearful, quiet, and socially withdrawn*" and is problematic by becoming like this.

One can understand how Amy has felt engulfed within this discourse as she feels she cannot measure up to expectations at home and school causing her to live with feelings of anxiety and helplessness facilitating Amy's "saturated identity" of being socially inept, weak and inferior to the people in her social context. This is evident when Amy says "*I cannot be who people want me to be*". Amy has found it difficult to accept her "*abnormal, tearful and timid*" ways and thus has found great difficulty in finding alternative ways of being in the world. The interconnection into individuality arises when Amy conforms to the problem-saturated subject position of being socially inadequate and inferior subsequently creating difficulties in seeing her alternative ways of being in the world. As a result, she accepts the constructed idea/belief that she is the problem, because there is something wrong with her.

4.5.3 Normalizing judgments.

Meehan and Guilfoyle (2015, p. 11) describe the normalizing of judgements as the way in which interpersonal and intrapersonal influences help construct one's view of self in one's narrative, as individuals "will inevitably face entire communities of persons to have him fulfil certain normative standards in ongoing ways". The possible societal norms constituting Amy were brought to light through; what she said in therapy ("sayabilities"), her interactions with others ("relationships"), what she had seen ("visibilities"), and subsequent behaviours in response to the above ("doabilities")

4.5.3.1 Amy's societal norms.

Amy's societal norms identified throughout the TSM process constitute the following;

Table 1: Amy's Societal Norms and Supporting Verbatim	
Societal Norm	Amy's Verbatim
People should not make their problems known to others.	(When speaking about her mom) *"She doesn't make her problems other people's problems".*
I am not normal.	*'It is not normal to cry like I do".*
Crying is a form of weakness.	*"Please don't talk to them about me crying. I don't want them to know that I cry all of the time".*
If my sister is giving my parents a difficult time, I need to put more effort into making them happy.	*"I am a big girl. I should help my mom…not make things worse".*
People won't believe me.	*"I tell her she is doing a good job but she doesn't believe me".*
Kindness and helping others are reflections of personal strength,	*"There is my mom, she is very brave because she listens to other people's problems".*
People should be completely honest,	*"I want them to stop keeping things from me".*
Financial status determines acceptance and worth,	*"I don't like being different. Their parents all have money…I am always the odd one out".*
Good people are capable of doing bad things.	*"He wasn't always a bully. It's just that people were nasty to him. He isn't always a bad person".*
When you don't feel well, keep it hidden,	*"I know things are bad but they say everything is fine when it is not".*
Expressing emotions gets you into trouble,	*"Sometimes I cannot talk to my parents because I am afraid of how they are going to react".*
I cannot meet expectations others set out for me.	*"I am not loud like Zara".* *"I cannot be who people want me to be".*
Perform well in order to be accepted.	*"Being good at something means that if people think that you are good and tell you that you are good at something then that means that you are good at it".*
I am not as important to others.	*"Zara keeps my mom very busy so I don't get to spend much time with her".*

As highlighted in Table 1, Amy's view of herself as being inferior in the world was influenced by her social contexts such as her parents, family, friends, peers at school, and educators. All of them contributed (unintentionally) to maintaining Amy's self-discourses. When Amy was able to control her anxiety and emotions she would be rewarded and praised by those around her, in the same way that she was negatively appraised for more introverted responses. One of Amy's past foundation phase teachers referred to Amy as being weak at mathematics and another at spelling. At the age of four, Amy (now ten) was unable to talk about a traumatic incident that occurred and as a result, felt inadequate in her way of dealing with the situation and felt like she was a disappointment for not being able to express herself at the time of the incident. Amy placed more emphasis on the dissatisfaction from her parents in the way that she handled the trauma in comparison to the actual traumatic event itself.

Amy has learnt through modelling her parents' behaviour and values that being able to control one's emotions and listen to others' problems and "*not make my problems anyone else's*" is a sign of strength. With the birth of her younger sister, at the age of nine, Amy had learnt responsibilities as the older sibling and often compared herself to her younger sister, Zara. Amy believed that she was a good sister however feels that because she was older she should have had her emotions under control and found it difficult to do so. She often felt that Zara had most of her family's attention, subsequently, Amy learnt that productivity and achievement are linked to her being noticed and praised, further eliciting feelings of increased self-worth. However, due to constant family adjustments, moving, and social pressures Amy's discourse of inferiority and individuality would be maintained as a result of not always being able to meet the expectations. This in turn would maintain Amy's anxiety and ideas of being socially inept and a disappointment to others, unable to control her emotions, perform academically and compete with her sister and peers socially, as well as materialistically.

4.5.4 Disqualified or lost knowledges.

Amy's idea of normative standards and her view of herself in the world is not the complete story of who she is. Amy's life is a map of integrative stories mapped out by her different problem-saturated life experiences and interactions with those around her (White, 2007). As a result of Amy's dominant life story being that of a young girl feeling socially inept, introverted, and inferior, she has deviated away from her other alternative life stories. Some of these alternative life stories and "unique outcomes" were identified through stories told throughout the TSM process, where Amy identified herself as the helper, the comforter, and the compassionate caretaker, who is able to be non-judgmental and accepting of people who are different, clumsy and make mistakes (Meehan & Gilfoyle, 2015). She realised in therapy that self-acceptance was dependent on the focus and need for acceptance from others.

During therapy Amy identified through the process of reflection, re-telling, re-membering, re-constructing, and using metaphors and storytelling – all aligned with narrative therapy strategies, that she prefers being introverted (Knoetze, 2013). This became evident when stating that she enjoyed being similar to her dad and that she "*one day, would love to be an animator and storyteller*," where she gets to do what she loves, showcase her artistic talent, and "*make people laugh, without having to be the centre of attention*".

4.6 Amy's Therapeutic Sandstory Method Process

4.6.1 Phase 1: Getting to know Amy (TSM stage 1, session 1-3).

During Phase 1 of the TSM, the intake interviews with Amy's parents were conducted and prompted by Covid-19 restrictions, information obtained online using Zoom. It was clear that Amy comes from a loving and busy household. Amy was not present for the initial intake however her little sister Zara would often interrupt and take her parents' attention away from

the interview in progress. This gave me an idea of how Amy (who I had not yet met) might possibly feel the need to compete for mom and dad's attention at times and might not always feel heard.

4.6.1.1 Amy's first meeting.

I met Amy for the first time, in person at my place of work, a Counselling Centre. She was a very friendly, well-mannered little girl. Amy found it difficult to make eye contact at first. She was unsure of what to do when we arrived in my office however once I informed her that this space isn't like school, it's different, she made her way over to the table where she spotted the creative corner with play dough and pencil crayons waiting to be discovered. When I asked if she knows why she is here to see me, she said "*Yes, because my spelling isn't very good and I sometimes cannot talk to my parents because I am afraid of how they are going to react*". I noticed how Amy would apologize for mispronouncing words, dropping crayons on the floor and bumping the arts and crafts container over. She apologized and said "*I am very clumsy*". After waiting to see my reaction towards her "*clumsiness*", Amy started building a play dough Covid-19 monster (see figure 2). I noticed how she was able to feel more comfortable in answering questions when she was moulding the clay in comparison to traditional talk therapy.

Once settled and engaged in her monster making process, Amy initiated a conversation about sexual encounters with another child when she was four years old. She had spoken to her teacher about it after her Life Skills lesson at school. Her teacher contacted Amy's parents and suggested that they try to get some counselling for Amy. Whilst talking to me, I noticed that Amy omitted the mouth on her Covid-19 monster. I wondered aloud if this could have been an indication of how she is currently feeling? Perhaps not feeling like she has a voice, difficulty expressing her thoughts and feelings, or possibly felt like she wasn't being heard?

She became tearful at this point and it was during this conversation that the first themes (Inadequacy and Anxiety/worry) surfaced:

Staci: *I can see that you have tears in your eyes. What's making you feel this way?*

Amy: *It's my fault for not telling anyone. I didn't do the right thing…*

Staci: *Why do you think that you didn't tell anyone?*

Amy: *I didn't know it was wrong… It felt strange but I didn't want to get into trouble. She said she would break my toys if I told anyone our secret. I told her if she breaks my toys I will tell on her. She said nobody would believe me.*

It became apparent during the session that Amy's trauma wasn't necessarily the shame manifesting from the sexual encounter itself, but rather feeling shameful for the *"disappointment"* that her parents felt as a result of her *"not doing the right thing",* "*not being able to tell them*". As the next few sessions unfolded it became apparent how much anxiety Amy was living with. Amy spent most of her session expressing concern and anxiety surrounding Covid-19, her family's financial problems and possible consequences that may arise as a result there of. Another theme (Adjustment and Anxiety/Worry) emerged when referring back to her Covid-19 clay monster.

Staci: *How do you feel about the Covid-19 Monster?*

Amy: *I don't like him. He doesn't let us spend time together with the people that we love and it makes us change plans too many times. He is mean… He makes people sick. People are afraid their family won't be there when they get back.*

Staci: *Are you afraid that your family won't be there when you get back?*

Amy: *Yes…*

Amy reported feeling like "*life has really been difficult during Covid-19*" and reported feeling worried about her family members becoming sick as well as worrying about her father

as "*his boss isn't speaking to him anymor*e". She became increasingly tearful during the session as these events could bring about change at home, as she expressed "*being worried about not having enough space for the dogs and then they will have to go away*".

This deeply affected Amy as she had expressed that she doesn't have many friends and her pets are her family. It became evident that Amy becomes increasingly anxious about adjustment within the family and lack of structure as a result of unemployment and health related matters. Before ending the session, Amy drew a picture of herself (See figure 1). She reported that she loved art, drawing and reading stories. Her drawings were consistent with social and emotional indicators reported in the intake sessions. She gave me her Covid-19 monster (See figure 2) entrusting that I shall keep it safe until our next session. As a result of so many family adjustments, we decided to keep our session days and time consistent in order to provide more structure for Amy. A valuable theme (Structure) emerged at the end of our session during our closing conversation;

Amy: *Thank you so much for today. Thank you for being so kind to me and for listening to me and letting me speak to you.*

Staci: *Thank you for sharing your life story with me Amy. I enjoyed listening. What would you say was your favourite part of today's session?*

Amy: *I really enjoyed making the Covid-19 Monster!*

Figure 2: Amy's Drawing of herself

Figure 3: Amy's Clay Covid-19 Monster

4.6.1.2 Amy's second meeting.

Amy appeared excited and more comfortable in her second session. I introduced the voice recorder to Amy and explained what it does and why I will be using it in some of our sessions. She seemed wary of it and rushed to start her family drawing. Whilst drawing her picture, I asked Amy about school and a new theme (Inferiority) emerged, feeling inferior towards her peers. The identified theme of being different continuously emerged throughout the process of getting to know Amy. She expressed feeling different to her peers as a result of her family not having money to buy her the latest tablets, fidget toys and cell phone. She reported feeling like she looks different and feels that she isn't as intelligent as her classmates and peers. The conversation went as follows:

Amy: *I miss my old school. It was small and I knew everyone. My school that I am in now is too big and I only know the people in my grade.*

Staci: *I can imagine that it must be tough to move from a small school to a bigger one. How do you feel in your class?*

Amy: *I don't really have lots of friends in my class. Sometimes I leave the classroom to go to the bathroom to think about things and to clear my mind. I don't really help my teacher. I am too scared to ask.*

Amy shared many of her favourite memories spending time with her mom and dad before her baby sister Zara was born. Amy would often speak about Zara. She had also made a comparison about the two of them, expressing how unlike herself, "*Zara is very loud and demanding*" and that she would often have to give Zara her toys because if she didn't it would result in Zara crying. A new theme (Invisible to others) became evident when a great deal of emphasis and attention was placed on Zara by both Amy and her parents. I found Amy would often direct our meetings around Zara. I wondered if this reflected how she was feeling at home.

It felt as though Amy was unfamiliar with being the centre of attention and almost found it uncomfortable speaking about herself. While drawing, we had a conversation about Zara;

Staci: Tell me a little bit about Zara.

Amy: She is two years old. I was very excited to have a sister. I was very excited to meet her. Zara is very special.

Staci: And you? Do you feel like you are special?

Amy: Yip…

I noticed that Amy started becoming increasingly restless. She had finished her family drawing and that she had excluded herself. She wasn't as comfortable talking about her family. She asked to go to the bathroom and once she had returned the next theme (Emotional Dysregulation) emerged when we continued the conversation about her drawing:

Staci: Tell me a little bit about who is in your family drawing?

Amy: That is Zara. There is my mom, she is very brave because she listens to other people's problems. She doesn't make her problems someone else's. I tell her she is doing a good job but she doesn't believe me.

Staci: Do you sometimes feel like you are like your mom?

Amy: I try to be but I cry all the time and I shouldn't because it's childish. I am a big girl. I should help my mom…not make things worse.

It was during this time that I realised how Amy positions herself as the main "problem" in a number of situations that she had disclosed. She reported feeling like something is wrong with her as she is often tearful which brings about unwanted attention from peers and classmates as well as irritability and frustration from her parents. Amy forgot to draw herself in her family drawing (See figure 3) which further supports feelings of inferiority and being left out which were expressed throughout our sessions.

When given a chance she quickly drew herself in between her mom and Zara. She drew herself bigger than her mom. I wondered if this was a symbolic attempt to be seen.

