HOW TO COMMUNICATE WITH PARENTS ABOUT THEIR CHILD IN THERAPY. THE SUITABILITY OF THE HOUSE TREE-FIRE-WATER-PERSON DRAWING AS A COMMUNICATION TOOL FOR PARENTS.

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1. INTRODUCTION

1.1 The importance of a parent-therapist alliance

“One of the unique features of child psychotherapy that differentiates it from adult psychotherapy is the therapist’s contact with parents” (Gvion, 2014:58). There is great mention in literature of the importance of the therapeutic alliance with parents. It is often seen as “the single most influential factor determining... their [the parents’] support of the work so it is not undermined or ended before the child is ready” (Zemmelman, S. 2018).

Numerous authors have espoused parent and therapist partnerships which allow parents to “invest more deeply and effectively in the therapeutic process” (Feinstein, Fielding, Udvari-Soner, & Shashank, 2009). This trend in literature that expounds the positive contributions of the parent-therapist alliance sees it as a central concern rather than “an adjunct to the therapeutic alliance between therapist and patient” (Feinstein, Fielding, Udvari-Soner, & Shashank, 2009) and considers it crucial for therapy. This was shown in various studies including studies focusing on play therapy and family therapy. A meta-analysis of 93 controlled outcome studies (published 1953–2000) was conducted to assess the overall efficacy of play therapy and to determine factors that might impact its effectiveness. Further analysis revealed that using parents in play therapy produced the largest effects (Bratton, Ray, Rhine, & Jones, 2005). When Gary and Guy Diamond (2000) researched the importance of an alliance between parent and therapist in family-based therapy they found that it was considered important for two reasons: it increased the likelihood that the family would attend and continuously participate in treatment and when parents felt supported they were more likely to try new ways of interacting with their child.

A study done by Kazdin and Whitely (2006:437) also found that a positive alliance between the parent and the therapist is associated with greater therapeutic changes in the child/adolescent.

The parent-therapist relationship is therefore considered important for the “initiation, continuation and ultimate success of child/youth psychotherapy” (Fox, 2012).

1.2 Historical background of the parent’s involvement in therapy

Louise Ruberman (2009) wrote a paper delineating the literature on 100 years of child psychoanalysis illustrating the importance of involving parents (Ruberman, 2009). The
history she wrote of started with the model of team-work proposed by the child-guidance movement at the beginning of the 20th century and extended through the work of Sigmund Freud, Anna Freud, Melanie Klein, Hermine Hug-Hellmuth, D.W. Winnicott, John Bowlby, Margaret Mahler and Daniel Stern, eventually ending in the 21st century with the work of Arietta Slade and Kerry and Jack Novick.

In the early days of psychoanalysis, the days of Sigmund Freud, “the child’s self was considered susceptible to parental intervention...and parents were entrusted with most of the ownership of the treatment of their child and even treated him or her themselves” (Gvion & Bar, 2014) as practised by Sigmund Freud in the case of the patient, Hans. Klein was against including parents in therapy as she believed the conflicts of her clients were intra-psychic. Anna Freud’s stance was to treat the children and refer parents for their own analysis. Winnicott entertained the idea of a parent-therapist alliance (Gvion & Bar, 2014) while Novick and Novick stressed the need to include parents in each phase of evaluation and treatment (Ruberman, 2009).

This support for parent-therapist alliance therefore follows a long history investigating the involvement of parents where involvement is differentiated in three ways:

1. “educational therapy with the mother [parent] to help her understand the developmental and emotional needs of her child...
2. direct psychotherapy with the mother [parent]... where she gains insight into her own early conflicts
3. psychoanalytically informed therapy with the parent and child together”(Ruberman, 2009).

Currently attachment theory and therapy advocates for the inclusion of parents in therapy sessions with their children. However, there also exists the stance within play therapy that the child should be seen independently.