Figure 4: Amy's Family Drawing

Amy then took the opportunity to ask me if I had forgotten about her homework where she had to think of a story about her unicorn key ring. I wondered to myself if she often feels forgotten about. The conversation went as follows;

Amy: *You forgot, didn't you?*

Staci: *Forget about…?*

Amy: *My story about Puff that you said I must tell you today. My mom sometimes forgets things but I know it's because she is very busy. Zara keeps my mom very busy, so I don't get to spend much time with her.*

4.6.1.3 Amy's third meeting.

Amy's parents had reported in the intake interview that Amy had been bullied over the years. Amy reported that the bullying wasn't as bad this year as she was no longer in the same grade anymore. Amy reported that "*not all bullies are bad people*". This theme emerged in storytelling during session two and three. In order to start preparing Amy for the TSM, I asked

her to tell me more about her story about her unicorn key ring as well as a story about the paper dolls that we made (See figure 4). I found Amy was able to speak more openly and easily about bullying and her feelings of inadequacy when using items from the toy box to externalize her thoughts and feelings in comparison to when I used traditional talk therapy only.

Figure 5: Amy's Paper Dolls

Amy shared her two stories; "*A unicorn named Puff*" and "*The new girl*". Both stories involved themes of being different and not being accepted by others as a result of this. A number of themes emerged from this conversation;

Amy: *He wasn't always a bully. It's just that people were nasty to him and he wasn't very happy. So, he would take it out on others to feel better…Nobody really gave him a chance…Puff is sometimes friends with the bully because he knows that he isn't always a bad person. Sometimes bullies are sad so they hurt other people.*

Staci: *Do you have bullies at your school?*

Amy: *Yes. They can be friendly and mean. Some children were not nice to me when I came to my new school. They said I was different. I don't like being different. Their parents all have money…I am always the odd one out. It's not fair…It is really difficult to make friends in my new school.*

The framework offered by Erikson's (McLeod, 2013) psychosocial stages places Amy in the Industry vs. Inferiority of development, which means that due to feeling incompetent as a result of feeling like she is unable to control her emotions and perform academically in comparison to her peers, she experiences feelings of inadequacy. This feeling of inadequacy is what leads Amy to be less "industrious" and inventive, which in turn prevents Amy from fully engaging with her environment. This became more prominent as the meetings progressed. This theme will be discussed in more detail in the following chapter. One of the most profound moments in this session was when during a conversation about performance at school, Amy expressed vulnerability in the conversation that went as follows;

Amy: *I cannot be who people want me to be. I am not like other people. I am not good at things like Maths and English.*

Staci: *What does being good at something mean to you Amy?*

Amy: *Being good at something means that if people think you are good and tell you that you are good at something then that means that you are good at it. If people think you are not good at something, then that means that you are not good at it. People's opinions about you matters.*

A new theme (People Pleasing) was identified during this conversation in which other people's opinions have a profound impact on Amy's sense of self-worth and the way in which she views herself in the world.

4.6.2 Phase 2: Introducing Amy to sandtray and storytelling (TSM Stage 2 &3).

4.6.2.1 Amy's fourth meeting.

Before our fourth meeting I had prepared Amy that we would be moving from my office to explore a new room, called the sandtray room (See figure 5). I explained that the sandtray room was in a different building and that we would be returning to my office again at a later stage. During the fourth meeting, I welcomed Amy into the sandtray room. I showed her the

shelf filled with miniatures as well as the sandtray (See figure 5 & 6). Amy appeared to be more withdrawn and nervous in her new surroundings. She would only move to explore items if she had received reassurance that it was okay that she may touch the miniatures and sand. Amy bumped over the miniatures and apologetically tried to place them all in the same original places. She was uncertain if she was in trouble and appeared disappointed in herself for being "*clumsy*". I explained that she must make a sandworld using the sandtray and miniatures. I told her to let me know when she is finished and then she can tell me a story about her sandworld.

Amy was very unsure of what miniatures to use. She kept taking out miniatures placing them in the tray and then returning them to the shelf. She rushed through her tray. Amy appeared anxious when starting off her tray however became more relaxed and comfortable as time went by. When I asked Amy to tell me about her sandworld she was only able to name the miniatures that she had placed in her tray (Knoetze, 2013). I was aware of not being too directive and therefore didn't want to ask Amy about her tray as I didn't want to influence her story for research purposes (Edwards, 1998). It was of utmost importance to keep Amy's best interest in mind. I had not received a verbal story about Amy's Sandworld at the time, however there was something very special unfolding in front of the two of us. The sandtray served as a vehicle of communication, transforming Amy's unspoken words into a silent yet powerful sequence of carefully placed metaphors, forming a beautiful concrete sandstory (Lyddon et al., 2001). Amy was able to show me her story through the construction of her sandworld however she wasn't able to express her story in words during our session.

Figure 6: Sandtray Room with Miniatures

Figure 7: Amy's First Sandtray

4.6.2.2 Amy's fifth meeting

I asked Amy if she would like to return to the sandtray room. I asked Amy if she would like to construct a new tray or to build onto the existing sandworld. Amy chose to add to her existing sandworld. Once her sandworld was constructed (See figure 7). She invited me to join her at the sandtray. I asked her to give her sandworld story a name. She gave her sandstory a title (Thailand the Great Beach). Amy told me a story about her sandworld (Knoetze, 2013), which I repeated out loud back to her as I typed. I then read the story back to her once she had finished. This also gave Amy an opportunity to edit any changes if she wanted to, which in her case she didn't make any changes. This was recorded, using video and tape recordings, verbatim and photographs with Amy's assent.

Figure 8: Amy's Sandworld Story – Thailand the Great Beach

Amy's Sandstory went as follows:

Thailand the Great Beach

"Once upon a time there was a beach in Thailand. In the corner of the beach there was a sign with a kangaroo on it. They built a gate around it because often a kangaroo would walk by and they didn't want the kangaroo to bump the sign down or nobody to spray paint the sign because they wanted to keep the sign safe and make sure that nobody gets hurt.

A boy named Tyler would normally come to the beach with his skateboard every day to look at the elephants but his mom took him to the beach anyway. You could ride elephants on the beach because it was nice and big. Lots of people would come look at the elephants on the beach but they wouldn't ride the elephants because they were too expensive to ride on. Sometimes they would make the costs of riding the elephant less so the boy would come every day with his money to ride an elephant if he was lucky.

One day he came with his mom and a small little dog came to his mom. It didn't have an owner so they looked around the beach and no one said that they own it. So, they went home with the dog until they could find the owner. They never did find the owner but they had a sweet little dog that the boy would take on walks on the beach when he would go to look at the elephants.

At the beach, the reason the small little dog came to his mom is because two other dogs were at the beach and it was frightened of the two dogs. The two other dogs spotted a cat and the small little dog thought that they were going to chase him. The cat spotted them and hissed at them and ran away. The two other dogs didn't realise that there were two hedgehogs behind a bush near them with a lizard that wasn't scared of them. So, the dogs could have chased the lizard.

Further along the beach there was a pile of rocks with a butterfly on them. The butterfly rested there because it saw another butterfly resting on the beach and was wondering if it would get up, and it did! It came to him and they fluttered away together.

By the ocean there was a turtle coming to the sand he didn't realise that he was going the wrong way and then he soon realised that he should be going to the ocean because his friends were in the ocean. And there were other animals in the ocean like a whale and a dolphin. The dolphin spotted a boat. The dolphin started going towards it. The people on the boat took pictures of the dolphin. The flashing lights made the dolphin swim away because he was scared. The dolphin went to the whale because he knew that nobody would dare go close to the whale because everybody was scared of it because it was so big!

A lobster was on his way to the ocean because he saw a bunch of plankton to eat and hadn't eaten in a while so he was very hungry.

In the end everyone in the beach had a great day because the day was quiet and calm".

4.6.3 Phase 3: Retelling of Amy's story using therapeutic documents (TSM Stage 4).

This part of the TSM process did not take place during therapy with Amy but out of the therapeutic space, between our sixth and seventh session, where I created therapeutic documents pertaining to Amy's recorded sandstory. The first document was a colourful storybook (See to Appendix G) that I made using PowerPoint, recreating Amy's exact verbatim story. The second document was in the form of a written retell-letter (Knoetze's 2013) (See Appendix F) where I used my own words offering a reconstruction of thin narratives of hope (White, 2007). I printed a colourful version of Amy's sandstory in the form of a booklet that she could keep with her. I was initially meant to attach the book that I had made, together with the letter that I had written to Amy and deliver it in an envelope (See figure 8), addressed to Amy, however the printing took longer than expected. With Amy's parents' permission I decided to deliver the letter to their house and keep the printed-out book (See figure 9) to share with Amy in one of the upcoming sessions as a "definitional ceremony" (White, 2007).

Figure 9: Retell letter posted to Amy

Figure 10: Amy's Printed Story Book

4.6.3.1 Amy's sixth meeting.

Amy was very excited for therapy. She gave me a hug hello and I asked Amy if she would like to return to the sandtray room to try out another sandtray. She was more assertive and confident in her answer than usual and directed the session, instructing that she would prefer to go to my office and play. Amy was more outspoken in today's session. She opted to sit on the couch and put her feet up. She instructed which games to play and which puppets we should play with. Amy's favourite puppet was Croc, the crocodile, she was able to express herself more easily when playing with and speaking through Croc. I asked Amy during puppet play how she felt about the TSM process.

Staci (Hippo): *How do you feel about your sandstory and the book that we are making for you?*

Amy (Croc): *I am very excited!*

Staci (Hippo): *What was your favourite part of building your sandworld?*

Amy (Croc): *I made it with you.*

4.6.3.2 Amy's seventh meeting.

Amy appeared more withdrawn than usual at the beginning of our session. She started warming up towards the end of the game we were playing. I could see today was a day where Amy didn't really want to speak much, so I brought out Croc and Hippo Puppets. She chose to switch her puppet to Hippo this time. I found this unusual as Croc was always her favourite puppet. She appeared more directive than usual. She created a new rule to the Card game, allowing Croc and Hippo to ask the questions and to not use the timer this time. I found this particularly interesting as I wondered where the change had come from. Amy usually prefers structure and routine in our sessions.

I thought I would use the opportunity to let the puppets give Amy her sandworld book (Knoetze, 2013). She seemed to be excited about seeing the book and its glittery front cover. As we opened the book I noticed Amy become more rigid and uncomfortable. I then offered for her to read her story to the puppets because they were very excited to hear her story. She read the story to the puppets however seemed anxious when reading it out loud – almost fearful of making mistakes. We had a conversation with me using Croc, the crocodile puppet to speak to Amy about her letter in the mailbox;

Croc: *Amy, Staci told me that you received something very special in the post-box? Did you like it?*

Amy: *Yes, the paper is very pretty! It was fun to get something in the post-box because only mommy and daddy get post. My mom read the letter to me and my Gran during load shedding and then my mom asked me if I am the Kangaroo in the story because I am so clumsy.*

Croc: *And what did you say?*

Amy: *No! It's not me, it's a Kangaroo and I am not a kangaroo, I am a girl. Can we do something else now please?*

Amy became evidently more withdrawn after speaking about her mom asking her about the Kangaroo (See figure 11). It was as if she felt that her secret was no longer her own in a way. I wondered quietly to myself, if Amy wasn't ready to reveal or unpack the metaphors used in the story. The safety theme emerged again and the tension and complication between sharing with parents versus maintaining privacy and confidentiality in child therapy was reflected. This aspect is elaborated on in the discussion under 5.3.3.

Figure 11: Kangaroo Miniature used in Amy's storybook, Page 1.

She opted to draw a picture of the two of us playing her favourite card game. I sat beside her and observed. I was concerned about how this might have affected Amy and if this could have caused her to have feelings of mistrust towards me for writing a letter that her mom could read. Amy asked if she could draw a picture of her and I together. A conversation started that went as follows:

Amy: *I am drawing a picture of us doing my favourite thing with you.*

Staci: *And what is that?*

Amy: *When we play cards together. I actually like everything that we do together. I like spending time with you. I am making us the same clothes, because we are the same. We both like purple, animals and chocolate ice-cream. We are kind and you are like me…just old.*

I had made Amy aware that we were coming to the end of our TSM process and that I would be meeting with her parents in the next session. I asked if she would like me to speak to them about something and if there was anything that she wouldn't want me to mention. The eighth theme (Shame) emerged during this conversation. The conversation went as follows;

Amy: *(Becoming tearful) Please don't' talk to them about me crying. I don't want them to know that I cry all the time.*

Staci: *Can I ask you why you don't want me to tell them about the crying?*

Amy: *They aren't like you when I cry, they see Zara cry all the time. They don't need me to cry too. I am a big girl and big girls don't cry. Mom gets irritated with me when I cry and Dad tells me I cry about small things that I shouldn't be crying about. It's not normal to cry like I do.*

As tearful as Amy was in our meeting, she opened up a great deal about her crying as well as the response she receives from others. She spoke freely without me asking her. It's as if that day, Amy realised that this space is her safe and trusting space, where she felt she is accepted and isn't going to be judged or reprimanded for her tears. She didn't apologise for her tears that day. She established boundaries and was honest about what she needed and expected from her parents. A part of me wished I had asked this question earlier to unpack this even more, however I trust the process and believe that this was a sparkling moment in her therapy process. Amy was able to reflect on her own feelings and behaviour. She was able to express her thoughts, needs and boundaries verbally and confidently. This is something that Amy was not able to do initially. This is evident in the following verbatim recorded;

Staci: *Amy, I promise that I will keep my promise. I do also think that you should try to speak to mom and dad a little bit more about how you are feeling so they can understand you. It's very difficult to be a young girl, at school, worrying about mom and dad and pretending that you are okay when you feel like you are not. Is there anything that you would like me to talk to mom and dad about?*

Amy: *If I tell mom and dad how I am feeling then I want them to stop keeping things from me. I know things are bad but then they say everything is fine when I know it's not.*

Staci: *It sounds to me like you, mom and dad are doing the same thing by pretending, hey?*

Amy: *Yes, I don't want that anymore.*

4.6.3.3 Feedback session.

Amy's parents were very excited for our feedback session. They made the necessary arrangements to be able to both be present for the session. We discussed Amy's home environment and how often Amy might feel excluded as a result of her younger sister who constantly needs her parent's attention. We discussed Amy's TSM process and the observations made during the process. Much reflection was made on possible reasons for Amy's behaviour during therapy. We discussed the Sandworld and Sandstory that Amy made (Knoetze, 2013). They raved about the letter and Sandworld storybook. A discussion unfolded regarding the metaphors used in her story and what their views were about the characters and how the story could possibly relate to them as a family. We discussed the financial challenges that the family is facing as well as encouraging both parents to seek psychological support during this time. The need for structure and to help Amy establish her own sense of identity within the family became the main focus of the session whilst reflecting back on Amy's family drawing where she forgot to include herself. We addressed possible solutions to assist in creating a home environment that is more inclusive for Amy and her parents.

Amy's parents reported that her schoolwork and concentration had improved and Amy had been awarded with a merit award. They reported that Amy is more outspoken, confident and willing to participate in new activities. She had started netball as a winter sport and was enjoying it. They reported she isn't as tearful anymore however she has "*her moments*" (which is to expected in the process of therapy). It became evident that Amy's general default response had changed and were developing into new coping strategies. Her parents wished to keep her off of her Ritalin as they felt she was coping better at school. We agreed that Amy would continue therapy as new family adjustments were underway due to unemployment and Amy's Aunt and cousin moving in as a result of a divorce in the family.

4.6.3.4 Final TSM session with Amy.

In Amy's final TSM session she chose to bring some of her books from home to show me. We went through the books selecting our favourite pictures. She also brought her sketch book that she has been working in. Amy was talkative and smiling. She was able to speak about her feelings and appeared to be more self-compassionate and accepting of mistakes or possible areas of growth. She reported that she had spoken with her parents about our feedback session and she had found it easier to speak to her mom and dad about how she feels. I made use of metaphors used in Amy's sandstory whilst engaging with her during the session. Verbatim during drawing portraits (See figure 12, 13 & 14) went as follows;

Amy: *I really love to draw, but I am not very good at it. I am still learning.*

Staci: *I don't know how to draw Amy. I see how you draw in your sketchbook and would love to be able to draw like that. I am very clumsy though – kind of like the Kangaroo in your story. I make lots of mistakes like your turtle that lost his way…but just like him I find my way back.*

Amy: *I feel like the dolphin that hides away from the people on the boat that take photos. That's why I want to be an animator one day. So that I can make people laugh through my drawings but without everyone looking at me.*

Figure 12: Amy's drawing of the two of us

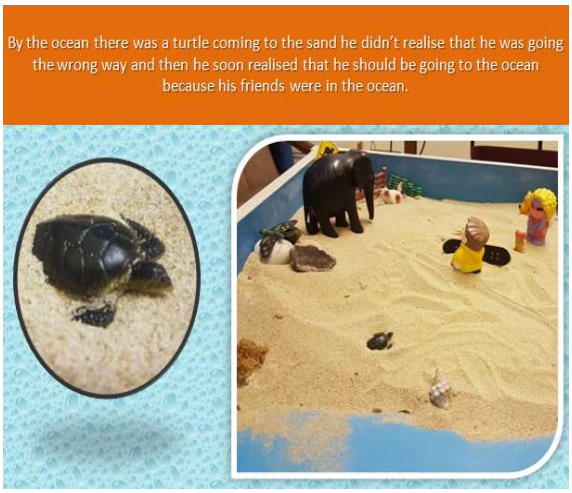

Figure 13: Turtle in Amy's Sandworld

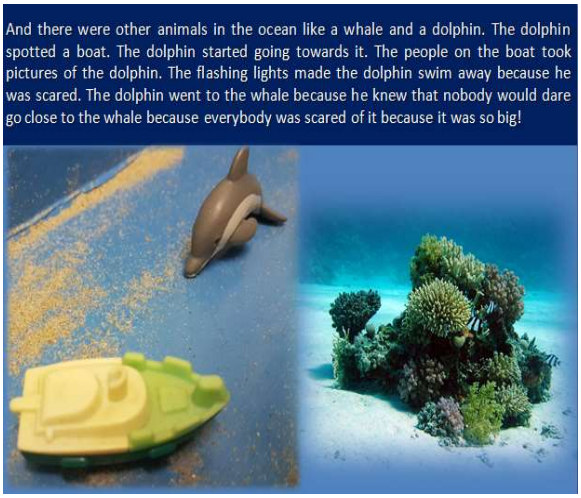

Figure 14: Dolphin in Amy's Sandworld

As the conversation unfolded another sparkling moment was identified when using metaphors from Amy's Sandworld (Refer to Figure 15 & 16), as the ninth theme (Trust and Safety emerged (White, 2007). The conversation went as follows:

Staci: *I think many people feel like that; sometimes it feels safer to hide away from everyone that is watching you, especially if a person is shy. I really like how the dolphin could trust the whale in your story, the whale is brave to protect the dolphin. It kind of reminds me of you, when you told me how you always kind and try to help people.*

Amy: *You are also like the whale!*

Staci: *Am I?*

Amy: *Yip!*

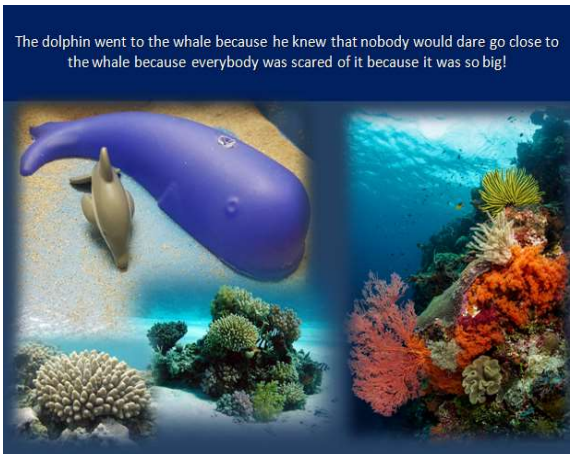

Figure 15: The whale protecting the dolphin

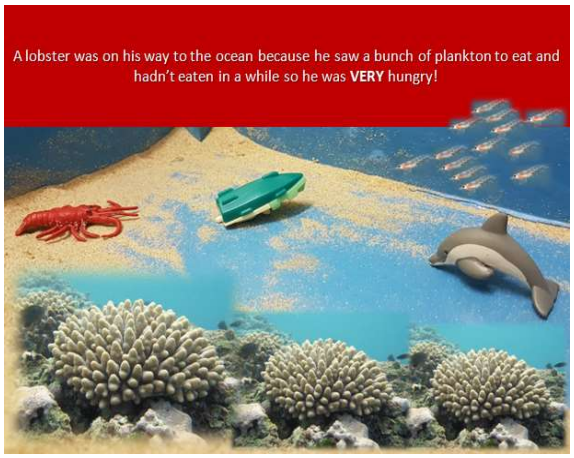

Figure 16: The dolphin hiding from the boat.

I noticed Amy was confident, comfortable and talkative throughout our session. She laughed at my first failed attempt at drawing a face. She encouraged me to continue to try my best. After showing me how to draw two faces using an artistic technique she had seen on YouTube, we were able to complete our drawings just in time for the end of the session. Amy asked if we could exchange our drawings and keep them in a special place. I enjoyed seeing her be the expert, taking the lead and really enjoy her drawing as well as embracing her talent (White, 2007). I definitely saw a shift in her self-esteem and ability to be more accepting of making mistakes.

4.7 Summary of Clinical Themes and Subthemes

Ten clinical themes and subthemes emerged throughout the TSM process with Amy

Table 2: A Summary of Amy's Clinical Themes and Sub-themes pertaining to her TSM process.

Emerged Clinical Theme	Sub-theme
1. Inadequacy	Responsible for others' emotions
2. Adjustment	Fear of loss
3. Structure	Anxiety due to lack of structure
4. Inferiority	Being different to others
5. Neglect/invisible	Not being seen as an introvert
6. Emotional dysregulation	Difficulty regulating emotions
7. People pleasing	People's opinions matter
8. Shame	Shameful of emotional responses
9. Trust	Trust in oneself and the ability to trust others
10. Anxiety/worry	Ruminating about financial concerns and disappointing others.
11. Safety	Need for protection and to protect others

4.8 Conclusion

For the purpose of the pragmatic case study, the chapter provided a rich case description of Amy's clinical intervention (using a narrative orientation to align it with the theoretical paradigms discussed in the methodology chapter), highlighting Amy's therapeutic journey in relation to a comprehensive description of her background including her history, presenting concerns, treatment plan, prognosis and follow up. A post structural narrative formulation was used to discuss the understanding of the case conceptualization. A detailed account of the implementation of the TSM process and consecutive sessions was discussed, followed by the discussion of clinical themes identified. In the following chapter we turn to the research methodology and presents results and discussion of this case study research in meeting the research objectives.

Chapter 5: Results and Discussion

5.1. Introduction

The primary aim of this research is to describe how TSM as a brief therapeutic intervention, provides a vehicle of transformation facilitating potential healing when working with a child, living in Makhanda, South Africa. This chapter presents an overview of the primary research aim and findings of the study (See table 3), followed by a discussion of these findings. An overview of the research and clinical themes identified in the intervention (TSM) in response to the research question is provided (See table 4). Detailed discussions of the emergent clinical and research themes through an in-depth evaluation and reflection of Amy's TSM process are presented.

5.2 Findings

The research aim for this study is to describe how TSM as a brief therapeutic intervention, provides a vehicle of transformation facilitating potential healing when working with a child, in Makhanda, South Africa. This study's findings concurred with Knoetze's (2013, p. 459) statement that the TSM is a brief intervention that "seeks to empower children…affirming alternative identities and exceptional life stories". The study conducted with this particular child-client, found that the TSM process served to be an effective, integrative technique within a broader therapy process (using other interventions) that facilitates healing, rather than the TSM being a brief, single stand-alone intervention.

An overview of the study's findings in response to the primary research aim is provided (See Table 3) below:

Table 3: An Overview of the Primary Aims and Findings	
Primary Research Aim:	Findings
How TSM as a brief therapeutic intervention, provides a vehicle of transformation facilitating potential healing when working with a child, in Makhanda, South Africa?	Facilitated healing in Amy's therapeutic journey: • More talkative. • Improvement in concentration. • Social interaction improved. • Participation in extramural activities. • Improved interpersonal and intrapersonal functioning. • More accepting of self and own mistakes. • Increased self-compassion and compassion towards others. • Improvement in relationships at home. • Improvement in relationships at school.

Based on the verbatim from sessions and recorded observations (Chapter 4), the TSM facilitated healing in Amy's therapeutic journey. The study elicits that after Amy had completed her TSM process, her parents provided feedback stating that she was more talkative, her concentration at school had improved and Amy had received a merit award for her academics. She was more sociable and participated in sports at school. Amy was originally sent for therapy to assist her in dealing with a trauma, however, Amy spoke very little about the traumatic event and displayed improvement in her interpersonal and intrapersonal functioning after engaging in the TSM process.

A number of factors played a role in facilitating Amy's healing process which will be discussed below. The discussion's structure consists of a description of the specific research questions, in relation to the findings of the respective clinical themes identified during Amy's TSM process (Chapter 4). A second discussion is presented pertaining to identified research

themes based on the research questions, as well as evidence to support findings that are linked to relevant literature. An overview of the research and clinical themes identified in the intervention (TSM) in response to the research questions/specific objectives can be found in Table 4 below.

Table 4: Overview of Research Questions, Clinical and Research Themes

Research Question	Clinical Themes	Research Themes
Question 1: Which factors in the TSM process could hinder, or facilitate a collaborative therapeutic relationship?	Theme 1: Feelings of Inadequacy. Theme 2: Adjustments (Within the family, workplace and Covid-19 restrictions). Theme 3: The need to for structure and consistency. Theme 4: Feelings of inferiority. Theme 5: Feelings of neglect/being invisible. Theme 6: Emotional regulation Theme 7: People pleasing Theme 8: Shame Theme 9: Trust Theme 10: Anxiety/worry Theme 11: Safety	• Intrapersonal and interpersonal difficulties. • Therapist's confidence and experience. • Adaptability and flexibility of TSM as integrative technique.
Question 2: How does the TSM facilitate expression in child therapy?	Theme 1: Feelings of Inadequacy. Theme 2: Adjustments (Within the family, workplace and Covid-19 restrictions). Theme 3: The need to for structure and consistency. Theme 4: Feelings of inferiority. Theme 5: Feelings of neglect/being invisible. Theme 6: Emotional regulation Theme 7: People pleasing Theme 8: Shame Theme 9: Trust Theme 10: Anxiety/worry Theme 11: Safety	• The use of metaphors and the sandtray to facilitate a collaborative therapeutic relationship.
Question 3: What is the impact of therapeutic documents in the TSM?	Theme 1: Feelings of Inadequacy. Theme 5: Feelings of neglect/being invisible. Theme 8: Shame Theme 9: Trust Theme 10: Anxiety/worry Theme 11: Safety	• Communication and interaction within the family system at home. • Communication and interaction in therapy between client and therapist. • Communication and interaction in therapy between parent and therapist.
Question 4: What is Amy's response to the instruction and process of execution of the TSM?	Theme 1: Feelings of Inadequacy. Theme 3: The need to for structure and consistency. Theme 4: Feelings of inferiority. Theme 7: People pleasing Theme 9: Trust Theme 10: Anxiety/worry Theme 11: Safety	• Elements of excitement. • Elements of resistance and change.
Question 5: What are the possible mechanisms of change at work during the TSM process?	Theme 1: Feelings of Inadequacy. Theme 4: Feelings of inferiority. Theme 5: Feelings of neglect/being invisible. Theme 6: Emotional regulation Theme 7: People pleasing Theme 8: Shame Theme 9: Trust Theme 10: Anxiety/worry Theme 11: Safety	• Reauthoring conversations and reconstructing social constructs. • Externalizing Problems

5.3 Clinical Intervention Findings

A number of the clinical themes identified during the intervention played an important role in determining the type of therapeutic relationship that Amy and I shared.