This study takes the middle ground where the child is seen independently in therapy sessions to enhance intrapsychic development, but parents are included in the process during feedback sessions and during different aspects of therapy. Parents are included in the process in some form as the child belongs to a system where attitudes, perspectives and skills may need adjusting.

A growing body of research bears witness to the effectiveness of a therapeutic alliance between parent and therapist. However, concrete guidance about the formation of such relationships, the means by which the alliance leads to change, and the steps by which one
develops an alliance, are less clear. (Feinstein, Fielding, Udvari-Soner, & Shashank, 2009 and Diamond, 2000:1050). This gap in research informs the aims for this study.

1.3 Research aim
This qualitative study therefore proposes a protocol using the HTFWP to develop a relationship between therapist and parent which allows parents a better understanding of the developmental and emotional needs of their child and helps express the therapist’s understanding of their client’s dilemmas. The study consequently investigates the use of the HTFWP drawing as a medium for discussion during feedback sessions with parents of children/adolescents in therapy. It will be an exploratory work in order to clarify the strengths and possible hindrances in the process.

Important to these aims are the ethical considerations of this study.

1.4 Ethical considerations with parent-therapist alliance
Although the predominance of literature speaks in favour of parent-therapist alliances, there is also research on the caution of supporting alliances which speaks of confidentiality between therapist and client. The other concern is that the alliance may be seen as a “collusion of adults” (Feinstein, Fielding, Udvari-Soner, & Shashank, 2009) thereby impinging upon the autonomy of the client. However, the research which raises these concerns also argues that the “resulting tensions are manageable” (Feinstein, Fielding, Udvari-Soner, & Shashank, 2009) and “parent-therapist collaboration is now seen as a critical component of effective child/adolescent treatment and one that all therapists, regardless of theoretical orientation, should actively pursue” (Nevas & Farber, 2001).

So how does the HTFWP play a role in forming this relationship?

1.5 House-Tree-Fire-Water-Person (HTFWP)
To discuss the use of the HTFWP it is useful to place it in the context of the history of drawings as a projective technique in therapy. Therapists often rely on verbal responses as the medium through which to encourage their clients to articulate their thoughts and feelings and thereby to get a sense of where clients are in the process. However, “vulnerable children might find it difficult to express their emotions verbally due to limited linguistic skills or insufficient insight into and awareness of
their inner feelings" (Ferreira, 2014). Responding verbally can be seen as a “burden of having to respond correctly" (Suri, 2012). This is further supported in the literature where verbal responses are described as a “stumbling block" (Davids, 2005). When we ask for verbalisation “...we often wonder if we compel rational, sanitized, and self-conscious responses within the confines of language, which, in and of itself, filters and limits expression of meaning” (Porr, 2011).

Drawings allow for the exploration of emotions, perceptions, personality, needs and interpretation of reality without the need for verbalisation. “The analysis of children’s human figure drawings has developed into a valuable diagnostic tool in the evaluation of both cognitive and personality variables” (Worden, 1985). Different formats have evolved from this drawing test: Draw-A-Person (DAP), House-Tree-Person test (HTP), Draw-A-Family test (DAF), Kinetic Family Drawing (KFD) (Worden, 1985) and Kinetic House-Tree-Person drawing (KHTP) (Arad, 2004). Each of these drawing tests is said to tap different clinical data (Worden, 1985). For example, in a study comparing the human figure in the DAP and KFD, it was found that they reflect two layers of the self. The former representing the self in the environment as it portrays the individual's persona and the latter reflecting the nuclear self, the self without persona (Worden, 1985).

The House-Tree-Fire-Water-Person (HTFWP) is a continuation of this evolution. It was developed by Ursula Eschenbach at the C.G. Jung Institute in Stuttgart and came about through the evolution of the widely used HTP test initiated by John Buck in 1948 (Kreuter-Hafer, 2015). The HTFWP is a drawing done by clients creating a "window to the unconscious," which provides a glimpse into the past, the present, and the future" (Kreuter-Hafer, 2015).