5.3.1 Factors affecting the therapeutic relationship.

During the initial phase of the TSM process, prominent themes of anxiety/worry (both myself and Amy), feelings of inadequacy, inferiority, mistrust, and safety, all played a major role in impacting how quickly we were able to build an effective therapeutic relationship, in a space where Amy felt safe enough to express herself. The clinical theme of adjustment relating to Covid-19 restrictions which affected when and how therapy would take place, whether it would be online or face-to-face, as well as wearing masks and social distancing all impacted the therapeutic environment and the way in which we were able to engage with each other. The clinical themes of adjustment and Amy's need for consistency influenced how Amy felt during the sessions based on whether we remained in the familiar setting of my office or whether we moved to the sandtray room. When in a new environment, Amy would become more anxious, and more withdrawn as a result of not feeling safe in the unfamiliar environment. As a result, we tried to keep therapy times and days consistent in order to provide more structure for Amy.

Another factor that needed to be considered was that Amy would often resort to 'people pleasing' in order to feel more accepted/adequate in the eyes of others. I needed to ensure that Amy would place her own needs first in therapy, as well as establish healthy boundaries in therapy. Again, being aware of the power dynamic in the therapeutic relationship as well as the vulnerability of Amy as a child in therapy was a significant factor to consider when facilitating the TSM intervention with Amy (Besley, 2002).

5.3.2 Facilitating expression in therapy.

During the initial phase of getting to know Amy in the TSM process, the child-directed play therapy techniques allowed her to take the lead, test boundaries, and express herself freely in a space where she felt safe enough to show her emotional vulnerability and share her traumatic subjective experiences (Goliath, 2015). A combination of the therapist's patience, preparation, and planning during Knoetze's (2013) Initial phase of the TSM and the flexibility of the intervention facilitated a collaborative therapeutic relationship. Aligned with narrative therapy principles, the TSM helped create a therapeutic space for Amy to explore and share her thoughts/feelings (without being judged or reprimanded for her tears) associated with shame, anxieties/worry, feelings of neglect /being invisible all of which facilitated a collaborative therapeutic relationship.

5.3.3 Impact of therapeutic documents.

A potential factor that could have hindered the collaborative therapeutic relationship that we had built was the way in which the retell-letter was received and handled by those outside of the therapy setting (Knoetze, 2013). Amy's mom tried to unpack the metaphors in Amy's story which frustrated Amy. The sharing of the letter with a family member who has not been properly informed on how to receive and respond to the letter, through a narrative and social constructionist lens, could potentially have led to feelings of inadequacy, mistrust, anxiety/worry, and lack of safety all of which could potentially influence how a child-client feels about the therapist, the sandstory and the TSM process. Thankfully, due to building a strong therapeutic relationship during the initial phase, we were able to move forward.

The TSM's flexibility as an integrative technique allowed Amy to use a variety of other creative techniques in order for her to express herself in a space that felt safe. During the initial phase, we used play-dough, drawings, making key rings, and foam dolls to assist in Amy easily

expressing herself by externalising her thoughts and feelings. She often expressed not enjoying being the centre of attention or having people look at her when she cries, these creative techniques helped Amy remove the focus from herself and in turn, was able to express herself.

Amy was anxious about being in the new sandtray room she was able to engage with the sandtray and miniatures. Initially not sharing her first sandworld and sandstory verbally however, Amy was able to express herself using the miniatures, water, and sand, constructing, deconstructing, and reconstructing her sandworlds (Knoetze, 2013). Once Amy had constructed her sandworld – Thailand the great beach, she shared her story with me. This allowed Amy to feel heard and seen without a direct focus on herself, but rather on the sandworld in front of her (Goliath, 2015). Amy's sandworld storybook (therapeutic document) allowed her to take what she had shared in therapy outside of the therapy setting where she was able to show whomever she wanted to (Knoetze, 2013).

The therapeutic documents (retell-letter and sandstory book) provided a useful tool in therapy in the follow-up session with Amy's parents as it allowed me to refer to the story when explaining and providing feedback about previous sessions and the TSM process as a whole. For Amy, it served as useful in our next sessions together as she was able to refer back to her sandworld story and relate to and compare herself with family members and friends (I found the parents did the same in their follow-up session). Amy was able to use the miniatures in her story to talk about interpersonal and intrapersonal relationships (Lyddon et al., 2001). For example, saying that she, her father as well as myself are *"clumsy like the Kangaroo"* in her sandworld. Amy and I were able to refer back to her sandstory in our conversations to help Amy relate and process thoughts and feelings that she experienced at school and home (Goliath, 2015).

5.3.4 Amy's response to the instruction and execution of the TSM.

Amy responded well to the initial phase of the TSM process. She was able to follow instructions and enjoyed the child-directed therapy and responded excitedly to the creative techniques such as drawing and puppet play. She responded well to externalising her feelings when utilising other creative techniques. Amy enjoyed deliberate storytelling during the initial phase (Puff and Panda and foam dolls) of the TSM. In preparation for phase 2 of the TSM, I verbally prepared Amy for the sandtray room and explained that we would be changing our venue during that time. She seemed excited about this however seemed overwhelmed and anxious when she arrived at the sandtray room for the next session. When I asked Amy to construct a sandworld using the sandtray, water, and miniatures she seemed apprehensive and uncertain. She was wary of the recording device as well, often looking at it. Amy completed her first sandtray and then continued to play rather than tell me a story about her sandworld, naming each miniature. Amy's first story and engagement with Phase 2 of the TSM was much more exploratory, the second was tackled with more enthusiasm and "success''.

Amy was excited to return to the sandtray room to continue building on her sandworld from the session before. She seemed more confident and comfortable the second time around and responded well to the instructions given. Amy shared a beautiful sandstory that she seemed very proud of. She was excited about the fact that we were going to make a book out of it. Amy was excited to receive her letter from me in the post (feedback from her mom). However, the excitement seemed to have dwindled when we met for therapy. When she received the final printout of the book, she loved the glitter cover, pictures, and colours. Her favourite part was that she and I made the book together. Amy often reflected back on her sandstory using miniatures as metaphors, to make connections and sense of her world during follow-up sessions. The patience and prep of the therapist played a significant role in the "success". Based

on these findings I believe that the TSM works better as a process rather than a standalone single intervention.

5.3.5 Mechanisms of change.

There were a number of possible mechanisms of change during Amy's TSM process. We noticed a shift during the third stage of the TSM process with Amy, as she often reported feeling like she was the problem and cause for disappointment as a result of her emotional reactions to stressful situations, however, she later reported that it is okay to be vulnerable and make mistakes as she is still learning (Ferreira et al., 2014). A mechanism of change identified is that of "externalising" (White, 2007) where Amy was able to separate the problem from herself where she no longer felt like the problem and the problem was seen as the problem.

Another mechanism of change is when Amy made use of metaphors, where she was able to be the author of her own metaphoric story (Gallerani & Dybicz, 2011). She identified as being "shy like the dolphin who hides away from others, not wanting to be in the spotlight", however, she discovered that she can also "be the whale, the kind helper and strong protector for those around her". The TSM process allowed Amy to involve her parents (which was not unproblematic) and use the metaphors in the therapeutic documents as a window of communication with them. Thus, the power of the use of metaphors in narrative work was clearly demonstrated as a possible change agent.

I found this to be particularly helpful in that Amy realized she wasn't as different as she thought she was and that she deals with things in a very similar way to her parents. I found this helped Amy be more self-compassionate as well as an understanding of others in relation to her own subjective experiences. It was during this time that Amy's parents reported improved relationships both at home and academically at school as well as in her social skills as she was participating in new sports and cultural activities (Ferreira et al. 2014).

To conclude, Knoetze (2013, p.461) describes how "storytelling and storymaking, outside of the confines of the therapy room, as crucial to human experience…telling matters and not telling has many undesirable consequences for our health". The TSM facilitated Amy's healing process, it provided the opportunity for Amy to share her story, in a space where she was no longer invisible but seen and most importantly heard.

5.4 Research Themes

Each of the research questions will be presented with evidence to answer these.

5.4.1 Question 1: Which factors in the TSM process could hinder or facilitate a collaborative therapeutic relationship?

5.4.1.1 Intrapersonal and interpersonal difficulties (research theme).

Findings from the study suggest that intrapersonal and interpersonal difficulties (from both the client and intern psychologist) could possibly slow down the TSM process and developing rapport during the initial phase of the TSM. Such factors include low self-esteem, low self-confidence, and difficulties socializing. In Phase 1 of Amy's TSM process, three sessions were dedicated to building a relationship with Amy. This was a slight deviation from the number of sessions initially proposed by that Knoetze (2013). Reason being that during the first sessions even though being excited and friendly, Amy appeared to be shy, anxious, and concerned about making mistakes or possibly saying the incorrect thing. The same applied to me, as the intern psychologist implementing a new technique in child therapy. Thus, feelings of inadequacy, anxiety, and the adjustment to new therapeutic settings (sandtray room in a separate department on campus) affected how quickly and confidently I was able to facilitate the initial sessions of the TSM process. Amy who presented with her own feelings of anxiety and inadequacies needed time to adapt and connect with a therapist whom she had just met.

Observations and verbatim from the sessions provided evidence of such difficulties. Amy also found it difficult to make eye contact at first, I noticed how Amy would apologize for mispronouncing words, dropping crayons on the floor, and bumping the arts, and crafts container over after which she apologized for being "clumsy". Amy reported not "having many friends" and finding it "difficult to fit in".

The TSM process strengthened not only my therapeutic relationship with Amy but also strengthened other interpersonal relationships (reported by her parents during feedback sessions). This became evident when Amy told me; "I like spending time with you…you and I are the same, you are just old".

5.4.1.2 Therapist's confidence and experience using the TSM (research theme).

This study's findings suggest another factor that could potentially hinder or facilitate the therapeutic relationship, is the therapist's anxiety and confidence in utilising a new technique such as the TSM. I found myself questioning whether Amy was ready to be introduced to the sandtray room for the second stage of the TSM process and through self-reflection after our session wondered whether I was ready, as an intern psychologist to engage in the next stage and whether Amy was able to sense this apprehensiveness. If I were more confident and familiar with the TSM process, I would not be sitting with those feelings in therapy and would be able to possibly facilitate creating a trusting therapeutic relationship sooner, or possibly progress to the next stage of the TSM process sooner. To assist with the above-mentioned concerns, I addressed reflections with my supervisor and incorporated play therapy (puppets), deliberate storytelling (Knoetze, 2013), using metaphors (Lyddon et al., 2001) and creative techniques such as clay, paint, and drawings (Desmond et al., 2015). I found that these creative techniques helped Amy feel more comfortable in the therapeutic space (Desmond et al., 2015). Amy started building a play dough Covid-19 monster (see Figure 2).

I noticed how she felt more comfortable answering questions and initiating her conversations in therapy. That was when the initial idea of TSM being a single, brief stand-alone intervention (using a narrative orientation) shifted to an integrated technique within Amy's broader therapy journey.

Another finding relating to the therapist's knowledge and/or experience implementing the TSM with a child-client is the TSM facilitates the child to create and produce a sandworld with their subjective meaning-making process (Russo, Vernam & Wolbert, (2006). Unlike other sandtray orientations where miniatures have symbolic meanings based on Western views, the TSM process requires the therapist to guide the child client into deliberate story-making. Gersie and King (1990) explain how deliberate story-making helps facilitate a good therapist-client relationship, where children feel heard and important. According to Yule (1993) story-making in child therapy is well suited in the South African context as the broader African culture has traditionally honoured the oral tradition of telling stories for many years. Thus, making the TSM relevant and applicable to use with South African children who have shared multicultural experiences of both Western positions as well as the developing world imposed on them (Knoetze, 2013).

An added benefit is that the child-client becomes the expert in his/her own life, and the therapist serves as a guide by guiding the child-client to create a sandworld and later exploring their sandworld and sandstory with the therapist, once they feel that they are ready to. Thus, the TSM offers the child client a sense of agency in constructing and reconstructing their own life narratives and alternative life stories (Knoetze, 2013). Knoetze (2013, p. 461) further highlights how "telling gives a voice and worth...enabling the teller to elicit and to sustain the listeners' agreement to attend to the tale…This co-creation of a story of a consensual engagement between teller and listener" .In congruence, Russo et al. (2006, p. 237) highlight the benefits of a combined sandplay and storytelling process in that it enables "counsellor to

become involved in the meaning-making experience and develops the ability to better understand and therefore help their clients."

5.4.1.3 Adaptability and flexibility of the TSM (research theme).

This study found another factor facilitating the therapeutic relationship is the adaptability and flexibility of the TSM process itself. Initially, we intended on utilising the TSM as a single therapeutic intervention with Amy, (Knoetze, 2013). However, due to challenges associated with Covid-19 lockdown regulations and being an intern still familiarizing myself with the TSM process, my supervisor and I chose to adjust the initial preparation stage of Amy's TSM process to that recommended by Knoetze (2013). Knoetze (2013, p. 463) explains that "the psychological and developmental sophistication of the client will determine how the preparation is done for the process." Thus, we integrated the TSM and child-directed play therapy to develop a trusting therapeutic alliance for Amy and me to get to know each other. I was concerned about deviating from the intended number of meetings that we had initially planned for the preparation phase and how this could potentially affect clinical and research outcomes (Edwards,1998). However, the TSM served to be an effective, integrative technique within a broader therapy process that is flexible and adaptable to best address the child-client's needs (Knoetze, 2013).

As an integrative technique, the TSM enabled Amy to be directive in therapy and use puppets, miniatures, and stories to express herself within a safe and trusting environment. The TSM process was flexible and able to adjust and work in a way that was best suited for the family and Amy during the Covid-19 Pandemic and the lockdown regulations associated therewith. As an integrative technique in Amy's therapy journey, the TSM worked well in later sessions as a reference to fall back on the retell-letter and sandstory when identifying themes and alternative life stories (Knoetze, 2013).

We were able to do therapy using online platforms, creating virtual sandworlds, and making use of deliberate story-making on the days when we were unable to have face-to-face sessions. Thus, the findings from this study concur with those proposed by Knoetze (2013) in that the therapeutic documents created during the TSM process with Amy, served as valuable therapeutic tools to continue therapy outside of the therapy room.

Knoetze (2013, p. 459) originally proposed that the "Therapeutic Sandstory Method provides an effective…therapeutic engagement which can be used in a range of settings outside the confines of a consulting room and in under-resourced settings". MacLean (cited in Wood, 2016, p.4) further supports the applicability of integrating creative interventions (such as the TSM) when working with South African children in therapy, as it offers "a wide range of entry points, which, in turn, makes this domain more accessible for individuals with diverse needs and abilities".

5.4.2. Question 2: How TSM facilitates expression in child therapy?

5.4.2.1 Using sandtray and metaphors to facilitate relationship building (research theme).

Using metaphors in the TSM assisted in building a safe and trusting therapeutic alliance with Amy (Lyddon et al., 2001). Amy's verbatim corresponds with this when she said *"Thank you for being so kind and listening to me. You don't get upset with me when I cry".* I found that the metaphors and miniatures used to construct her sandworld helped Amy with addressing challenges relating to resistance in therapy linked to feelings of anxiety and being negatively evaluated as a result of low self-esteem (Lyddon, et al., 2001). Gersie and King (1990), describe how deliberate story-making allows a child to give a short-term opinion about a story, during a time of transition, which may be reconstructed and expressed tentatively. In turn, it helps

create a good therapist-client relationship, as it allows a child to feel heard and important (Desmond et al., 2015).

Amy was able to access and explore subjective symbols and meanings as well as enabled her ability to discover hidden personal assumptions and beliefs (Guilfoyle, 2009). Initially, Amy was anxious about making mistakes, mispronouncing words and not being able to do tasks efficiently. The more Amy constructed and deconstructed her sandworlds and sandstories, the less anxious and more comfortable she appeared to be. Verbatim to support this includes the conversation when drawing a picture for me in therapy. Amy made a mistake and displayed self–compassion when telling me, "It's okay, I am still learning". It was almost as if the sandtray allowed her to create and establish boundaries regarding how much she was willing to share with me during the session (Ferreira et al., 2014). It was at that moment when I realized the powerful therapeutic impact that constructing a sandworld in a sandtray using miniatures and metaphors has on a child-client but also how this process provides the practitioner with a deeper possible understanding of their client's life narratives (Russo et al., 2006).

Goliath (2015) concurs when highlighting that sandplay facilitates the therapeutic need to establish trust, self-efficacy, and effective communication, making it a useful tool to use when working with vulnerable children, those living with anxiety, interpersonal and intrapersonal problems such as low self-esteem, difficulties communicating and expressing their emotions. Similarly, Bettelheim (as cited in Lyddon et al., 2001, p. 270) explains that "through use of metaphor, individuals are able to explore and expand present experience into previously unrecognized possibilities…stimulate the imagination, while engaging both intellect and emotion to see unexpected solutions for existential problems". Amy was able to engage effectively in all stages of the TSM process.

Through the process of deliberate story-making, play therapy, and the TSM (Knoetze, 2013), we were able to identify and understand Amy's problem-saturated stories, normalizing judgments and discourses associated with feelings of inferiority and inadequacy (Meehan & Guilfoyle, 2015). Thus, this enabled what Russo et al. (2006, p. 236) describe as the therapist to "gain insight into each [child] client's worldview…to use the language of play to represent their social worlds and to convey to their counsellors the narratives they had constructed to explain their circumstances". Similarly, Lyddon et al., (2001, p. 269) elicit how metaphors may serve as a means of providing structure in therapy, contributing to the enhancement of communication and interactions in therapy between the client and counsellor; assisting the client in identifying and defining their lives and the difficulties they are faced with.

Lyddon et al., (2001, p. 269) explain that "on an individual level, metaphors are believed to aid in the organization of personal experience…many authors have suggested a facilitative role for metaphorical communication in counselling through stories". This was evident when Amy would refer back to her story and miniatures to help express thoughts and feelings about our therapeutic relationship as well as her relationship with others. Amy was able to sift through each narrative, constructing, deconstructing, and reconstructing new narratives linked to each character in her story, affirming new alternative identities and ultimately creating exceptional life stories highlighted by Amy's sparkling moments (White, 2007). For example;

Staci: *I think many people feel like that; sometimes it feels safer to hide away from everyone that is watching you, especially if a person is shy. I really like how the dolphin could trust the whale in your story, the whale is brave to protect the dolphin. It kind of reminds me of you, when you told me how you always kind and try to help people.*

Amy: *You are also like the whale!*

Primarily when asked to build her first sandworld, Amy appeared uncertain and hesitant in exploring the tray and miniatures. She was aware of the recording device as well as me observing her, however as Amy made contact with the sand and started to construct her sandworld with her chosen miniatures, she became more comfortable and relaxed with the environment around her, including my role as the observer (Russo, et al., 2006). Amy's affect and body language appeared more expressive as she continued building her sandtray. It became evident then, that Amy who initially felt overwhelmed when sharing her thoughts and feelings was able to share her life story using a language where the miniatures and toys served as her words in a safe secret space where (Goliath, 2015). Amy was able to decide who to welcome in and share her experience with. "Counselling through metaphors [miniatures in a sandworld] is a form of storytelling, that allows for gentleness, clarity, and appropriate emotional distance…that lend the child a sense of security and control" (Desmond et al., 2015, p.442). Even if abuse or trauma was experienced at preverbal stages, a child will be able to express their experience using Sandplay without needing to express themselves verbally, empowering them to become the expert in their own lives (Adlem 2017, p.3). The TSM process gave Amy a voice and facilitated agency and empowerment in a little girl who once felt unseen and unheard.

Amy became aware of the beliefs to challenge and reconstruct the beliefs maintaining her psychological distress. All of which assisted Amy in constructing new frames of reference and perspectives about who she is in the world (Desmond et al., 2015). For example, this was evident in how Amy viewed her "clumsiness". She initially felt ashamed of it however became more compassionate and accepting of herself and others when mistakes were made. Desmond et al. (2015, p. 442) support the benefit of using creative, integrative techniques (such as the TSM) in facilitating expression when working with children in that children are responsive to these non-verbal techniques because "of its engaging context, which fits with their

developmental ability to play and communicate through it". Thus, a metaphor is a vehicle both for communication and for change in counselling". Similarly, Knoetze's TSM served as a means of verbal and non-verbal communication providing information and opportunities to create awareness of "unique outcomes" (White, 2007), "sparkling moments", discourses and exceptional life stories between the child-client and therapist, child-client and parents as well as parents and therapist.

During the first stage of the TSM process, in Amy's intake sessions and our first few sessions together, she was visibly anxious about making mistakes, answering incorrectly, and trying to repeat what she had been told at home about her reason for being referred for therapy. She also made a concerted effort to correct her pronunciation of words when talking to me. After utilising other creative techniques (puppets, play-dough, drawing), deliberate storytelling, and constructing her sandworld, Amy could express herself with more ease as she reported that she "didn't like being the centre of attention". According to Knoetze (2013, p. 461) The TSM as an integrative technique allowed Amy to remove the attention from herself and facilitate her meaning-making process, "translating her personal experiences into a concrete, three-dimensional form involving all senses". In congruence, Desmond et al. (2015, p. 442) explain how this is made possible when illuminating the fact that "objects [miniatures and metaphors] offer possibilities to explore stories and characters, while also assisting children in separating themselves from their problems so they may replace dominant stories with preferred narratives about life".

5.4.3 Question 3: What was the impact of TSM's therapeutic documents?

5.4.3.1 Communication and interaction within the family system at home (research theme).

I found the retell-letter to be an effective tool in assisting with communication within Amy's family as it served as a means of externalizing life narratives and discourses with loved ones and in the therapeutic setting (White & Epston, 2005). Initially, after Amy's parents read her therapeutic documents they asked Amy if she was one of the characters in her book. As much as Amy found it "annoying" that they would ask or think that, the documents sparked a conversation within the family and created a space for Amy's parents to use objects and metaphors to try to better understand Amy and how she views herself in the world. Street (1994) reiterates that the "resolution of each crisis depends on the interactions between the individual and his or her society, both at the micro level and the macro level, given the appropriate social interactions within the family…" (p.15). Similarly, Hoffman et al. (2010, p. 29) elicit the important impact of letter writing as a therapeutic tool for families in that it "can help create a collaborative approach…providing an outlet for them to bond against an oppressing problem, increase communication with one another, and improve interactions to author a more fulfilling, problem-free story".

5.4.3.2 Communication and interaction in therapy between client and therapist (research theme).

Once I had shared the therapeutic documents (retell-letter and sandworld storybook) with Amy, she became visibly more comfortable communicating during therapy (Desmond et. al., 2015), she was able to show her emotional vulnerabilities in the session when she cried and thanked me for not responding to her tears the way that other people did. Thus, Amy's TSM process assisted in emotional healing as Amy was able to show vulnerabilities and emotions in a safe therapeutic space which she was then able to communicate with others outside of the therapeutic settings, using her retell-letter and sandstory (Knoetze, 2013). For example, during Stage 3 of the TSM process with Amy, she had taken her book home with her to show her parents. When she returned for her next session, she spoke about their reactions to her book as

well as reported her frustration towards her parents for always keeping their problems to themselves and not sharing their feelings with her. This was unusual for Amy to do in therapy as she often reported "feeling like the problem" and that she was the cause of her family's frustrations and irritability.

Amy also started to verbally express her anger and frustrations towards loved ones and peers whilst being able to emotionally regulate and no longer needed to leave for the bathroom "to breathe". She was more comfortable in the therapeutic space, making herself comfortable on the couch or floor, as well as being more directive in what she wanted to do or speak about in the session. It became evident that Amy was able to then establish boundaries confidently in therapy when asked what she would like me to speak to her parents about during our follow-up session. Amy was also comfortable sharing her expectations regarding her parents and how she should approach expressing her needs and feelings to them in the future. Knoetze's (2013, p. 462) findings concur with findings in this study, as the therapeutic retell-letter facilitated expression in Amy's therapeutic journey, in that Amy's therapeutic letter highlighted her "unique outcomes and amplified alternative life stories and narratives, to encourage the shaping of new and preferred identities through externalising expressions, the use of metaphors, telling and retellings of the story, and highlighting the unexpected".

5.4.3.3 Communication and interaction in therapy between parent and therapist (research theme).

The TSM therapeutic documents facilitated communication and a means of expressing thoughts and feelings with loved ones at home, however, they provided an effective therapeutic medium to use when reflecting on Amy's therapeutic journey with her parents during feedback sessions. I found the projection and externalization of miniatures and objects made it "easier" for parents to hear (White & Epston, 2005). For example, when sharing what Amy had said

regarding the turtle losing his way home in her sandworld story, she was able to establish that everyone can get lost sometimes, and when they do, they need to rely on someone whom they can trust, to help them find their way home. Sharing this with Amy's parents, allowed them to understand how Amy feels sometimes. However, it also provided the family with affirmation when hearing how Amy understood that her family would like for her to be able to speak to them to find her "way back home, like the turtle in the story".

5.4.4 Question 4: What was Amy's response to the instruction and process of execution of the TSM?

5.4.4.1 Elements of excitement and resistance (research theme).

Amy was very excited to move to a new venue (the sandtray room) to see the sandtray and miniatures that I had told her about in our previous sessions. However, she seemed nervous to go to the miniatures and touch the sand. When she bumped a miniature over she would look to see my reaction. When Amy started constructing her first sandworld, I observed what I thought was potential resistance towards the TSM process when Amy was not ready to share her sandstory with me verbally. I observed Amy and she "told" me her story through the construction of her sandworld, yet she was not able to express her story in words during our session. Webber and Mascari (2008, p. 2) explain how Amy was able to externalise her problems and "begin to find solace and healing in the sand tray experience without using words".