Ursula Eschenbach chose her five symbols from the already existing tests. She included fire and water as all five symbols have archetypal meaning for children/adolescents and help project unconscious complex themes (Kreuter-Hafer, 2015). In the experience of those at the C.G. Jung Institute in question, administration of the HTFWP provides valuable hypotheses regarding psychodynamics, resilience factors and looks for newly emerging potentials for future healing in the process of therapy. It provides evidence for intrapsychic and interpersonal changes.

Despite the positive experience of those using this technique for diagnostic purposes for the past 40 years, its validity had not been researched until the study of two Master’s students in 2015 (Usländer & Reitz, 2015). This projective technique is therefore relatively unknown.
and there is little literature on it. The literature which exists has not yet been translated from German.

How this study proposes to incorporate this drawing technique into the research process will now be discussed.
2. INTRODUCING THE PROTOCOL

2.1 Therapy
This study starts with the therapy of clients which will consist of various techniques. However, the therapy focuses predominantly on sandplay. A brief motivation for this decision is that in the experience of this researcher, sandplay is able to enhance intrapsychic development in a non-threatening way. Analysis for sandplays and HTFWP drawings also share a common framework.

2.1.1 Sandplay therapy
Sandplay therapy “is a non-verbal play therapy that intentionally creates a space for the unconscious to manifest” (Turner, 2017). Estelle Weinrib (1983:13) described sandplay therapy as “a non-verbal, non-rational form of therapy that reaches a profound pre-verbal level of the psyche.”
It is hands on psychological work developed by Dora Kalff almost 60 years ago under the guidance of Dr. Carl Jung. Sandplay therapy is a powerful therapeutic technique that facilitates the psyche's natural capacity for healing through “the liminal spaces where there is empathic silence, material for symbolizing, an invitation to create, destroy, and play” (Ferreira, Eloff, Kukard, & Kriegler, 2014:113).
In a “free and protected” space provided by a well-trained therapist, a client creates a concrete manifestation of his or her inner symbolic world using sand, water, and miniature objects. This process stimulates the emergence of unconscious feelings and attitudes which are normally invisible to the conscious mind. It thereby provides a platform for psychological transformation, allowing an individual to work through disturbing emotions and can result in experiences of a deep sense of inner peace, harmony and compassion. Although originally developed as a way to do Jungian analysis with children/adolescents (Turner, 2017), it is now used with adult clients as well.

In sandplay, two sandtrays and an array of miniature figurines are usually offered to a client. One sandtray is filled with wet sand and the other with dry. The figurines are a representation of life and life experiences on a miniature level. Clients are then asked to build a world in the sand of their choosing. Some of these figurines emerge as symbols which “is a product of an extremely complex nature since data from every psychic function [feeling, sensation, intuition and finally thinking] have gone into its making” (Johnson,
The construction of the scene in the tray is done by the hands of the client while the therapist sits in respectful silence, participating empathically in the act of creation (Weinrib, 2004). The feelings and experiences that are often so difficult to express in words are portrayed in this three dimensional form which appears in the sand much like a dream. The creative play in the sand is photographed by the therapist who collects all the pictures until the sandplay process is complete. No interpretation happens during the process with the client as this would stall the free flow expression of the unconscious and bring with it a cognitive element which at the time of the process is considered a distraction (Friedman & Mitchell, 2008).

Many sandplay therapists like Weinrib (Weinrib, 1983), Bradway (Bradway, 1981), Ryce-Menuhin (Ryce-Menuhin, 1992) and Carey (Carey, 1999) use sandplay as a complement to verbal therapy. Kalff (1986) spoke about including the opportunity to discuss “everyday problems and examining dreams” as well as the presence of games and creative activities in the therapy room (Kalff, 1991). Researchers focussing on the efficacy of psychotherapy have also stated that, “psychotherapy is a complex interpersonal process that cannot be reduced to any single technique” and emotional healing cannot be reduced to a single causal relationship (Ferreira, Eloff, Kukard, & Kriegler, 2014:112). Therefore other media for therapy will be available in the therapy room including creating stories.

2.1.2 Stories in therapy

In my experience, creating stories is one way of including parents in the therapeutic process. Stories may therefore be used in therapy processes in the following way: Metaphors that come from verbal interaction with clients and/or parents or through the clients’ drawings will be animated in a co-created story. The story will have a beginning, middle and end and will be co-created by client, parents and therapist. It will most often be in the form of a fairy-tale as I have found that this further allows for fantasy, metaphorical and symbolic dialogue and thereby lowers defenses. The following Vignette has been offered as an example.

Vignette 1

A young adolescent whose parents were divorced and who experienced abandonment, rejection and abuse often included a river in her drawings. Together we animated the river in a co-created story using themes from her life, which were gathered from several therapy sessions with her as well as intake and feedback sessions with her parents. The first and last part of this story has been included below to illustrate this method:
THE BEAUTIFUL LITTLE STREAM

Once upon a time there were two farmers who were very good friends. They lived on adjoining farms and spent so much time together. They laughed and chatted and helped each other out. Like all other farmers they knew that their most important resource was water. Imagine their joy when one day they discovered that a stream had started to flow between their farms. It was so beautiful. The water was crystal clear and cool to drink. They were thrilled about this wonderful gift.

As the months passed the farmers started arguing, and their arguments grew bigger and bigger and louder and louder. Eventually, their arguments grew so loud that you could no longer hear the peaceful sound of the beautiful little stream. They no longer went for picnics along its banks. They seemed to forget about the precious gift of the beautiful little stream and the stream became lonely and sad.

This excerpt from the story illustrates the joy of the client’s birth and the subsequent impact of the acrimonious relationship between her parents. The middle of the story (which has not been included) speaks about the effect of these negative occurrences on her sense of self. Part of the end (which follows) speaks of the strengthening of her ego and thereby resilience to help her growing belief in herself as the little stream becomes a little river and eventually a beautiful strong river.

And still the beautiful little river grew. Its waters flowed faster and its banks grew stronger. In fact its waters were so strong that one day it heard the most beautiful sound. “Where is that beautiful sound coming from?” it wondered. Do you know what it was? It was the sound of its water flowing over the pebbles. The beautiful river was so amazed that such a beautiful sound came from it. For years it had thought itself plain. It took a good look at itself and saw its crystal clear water. It watched the rays of the sun become like millions of diamonds when it touched its surface. It saw that it gave life to others and was so needed by those growing in its waters and those growing on its banks. It looked around and said, “I am important. I am even quite beautiful.”

2.1.3 Drawings

As verbal expression of children was sometimes considered limited, using drawings as a language of expression was first recognised as useful in 1913. Later, Karen Machover (1935) was the first to use children’s drawings as a projective instrument (in Arad, 2004:253).

Allan (1988) extended the idea of using drawings when he spoke of the use of serial drawings. According to Allan there are three stages in serial drawings: initial, middle and termination stage, each lasting approximately four sessions. He mentioned that each stage was characterised by a specific theme. The initial stage often indicated images that reflected
the child’s problems. When administered in the first session it provides a baseline for determining the effectiveness of treatment, a position supported in the literature (Burns, 1982 and Stark, 1990).

The middle stage often reflected a struggle between opposites while the termination stage reflected a “sense of mastery, self-control and worth” (Allan J., 1988). A central self symbol like a mandala or self portrait or humorous scene was often depicted in this final picture. This concept will be applied in the protocol.