Some tension occurred once I had shared the retell-letter with Amy and her parents (Knoetze, 2013). Her mother questioned if the clumsy Kangaroo was Amy herself. I found Amy to be quite irritable with her mom for trying to unpack the meanings behind the miniatures used in Amy's sandstory. It was as if the safety that the sandstory once held was being tampered with. It was during this time that Amy asked to change topics and play her favourite card game.

I wondered if this was in her search for familiarity and safety as this was a game we often played during our first few sessions together. The acknowledgement of the tension arose between the principles of the TSM and those of the original sandplay process, which allows the child-client to express themselves (Goliath, 2015) without words, through symbolic and metaphoric life stories created in the sandtray, rather than verbal or written meanings.

Possible discomforts may arise in the TSM process as it is based on narrative orientations, where the child-client's life story is projected and becomes more concrete (Knoetze, 2013), bringing the child-client's experience from the sandtray into the realm of real-life experience through deliberate storytelling and therapeutic documents exploring the child-client's meaning-making process. Thus, it is of paramount importance for the therapist to take caution in not directing the child-client's sandworld story process but rather follow the child-client as they are the expert in their own life story (White, 2007). The therapist needs to identify and understand the power dynamic in the therapeutic relationship as well as to understand the vulnerability of the child-client ensuring that they understand the significance of ensuring a safe process when reporting (Besley, 2002).

5.4.5 Question 5: What were the possible mechanisms of change at work during the TSM process?

5.4.5.1 Reauthoring conversations and reconstructing social constructs (research theme).

TSM's narrative orientation assisted Amy in re-authoring conversations about how she views them (characters in her story) as well as herself in the world (Winslade & Monk, 2000). The focus was placed on the characters whom each shared a common theme of having flaws, mistrust, and feeling inferior to others (the clumsy Kangaroo, shy dolphin, and brave whale). Sparkling moments (Winslade & Monk, 2000) as a result of the retell-letter storybook

facilitated the reauthoring conversation where harsh, unforgiving judgments that were cast over characters in the story were replaced with empathetic, compassionate, kind, and forgiving affirmations (Knoetze, 2013). Where differences were seen as strengths and a sense of individuality rather than inferiority and people who have been hurt could use their experience to help and protect others. Regardless of flaws, each person can be a hero in their special way. In concurrence Weingarten (as cited in Freedman & Combs, 1996, p.17) illuminates a social constructionist view about the development and use of the metaphors of knowledge in that "the experience of self exists in the ongoing interchange with others…the self continually creates itself through narratives that include other people who are reciprocally woven into these narratives".

5.4.5.2 Externalizing problems (research theme).

Another mechanism of change is that of a narrative orientation, which is the concept of externalising (White, 2007) the child-client's problem, making it easier for the child-client to communicate during therapy. The TSM facilitated expression and healing (Knoetze, 2013) in Amy's therapeutic journey, in that the miniatures, sandworld, puppets, and metaphors in Amy's sandworld story allowed Amy to externalise her problem-saturated stories (a narrative explicit technique), allowing us to explore her alternative stories and the characters in her sandworld. This, allows us to separate the problem from the person, as "the problem is the problem, the person is not the problem" (White & Epston, 2005). Russo et al. (2006, p. 231) explain how externalising a child-client's problem in sandplay therapy through the narrative approach of deliberate storytelling and retelling, using metaphors, as being more beneficial than either tenet used in therapy alone (Knoetze, 2013). They further highlight that this is especially beneficial if the child-client is more introverted, as it facilitates communication and relationship-building in therapy.

Russo et al. (2006, p. 231) explain that when a child-client externalises their problems, it "elicits unconscious information in response to a neutral object" and by integrating the different tenets in TSM they can "enhance a client's ability to convey a personal narrative or myth". Thus, the TSM is an appropriate vehicle to enact and combine several narrative concepts and techniques that facilitate healing as a client can "experiment with alternative resolutions to a story" within a safe space that is developmentally and cognitively appropriate for the child-client (Ferreira et al., 2014).

5.5 Conclusion

This chapter presented the findings relating to the specific aims and objectives of the study. These specific objectives and research themes presented included; possible factors in the TSM process that could facilitate a collaborative therapeutic relationship, how the child-client responds to the instruction and process of execution of the TSM, how TSM facilitates expression in child therapy, the impact of therapeutic documents in the TSM, and possible mechanisms of change at work during the TSM process. The chapter provides an overview of the primary aim and findings of the research study, followed by a discussion of the findings and situating this discussion in the literature. The research and clinical themes identified in the intervention (TSM) in response to the research question were presented together with a detailed discussion and an in-depth evaluation and reflection of Amy's TSM process.

Chapter 6: Concluding Comments

6.1 Introduction

This study explored the TSM, first proposed by Knoetze in 2013, as a viable therapeutic method with children. The study succeeded in meeting the aims to explore and describe how TSM as a brief therapeutic intervention, provides a vehicle for transformation facilitating healing when working with a South African child. The concluding chapter consists of a summary, followed by the limitations associated with the TSM during the study and cautions for future researchers, future recommendations, a conclusion, and personal reflection.

6.2 Summary

The TSM offers a form of relief therapy by externalising feelings that children are unable to cope with internally, through the use of narratives and therapeutic documents and retelling of their constructed story (Knoetze, 2013). According to Freedman and Combs (1996, p.16), when using a narrative and social constructionist approach to therapy, the focus shifts from trying to solve problems and aims to "thicken" a client's alternative stories. Freedman and Combs (1996, p. 22) state that a client "inhabits and lives out these alternative stories…people could live out new self-images, new possibilities for relationships, and new futures".

TSM with the social constructionist and narrative orientation focuses on mapping externalised conversations, mapping initiatives, re-authoring conversations, and re-membering conversations, all of which contribute to internal changes and create a greater degree of control, enabling the client to establish a context promoting catharsis (White, 2007). Therefore, research illuminates the benefits of using a technique such as the TSM in a multicultural context in that it is a therapeutic method that is non-blaming, respectful, and empowering as it views the client as the expert of their life (White, 2007).

This study concurs with White (2007) in that like narrative therapy, the TSM empowers clients as this form of therapy relies on the individual's abilities to guide them through adversity.

6.3. Limitations of the Study

Several limitations are presented to highlight what could have been done to improve the research; the influence of the Covid-19 pandemic, the inexperience of the scientist-practitioner (regarding not collecting enough data, personal anxieties, integrating other modalities into the TSM), and the delivery of the retell-letter.

6.3.1 The influence of the covid-19 pandemic.

One of these limitations is the influence of the Covid-19 pandemic lockdown that we experienced, which brought its challenges and could create other challenges in the future. When Knoetze (2013) presented his research, it was conducted in a very different therapeutic environment compared to Amy's TSM process due to Covid-19 restrictions. We needed to maintain social distancing and wear face masks during the sessions. I felt it was sometimes difficult to see some of Amy's non-verbal facial cues. For example, if she smiled or pressed her lips together. I could have missed important data. One also has to ask if the restrictions potentially impacted the initial development of the therapeutic relationship between Amy and me.

6.3.2 Inexperience of the scientist-practitioner.

Parry and Doan (1994), as cited by Whiting (2007, p.144), suggest that "Therapists are very much like their clients. They too, have old stories and ... influences that have contributed to their ... personhood and view of the world. Just like their clients, they are influenced by fear, uncertainty, self-depreciation, and anger...". Future practitioners must remain cognisant of these cautions when working with the TSM.

I started our therapy process by meeting Amy's parents on Zoom. Collectively we chose to delay my first meeting with Amy (which could have been done using Zoom) to meet with her on campus, face-to-face. Knoetze (2013) presented his case with a child with whom he had face-to-face sessions. I was unfamiliar with Zoom and online sandtray work and therefore supported the decision to meet once the Covid-19 restrictions were lifted. A possible limitation of the study is that my limited experience with the TSM and online sandtray resources prevented me from shifting my study to online therapy from the start of the TSM process with Amy. With the knowledge and confidence that I have now gained using the TSM as an intervention, I would be interested in attempting to shift the TSM to an online platform as I have found the technique to be flexible, adaptable, and integrative with child-directed therapy, as well as play therapy (Fried, 2023). It would be possible with online resources (online sandtray websites, PowerPoint and Zoom). However, practitioners could experience difficulties making observations and picking up subtle cues from non-verbal body language compared with face-to-face meetings with a child-client. The tactile benefits of touching and moving the sandtray miniatures, sand, and water, would be lost.

Another limitation is my lack of experience as an intern counselling psychologist, which came along with my anxieties and concerns about potentially doing something (like being too directive or subjective) and potentially influencing Amy's therapeutic healing process, as well as potentially compromising the TSM clinical or research process (Winslade & Monk, 2000). When comparing Amy's TSM process with that of Knoetze's (2013) original description, I found that during the initial phase, I was hesitant about the next stage involving building the sandworld. I was concerned that I needed to connect more with Amy and create a safe therapeutic environment before moving to the next phase. I decided to extend the "getting to know Amy" stage during the initial phase of the TSM process and deviated from Knoetze's (2013) original suggestions. My supervisor and I decided to incorporate play therapy and other

creative techniques into the initial phase to help build rapport with Amy. The TSM allowed for this (due to its' narrative and social constructionist orientation). As a result of the shift in the clinical method (which was adjusted to best fit Amy's needs), the original study shifted from the TSM as a single, brief intervention to an integrative technique that could be used, in a broader therapy process, rather than a method by itself. Perhaps it could be referred to as the Therapeutic Sandstory Technique (TST) rather than the TSM.

During phase 2 of the TSM with Amy (as discussed in chapter 4), she was introduced to the sandtray and the miniatures. Unlike the case that Knoetze (2013) describes in his study, Amy found difficulty telling a story about her sandworld. Instead, Amy named each of them (for example dog - for the dog miniature). She then began to play in the sandtray moving around the miniatures, burying and uncovering, and pouring water over them without saying a word. I was left in awe as I saw something that seemed very therapeutic, almost cathartic happening in the sandtray. I did not want to interfere and was uncertain how to ask questions without interfering with the meaning-making process of the sandworld that Amy had constructed and deconstructed without verbally telling a story. After our session ended, I felt that the session had not gone the way the TSM initially suggested, and I did not emphasise enough the potential significance of Amy's first sandtray (which could have added valuable qualitative data to the study).

6.3.3 The retell-letter.

According to Knoetze's (2013) case study, he emphasises the importance and relevance of the child-client receiving a letter in the mailbox. A possible limitation of this study is that Amy seemed more closed off after receiving her letter in the mailbox. After asking her about the letter, it became apparent that she was unhappy with her mother asking about the different characters in her sandstory (previously discussed in chapter 4). Knoetze (2013, p. 464)

explains, “Younger children often ask their parents to read the stories and letters to them. While this is encouraged …it remains important to emphasise that it is the child’s letter which could also be a private document not to be shared with anyone else”. In Amy’s case, I suggested that a family member could read it to her, therefore assuming that she would feel safe enough to share the letter with them. I did not emphasise enough that it is her private letter and that Amy does not have to share it with others. I kept the letter as a surprise for Amy to receive in the mailbox at home. I could have better explained and prepared Amy for the letter she would receive in the mailbox, which could have been done by role-playing possible situations (practicing boundary settings through puppet play) if a family member wanted to interpret the letter for their subjective understanding. Or I could have given Amy the letter in our next session, for us to reflect on together (if she wanted to), in a space where she would feel safe enough to explore the letter, as we had explored other areas in our therapy together.

6.4. Cautions for Future Researchers

Future practitioners need to be mindful of subjective bias, preventing this from happening by ensuring the principle of trustworthiness (highlighted in the previous methodology chapter) as well as through maintaining the child-client’s best interest, being transparent, attending clinical and research supervision (objective views) and continuously reflecting through a social constructionist narrative lens (Edwards, 1998).

One should keep in mind that due to the narrative orientation of the TSM, the intervention will not always be precise but rather guided by the client's needs. It is evident when comparing this pragmatic case study with Knoetze’s (2013) case, where some children need more time to process and understand their sandworld before sharing their story with the practitioner (Ferreira et al., 2014). Practitioners must trust the therapeutic healing process and allow the child-client to share their story, when they are ready to. As highlighted by Edwards (1998) and Knoetze’s

(2013) findings, a possibility may arise where the TSM requires the practitioner to alter the stages/phases of the TSM process to best align with the therapeutic needs of the child-client.

Another caution to consider is that of unskilled practitioners utilising a narrative orientation such as the TSM. If practitioners are improperly informed about the TSM process, they may make positive remarks and praise child clients during the TSM process, which could result in the child-client constructing sandworlds with the aim of recognition seeking rather than self-reflection/ transformation (Ferreira, et al., 2014). Practitioners must be familiar with the narrative social constructionist approach to sandtray work with children (Van Niekerk, 2005). If not, they might be more directive in their approach, possibly influencing the construction of the sandworld and sandstory and may interfere with the authenticity and client's subjective experience of their meaning-making process (Knoetze, 2013).

The TSM process relies on parents/guardians and teachers to engage with the child-client and their therapeutic documents (Knoetze, 2013). Another caution for future practitioners is that of disinterested parents/guardians who might not have the time or are unwilling to read the letter, which could potentially cause strained relationships at home between the child-client and parent/guardian. Illiterate parents/guardians may experience difficulties reading the therapeutic documents. However, this could be useful for the child-client or other family members to engage with the material, possibly creating a vehicle of communication and connection in explaining/reading the TSM therapeutic documents brought home (Knoetze, 2013). Without parents receiving the necessary psychoeducation about the TSM process, they could unintentionally expose personal meanings behind metaphors/miniatures used in the sandstory and sandworld that could impede the TSM process (Lyddon et al., 2001).

Another caution that future practitioners may experience is a similar pandemic to Covid-19, along with national lockdowns that may require the TSM process to move to online therapy.

Lastly, the limitations of miniatures available or miniatures that are not relatable to the child-client could cause the child-client to become disinterested in building future sandworlds. Therefore, practitioners must ensure that sandtray miniatures are relevant, applicable, and appropriate for South Africa's multicultural context (Snelgar, 2018).

6.5 Recommendations for Future Research

This case has changed my view of child therapy in the South African context with specific reference to the utilization and integration of creative and expressive techniques with other modalities of child therapy (Russo, et al., 2006). South African psychologists experience many cases of children who face adversities and require therapeutic intervention, but the access to such therapy is limited or unavailable (Ferreira, et al., 2014). Knoetze (2013) raises the point that there is a need for brief, therapeutic interventions to be feasible and accessible to children in South Africa. Ongoing threats of future pandemics (Covid-19) may continue to cause challenges for practitioners where therapy needs to continue outside of the therapeutic setting and possibly within the child's context (at home, school, or online).

Future research needs to explore this method as a brief, stand-alone intervention or as an integrated technique with individuals or in group settings, as well as with children from different socio-economic backgrounds, not only in the comfort of the therapy consulting room but beyond these walls (Knoetze, 2013). Possible future research on the response of adults to the TSM as an integrated technique could also be explored prolifically (Knoetze, 2013).

There is a need to explore the TSM process for individuals (children, adolescents, and adults) in their own homes and with groups in educational settings (Knoetze, 2013). It could be of use to include parents, siblings or guardians, and teachers in co-constructing a sandtray/sandworld (Ferreira, 2014) as part of the ending phase of the TSM process as what White (2007) would refer to as a "definitional ceremony" therefore, a possible stage 5 of TSM

Process could be implemented. Therapy could change from face-to-face meetings to online meetings. It could be helpful to explore apps on cell phones, computers, and tablets, shifting the TSM to online platforms to replace physical printouts of books.

Another suggestion linked to a limitation identified prior is for future TSM processes to perhaps incorporate another phase/stage for the "silent sandworld/sandstory" where in Amy's case, she named and played with the miniatures and what Knoetze (2013, p.463) has explained that "children are often tempted to play a story, rather than to construct a scene, while this is not encouraged, simply because it complicates the recording of the story, it is allowed to a limited extent". At a later stage, to possibly allow the client to create meaning for the scene, thus taking the TSM out of the therapeutic setting. The practitioner could either create a separate therapeutic document or incorporate it into the final therapeutic document of the sandstory.

6.6 Conclusion

This study described the TSM, a postmodern constructionist and narrative orientation to sandtray work with a South African child. This novel method is a multimodal technique used in child therapy combining the elements of sandtray therapy, deliberate story-making, and therapeutic documents. It is a relevant and applicable short-medium-term integrative therapeutic technique that can be used (Knoetze, 2013). The TSM is an adaptable therapeutic technique that facilitates healing and seeks to empower children encouraging individuals to become the expert in their own lives through encouraging alternative identities and sharing exceptional life stories (White & Epston, 2005). It is well suited for children from middle-class socio-economic backgrounds who live with anxiety, low self-esteem, and interpersonal problems.

6.7 Personal Reflection

Some uncertainty has arisen during my research process concerning the APA 6th Edition Referencing (It is what I have been using since the start of my research journey in 2020) changing, to APA 7th Edition, around this time and impacting my thesis writing process. To maintain consistency throughout this research study, I decided to format my thesis according to the APA 6th Edition Referencing.

My research journey has been a long one as a result of the Covid-19 Pandemic and moving to remote learning away from campus, where the experience and opportunities that one would create when making a quick stop to see my supervisor in his office on campus when on my way to a lecture or therapy session, was no longer an option. Not to mention the dance between challenges faced with load shedding and remote online learning, a heavy client load during my internship year, as well as dealing with loss and adjustment in my family due to Covid-19 and just how the Pandemic and National Lockdown would reshape our lives as university students, researchers and how we practice as scientist-practitioners.

As long as my research writing journey has been, it has allowed me to appreciate the relationships formed and the knowledge and confidence gained. It has been challenging at times, but I am so grateful for exploring this phenomenological pragmatic case study with a child-client of mine. As intimidating as it was to work with a new multimodal technique, I thoroughly enjoyed trusting the process, observing my child-client's healing journey, and my own academic and personal growth. I have felt honoured to be allowed to witness the "sparkling moments" with my child-client and her family and to sit with the anxieties and excitement associated with learning a new technique (Winslade & Monk, 2000).

The TSM serves as a vehicle of communication and transformation for children facing adversity. It facilitates healing and allows children to feel seen and heard within a safe therapeutic space (Knoetze, 2013). It is a technique that I have come to love and will continue to use throughout my work with children as a future child psychologist.

My supervisor's passion for working with children has ignited a passion within me that I will forever be grateful for. I am excited about Knoetze's (2013) TSM as a technique, as I have experienced how beneficial it was in facilitating healing with Amy. My favourite moment (recorded in my reflective journal) was when Amy's mom said, "Thank you for giving us our daughter back". During that moment, I realised how impactful a good therapeutic relationship with a child and their family can be and the role the TSM played in helping me facilitate that. I agree with Knoetze (2013) that the TSM is a fruitful technique to use, not only with children but with adults too. I am excited to see what the future has in store for the TSM. I believe this technique has the potential to create many sparkling moments for children and families living in South Africa.

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APPENDIX A: Parents/Guardians Letter of Consent

[redacted]

FACULTY OF HUMANITIES

Department of Counselling Psychology

PARENT/GUARDIANS LETTER OF INFORMED CONSENT

01 July 2021

Dear Sarah and Dean Foster

My name is Staci Francis and I am currently a female, Counselling Psychology Master's student at [redacted] University in [redacted] For my Master's thesis, I would like to use the information and observations obtained during therapy sessions with Amy, to understand how the Therapeutic Sandstory Method (TSM) can help benefit children living in South Africa.

I would like to utilise your child's therapy experience, by making use of/her session notes, photographs of her sand trays, audio recordings and descriptions of Amy's TSM experience. By taking part in this process, I will be required to do number of interviews with you and Amy. We will use the interviews to speak about her background and early childhood. There will be a maximum of 11 Sandtray Therapy sessions with Amy, as well as a meeting during our therapy process, where we can discuss your child's progress, once we have gained her assent to do so. There will be no fees charged for the sandtray sessions and no financial compensation for participating.

In order to ensure confidentiality, I will ensure that all identifying information be changed, including the family members names. By taking part in this project you would be helping other children and South African families by adding to our knowledge and understanding of working with children in therapy from a multicultural context. You may review any work that is completed during the research process and decide whether it may be published. There are potential health risks when participating in this research, due to possible exposure to the Covid-19 virus. I will ensure all the necessary health and safety measures are adhered to and the necessary social distancing measures are followed. You may withdraw from this project at any time and this will not affect the therapy process with Amy.

I would like to thank you for considering participating in this study. If you have questions or concerns about the research, please contact me at [redacted] my research supervisor [redacted] at [redacted] course co-ordinator (Prof. [redacted]) at [redacted]

Kind regards,

Staci Francis (*Student Counselling Psychology*)

PARENT/GUARDIAN LETTER OF INFORMED CONSENT

01 July 2021

I, (Parents Name) _____give Staci Francis permission to use my child's (Childs Name)_____;

1. Information about family background
2. Case file and session notes
3. Sandtray photographs
4. Sandtray stories
5. Therapeutic Documents
6. Therapy session audio recordings

For the purpose of the study, I understand that in order to ensure confidentiality all clinical material will be securely kept in the [redacted] University Psychology Clinic. I understand that identifying information of family members will be altered in the study in order to maintain confidentiality. I also understand that we may withdraw from this study at any given time and that the research in no way will explicitly add or subtract from the therapy; that the therapy will unfold as a primary activity and the research follows as a documenting activity. Subsequently ongoing therapy will not be affected as a result there of.

I understand that I can contact any of the following people if I may have questions are concerns pertaining to the study;

- The student psychologist: Staci Francis [redacted]
- The research supervisor: [redacted]
- The course coordinator: [redacted]

_____

Parent's Signature

_____

Date

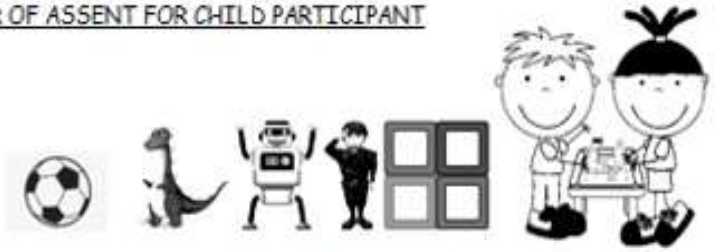
APPENDIX B: Letter of Assent for Child-Client

[redacted]

FACULTY OF HUMANITIES

Department of Counselling Psychology

LETTER OF ASSENT FOR CHILD PARTICIPANT



01 July 2021

Dear Amy

My name is Staci and I am doing a study to find out how children feel about telling stories when making a story in a sandtray, called Sandtray Therapy and then having me retell their story back to them. Once we have spoken about that story, we will make a printed booklet about the special sandstory they built in our therapy session.

I would like you to help me with my study. If you agree to help me, we will be working with sand in a tray and small toys called miniatures. Before we start building our sandstories, I will meet with you, your parent/legal guardian in order to learn more things about you and your family. When we have gotten to know each other better, you and I will start our therapy together, using the sandtray, small toys and water. I will ask you questions about what you are busy making in the sand and will also ask you to tell me a story about what you have made in the sand. I will also ask you to give a title/name for your sandstory and will ask you to tell me about your story you made with the sand and little toys. I will also ask you some questions about your sandstory. When we spend our time together, I will make recordings of what we say to each other as well as take photographs of the fun sandstories that you will make to put into a sandstory booklet for you to take home. You are allowed to ask me any questions about my study and you may decide at any time to not take part.

If you colour in the happy face, it means that you have read this letter and that you want to help me with my study. If you don't want to be in the study, please colour in the sad face.

From

Staci Francis

APPENDIX C: Ethical Clearance- Request Gatekeepers letter

[redacted]

FACULTY OF HUMANITIES

Department of Psychology

03 May 2021

Gatekeepers Letter - Request for Permission to Conduct Research

Dear [redacted] (Psychology Clinic Coordinator),

My name is Staci Francis, I am currently completing my second year of MA degree and internship in Counselling Psychology at the [redacted] Counselling Centre. In partial fulfillment of my MA degree in Counselling Psychology, I will be completing my thesis within the scientist-practitioner model. My research involves the Therapeutic Sandstory Method, as originally described by Knoetze (2013), as a Single Intervention with a Child: A Descriptive Case Study. This case study research uses a narrative orientation to Sandtray therapy, with a South African child-client.

As instructed by [redacted] Ethics Standards Committee ([redacted] I am hereby seeking your permission to focus on a child-client from my caseload assigned to me, at [redacted] University Psychology Clinic, to voluntarily participate in the study. Aligned with the scientist-practitioner orientation, the research will in no way negatively impact the case work; it might only add depth to the conceptualization. Refusal to participate in the study by any potential participant will also in no way impact the case work, which will continue without the research component, aligned with the guidelines of a scientist-practitioner orientation. The research was approved by the Research Project and Ethics Review Committee (RPERC) of the Psychology Department, and the [redacted], pending your "gatekeeper permission".

Please find my research proposal attached to this email for your reference. I have also included my current research supervisor, [redacted], in the email recipients above. Thank you for assisting me in the development of my research.

Please contact me if you have any questions or concerns. I kindly ask that you please complete the response letter attached to indicate if permission has been granted to continue my research as outlined in this letter of permission and research proposal.

Thank you for your time and consideration in this matter.

Kind Regards,

Staci Francis

Intern Psychologist: I [redacted]

[redacted]

[redacted]

I [redacted] Psychology Clinic co-ordinator (name and designation) hereby give permission to Staci Francis (Student number) to continue her research as outlined in the letter of permission and research proposal.

The following additional conditions are stipulated (or state "none" if not applicable):

Kindly advise me whether or not the client agrees to participate in the study. Best wishes

---

Thank you

Signature: [redacted]

Name: [redacted]

Date: 10 May 2021

APPENDIX D: Gatekeepers Permission Letter

[redacted]

Psychology Clinic

[redacted]

[redacted]

31 August 2022

To whom it may concern

Gatekeeper Permission Letter, 2021-2723-6018

This is to confirm gatekeeper permission granted to Staci Francis (student number [redacted] on 10 May 2021 for the research project titled ***Therapeutic Sandstory Method as a Single Intervention with a Child: A Descriptive Case Study.*** This applies to Ethics Application 1556 as reviewed by [redacted] with Review Reference number 2021-2723-6018.