### 2.2 Protocol

Adapting Allan’s idea of serial drawings, clients will be asked to do three HTFWP drawings. One at the beginning of therapy to help determine the reasons for the referral, one in the middle of the process as an indicator of the progress in therapy and to determine the possibility of new aspects arising and one at the end of therapy. With this “partially directed approach” of serial drawings (Allan J., 1988:57) the child is presented with sheets of A4 paper, a pencil, eraser and coloured pencils. The following instructions are then given:

<table>
<thead>
<tr>
<th><strong>First drawing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The child is asked to draw a picture which has five elements: a house, tree, fire, water and person. “You are welcome to add anything else to the picture. It is not about how well you draw, but I’d really be interested in the story your picture tells.” During the post-drawing enquiry the child explains the story that goes with the picture.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Second drawing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“I was thinking about the drawing you did right at the beginning, when we first met, of the house, tree, fire, water and person and wondered about how you would do a drawing with those elements this time and what that story would be.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Final drawing</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>“You’ve already done two drawings that told a story about a house, tree, fire, water and person. The second drawing told a slightly different story to the first. I wonder what a drawing with those elements would look like now.”</td>
</tr>
</tbody>
</table>

The feedback sessions with the parents will take the form of semi-structured discussions where the therapist is able to share her understanding of the dilemmas while hearing the perspective of parents through the use of the HTFWP. The aspects used in discussion will be based partly on the psychodynamic aspects of the HTFWP as investigated in the study of
its use at the C.G Jung Institute in Stuttgart (Usländer, 2015). In the study they focussed on concepts of emotions, psychic energy, complexes, intrapsychic conflicts and resources. These aspects have been written below in the form of questions. Even though questions will not be asked in a linear fashion in order to keep the sessions with parents organic, each session will start with question 1 below:

Question 1
Before exposing parents to the drawing they are told that a drawing done by their child will be shown and that the researcher would be interested to hear what emotions/feelings this drawing will evoke in them as parents. It will be explained that their natural response would be to describe what they see, but that they instead need to focus on feelings. Cards with feeling words are shown to parents to help direct their thoughts. Words like overwhelmed, happy, sad, excited, lonely, helpless, hope, longing, loss, grief, joy, anxious are used on the cards. Parents are then exposed to the drawing and emotions are discussed.

Question 2
How do you see/experience these emotions with your child?

Question 3
What aspect of the drawing jumps out at you?

Question 4a
What aspect of the drawing would you like to be different? And

Question 4b
How does this relate to your child/family?

Question 5
When you consider the colours or action in the drawing, what do they say to you about energy/movement?

Question 6
What gives you a sense of hope?

Question 7
Is there anything else that comes to mind?

At the end of each feedback session parents will be asked about their experience of the use of the HTFWP drawing in helping them understand their children’s behaviour, the therapeutic
process, feeling part of an alliance and if it resulted in an unanticipated change in their perspective as parents.
3. PROCESS OF ENQUIRY

3.1 Method
This study is qualitative and exploratory as its purpose is to clarify the strengths and possible hindrances in the process and to uncover meanings others have assigned to their experiences (Creswell, 2007). It should also be noted that qualitative studies are emergent in nature which is important to this process as not all parents may respond in the same way and there may be a need for subtle changes in the researcher’s approach with different parents.
As a means of clarifying these understandings the methods in this study will involve the following concepts: simultaneous data collection and analysis which is inductive; following emergent leads to adapt the study in necessary ways; focusing the literature review so that it speaks to emergent categories; coding and constant comparisons.

3.2 Participants
Clients for therapy will be sourced from a local public school who have assented and whose parents have consented to being part of the research project. The clients will range from Grade four to Grade six which in the South African education context encompasses those in the intermediate phase at junior school. Part of the consent and agreement with the client and their parents is that they acknowledge a commitment to weekly sessions of two school terms. The decision of two school terms is based on the manageability of the study as well as the research of Alexander von Gontard (von Gontard, 2010) who found that major changes took place in the first half of the year in a sandplay process. Based on reasonable redundancy and saturation of data, the sample size will be the twenty parents of the children in therapy.