This is for Ms Francis to continue her research as outlined in the letter of permission and research proposal under supervision of [redacted] in the Psychology Department. A suitable child case from the Psychology clinic referral allocations may be used for this descriptive case study. All ethical conditions as outlined by [redacted] apply. There are no additional conditions to this application and permission.

Yours sincerely

[redacted]

Clinic Co-ordinator

APPENDIX E: Thailand the Great Beach Reflective Retell -Letter to Amy

Dear Amy

I wanted to say thank you so much for sharing your story – Thailand the Great Beach with me, I feel very honoured. You are a VERY good story teller. I can see you have a wonderful imagination and it was so much fun to listen to your story.

I really enjoyed the beginning of the story about the Kangaroo sign and how people placed a fence around it, to prevent bad people from ruining something beautiful. I wondered what happens when the Kangaroo bumps into the sign. The Kangaroo seems friendly and free, I wonder if he means to bump into the sign on purpose or if he is a little bit clumsy and sometimes forgets to watch where he is going because he is too busy hopping away to go get all the work done for the day? I wonder if you sometimes feel like the Kangaroo when you told me that you are clumsy sometimes too.

I wonder if maybe the Kangaroo is too busy looking at all the people who want to ride the elephant. I wonder if the kangaroo feels left out or invisible because the elephant is the one that gets most of the attention on the beach. Is that maybe how you feel when everyone else's attention is on Jess? It made me realise that the Kangaroo must be a very precious animal to the people on the beach because they want to protect him and keep him safe, so much so that they even built a fence to keep bad people out. I hope the Kangaroo will be able to see just how special he really is, even if he might be clumsy and feel unnoticed sometimes. I hope you can see how special you are, because mom and dad have tried to protect you and keep you safe too. I think they must love you very much to be able to take the time to bring you to speak to me every Tuesday and a Thursday.

Wow! Tyler's skateboard is really cool. Can you ride a skateboard? I can't! I can imagine how nice and free it must feel for Tyler to be able to go to his special beach and do what he loves to do, watch the REALLY BIG elephants. This part of the story made me think that Tyler enjoys spending his time alone in nature

and even though he might not be able to ride the elephant today, he never gives up and tries his best to go to the beach everyday to see if he can get a chance to ride the elephant. I have a lot of respect for Tyler, to think about saving his pocket money to be able to reach his dream of riding an elephant one day.

I wonder if Tyler wanted to be alone that day or if he was happy that his mom went with him to the beach. I am sure she must work very hard sometimes and needs to get a lot of things done, so maybe she only gets to spend a little bit of time with him. I think his mom must love him very much to want to spend some special time with Tyler and doing something together that he really enjoys. Maybe if he enjoyed their time together on the beach so much, he can ask his mom to do it again sometime soon? Is there something that you enjoy doing with your family that you really wish you could be able to do with them again?

My heart melted when I saw that CUTE little dog! It made me think of all our stories that we have shared about our animals and how much you love your dogs. I think that little dog in your sandstory knows that she can trust Tyler and his mom because she chose them to go to instead of ALL the other people on the beach. I am sure they must have felt VERY surprised to see her, but also VERY special that she chose them to make her new family. As little as that doggie is, she was brave enough to show them that she was lost and needed a family to love her and give her a forever home. Sometimes we can feel just like this little dog when we are feeling lost, sad and lonely. Sometimes we really want our loved ones to help us feel better when we are sad and afraid. It makes me think back to the time you told me how scared you were for your dogs at home because of not having enough money to give them a big enough home or car to drive in. You must love them very much because you want to give them a good life. I think mom and dad feel the same way about you. What do you think?

The little dog in your story is a courageous little dog, even though she was much smaller than the other two dogs on the beach, she showed how kind and caring she is when she was very worried about the dogs chasing the cat. This little dog reminds me of you and how brave you are to come to speak to me about some of the things that you have kept a secret or sometimes don't feel comfortable to tell other people.

Looking back at your sandstory you told me, I am sure the cat was VERY grateful for the little dogs help and realized that all dogs are not bad. Sometimes they might seem scary when you first see them, but once you give them the chance to get to know them, you are able to trust them and get along. What do you think? It made me think about that time, when we first met and you told me how difficult it was to make new friends at such a big school. At first you felt very different from everyone else BUT once you gave each other a chance, you became very good friends and have shared lots of nice and special memories together.

I laughed when I saw the two porcupines behind the tree. Those two big dogs would have gotten SUCH A FRIGHT if they had to turn around to see them! It made me realise that sometimes we might be like those dogs and be so focused or busy with one thing, that we don't realise other things around us. Like that time you drew a picture of your family and forgot to draw yourself with your family. I wonder if sometimes you feel that people around you are too busy to focus on you or something that you would like to say or show them.

I wonder if those porcupines in your sandstory wanted to be noticed or if they prefer to watch everyone from behind the trees where it is safer? I liked the funny looking lizard that joined them. He is also tiny and looks different from all the other animals BUT he is so brave to not be frightened of those two big dogs (like you when you learnt how to ride on that VERY BIG horse when you were a little girl). As different as he might be, I hope the porcupines will give the lizard a chance to get to know them because they all like to watch people and hide behind the trees. They all seem shy, but I think with time they would be able to have so much fun together. Don't you? Look how much fun we have had together in our few weeks together… I feel very lucky to have met such a funny and smart young girl like you.

OOOooh yes! The butterflies!!!! – They are so beautiful and magical! This part of your story taught me a very valuable lesson. Even though the butterflies are different from each other and have come from different parts of the beach, they are happy to have found each other. The one butterfly was interested but also concerned about the lonely butterfly on the beach. I am happy to see that even though the one butterfly was shy, the other one still wanted to reach out and be his friend. Do you sometimes feel like one of these butterflies, feeling alone and not sure if other children want to play or talk to you, so you wait to

see what they might do? I am sure the butterflies in the sandstory are very happy together as friends, fluttering, laughing and dancing from one bright beautiful flower to the next.

The turtle was really cute. I really admired him, as slowly as he might move on land where he might not be his strongest he will beat other animals that try to swim in the water. It reminded me of when you told me you are not good at spelling, but you love to dance, make videos and tell stories. Just like the turtle we all have things that we are very good at and some things that we might not do as well in, compared to other people like our friends and family members. He also taught me that making mistakes is okay. Like when you told me how once you told a lie and had to go to your room to think about what you had done. Once you thought about it and said sorry, your mom and dad forgave you and you learnt from that lesson because you have told me how important it is to be honest. I think you were very brave and honest when you told your teacher, parents and me what happened to you when you were four years old. I can see how much mom and dad trust you and care about you because they went through a great deal of effort to help try to make you feel better about what happened.

I really found this part of your story interesting, how the turtle was heading in the wrong direction at one point in the story and then found his way back. I think it must be quite easy to get lost sometimes, especially when the beach is very busy and crowded. Almost like when you explained to me that one time how you need to sometimes take a toilet break at school to get away from the busy/crowded space and take a moment to be by yourself to think about things before finding your way back to class. The turtle was able to find something familiar to him and was able to find his way back to where he belongs. I think he is very strong (just like you), to be able to walk alone on the beach (or at school) and still manage to find his way back to the water on a busy day, especially if all the people are watching him.

Wowee! How cute is that dolphin! She is beautiful because she is unusual for people to see. The people want to capture the special moments of seeing her. I don't think she realises how beautiful and special she is. She seems really shy and doesn't like all the attention on her. I wonder if it's because she isn't used to the cameras and attention when she is alone under the water, swimming and playing where she feels safe from the world above. I am very happy that she has the whale as her friend. He is kind to defend her, I am sure she will do

the same for others smaller than her if they find themselves in the same situation one day.

I saw her eyeing out the red lobster that was VERY hungry because he hadn't eaten in a long time. I think she saw the plankton that he was after and let him go eat it, even though she could have swam to eat them before him. I am not sure if he noticed her, but as shy as she is, she really has a kind and gentle heart. I hope she realises what a beautiful dolphin she is, on the inside and out. Just like this dolphin in your sandstory, I hope you realise how special and beautiful you are. I know you say you are a lot like your dad but just like you say your mom is a super hero, I can see a super hero in you. You have SUPER POWERS too. Just like you told me that mom doesn't believe it when you say she is a superhero, I wonder if you believe it when I say that about you?

You have a very kind heart and such a creative mind. You are VERY funny and you like to make everyone around you feel very special, I could see and feel your super powers on the very first day we met and I continue to see them shine in you throughout our time we spend together. Your superpowers are special and make you who you are.

Thank you again for sharing this special story with me. I will always remember it, our time together and the lessons that it has taught me.

Your friend,

Staci

APPENDIX F: Amy's Printed Story Book about Thailand the Great Beach

In the corner of the beach there was a sign with a kangaroo on it. They built a gate around it because often a kangaroo would walk by and they didn't want the kangaroo to bump the sign down or nobody to spray paint the sign because they wanted to keep the sign safe and make sure that nobody gets hurt.

A boy named Tyler would normally come to the beach with his skateboard, everyday to look at the elephants, but his mom took him to the beach anyway.

You could ride elephants on the beach because it was nice and BIG! Lots of people would come look at the elephants on the beach BUT they wouldn't ride the elephants because they were too expensive to ride on.

Sometimes they would make the costs of riding the elephant less so the boy would come every day with his money to ride an elephant if he was lucky.

One day, he came with his mom and a small little dog came to his mom. It didn't have an owner so they looked around the beach and no one said that they own it. They went home with the dog until they could find the owner. They never did find the owner, BUT they had a sweet little dog that the boy would take on walks on the beach when he would go to look at the elephants.

At the beach, the reason the small little dog came to his mom is because two other dogs were at the beach and it was frightened of the two dogs. The two other dogs spotted a cat and the small little dog thought that they were going to chase him. The cat spotted them and hissed at them and ran away.

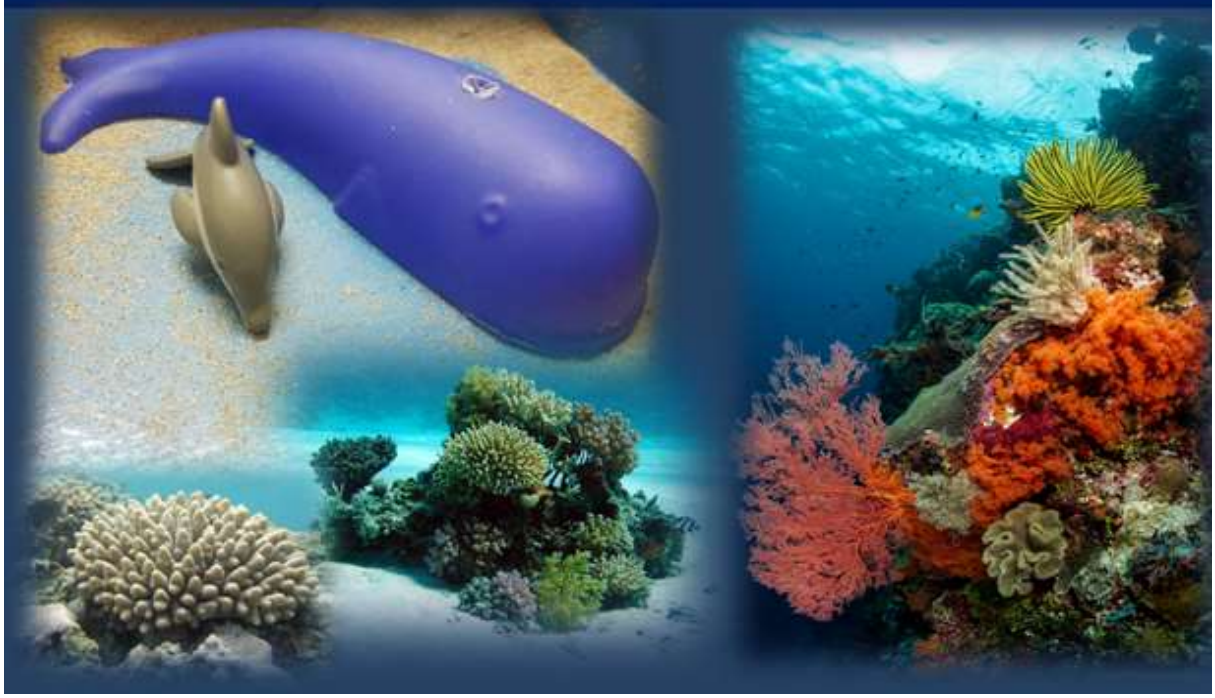
The two other dogs didn't realise that there were two hedgehogs behind a bush near them with a lizard that wasn't scared of them. So the dogs could have chased the lizard.

Further along the beach there was a pile of rocks with a butterfly on them. The butterfly rested there because it saw another butterfly resting on the beach and was wondering if it would get up, and it did! It came to him and they fluttered away together.

By the ocean there was a turtle coming to the sand he didn't realise that he was going the wrong way and then he soon realised that he should be going to the ocean because his friends were in the ocean.

And there were other animals in the ocean like a whale and a dolphin. The dolphin spotted a boat. The dolphin started going towards it. The people on the boat took pictures of the dolphin. The flashing lights made the dolphin swim away because he was scared. The dolphin went to the whale because he knew that nobody would dare go close to the whale because everybody was scared of it because it was so big!

The dolphin went to the whale because he knew that nobody would dare go close to the whale because everybody was scared of it because it was so big!



A lobster was on his way to the ocean because he saw a bunch of plankton to eat and hadn't eaten in a while so he was **VERY** hungry!

In the end, everyone in the beach had a GREAT day because the day was quiet and calm.

THE END