Possible therapy clients will be identified by the Teacher Support Team at the school. The scope of the study will be explained to their parents individually. Parents who are interested to participate will email the researcher and forms requesting background information, biographical information on the parent as well as a child behaviour checklist will be forwarded to each parent. Parents will then attend an intake interview where they will sign consent forms. Each client will undergo a therapeutic process of twelve sessions and there will be three feedback sessions for parents. At the end of the process parents are again asked to complete a child behaviour checklist.
The 20 parents of these children will probably range in age from 30 to 50 years. Their educational backgrounds will most probably differ due to the political past of South Africa and the diverse cultures of those who attend this school. They may also be dissimilar in terms of their socio-economic status. What bounds these cases is the fact that the children attend the same school and each client undergoes a sandplay process with the added use of the HTFWP drawing.

### 3.3 Assent and consent

Informed consent will be addressed with particular emphasis placed on confidentiality at the intake interview with parents. Confidentiality will be reinforced in the consent form where each parent decides on their pseudonym. However, this study is also reliant upon the assent of clients. Therefore, just before the end of the session where the first drawing is done, assent to use their drawings in feedback sessions will be requested and how it will be used will be explained. Assent will be requested for the use of every drawing in order to give the children/adolescents the opportunity to change their minds about their drawing being used.

### 3.4 Time line

The timeline for each activity with parent and client is delineated below:

<table>
<thead>
<tr>
<th>Meetings with parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers’ support team identifies learners in need of therapy</td>
</tr>
<tr>
<td>Individual intake meeting where scope of study is explained and letter of consent is signed</td>
</tr>
<tr>
<td>Feedback sessions after therapy sessions 3, 7 and 12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sessions with clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
</tr>
<tr>
<td>First HTFWP</td>
</tr>
<tr>
<td>Gain assent</td>
</tr>
<tr>
<td>Session 7</td>
</tr>
<tr>
<td>Second HTFWP</td>
</tr>
<tr>
<td>Gain assent</td>
</tr>
<tr>
<td>Session 12</td>
</tr>
<tr>
<td>Third HTFWP</td>
</tr>
<tr>
<td>Gain assent</td>
</tr>
</tbody>
</table>
3.5 Data sources
Each of the feedback sessions will be 60 minutes long and only those related to a HTFWP drawing will be audiotaped and then transcribed.

A central feature of the analysis will be to carefully document the parents' responses and my own subjective experiences known as memoing. Memoing is where the researcher writes down ideas about the evolving categories and process notes of sessions with parents (Creswell, 2007). These self reflective memos of the process will form part of the data (Peshkin, 1988; Strauss, 1987). The concern for rigour for evidentiary adequacy and sufficient time in the field in qualitative research will be considered. Bearing the emergent nature of qualitative research in mind; background forms, child behaviour checklists, memos of the researcher, 60 hours of transcriptions and 60 drawings and the narratives attached from 20 clients over a two year period will complete the data set.

3.6 Data analysis
The analytic process will begin with open coding, which is the examination of minute sections of text made up of individual words, phrases, and sentences. Strauss and Corbin (1990) described open coding as that which "fractures the data and allows one to identify some categories and their properties" (p. 97). Using the constant comparative method, these codes and categories will systematically be compared and contrasted in order to yield increasingly complex and inclusive categories. The memos of the researcher will be compiled into a journal and used to cross reference developing codes and categories and help the development of the study. Open coding will be followed by axial coding which puts data back together in new ways, making connections between categories and subcategories (Strauss & Corbin, 1990). Finally selective coding, where the core category is systematically compared to other categories to validate relationships, will be used for “further refinement and development” (Strauss & Corbin, 1990:116). This process will continue until saturation of the resultant concepts is achieved.

The aims of analysis are to refine the protocol as well as to explore the experiences of parents in the use of this drawing.
4. DISCUSSION

4.1 Possible limitations of the study

The following aspects could have an effect on the resultant conclusions and should be kept in mind during research. As the study will be done across a range of ages and backgrounds, both age and cultural or socio-economic background may be confounding factors. The type of relationship the therapist has with parents will also affect these conclusions. If the researcher generally has a good relationship with the parents of clients, and is easily open with them, the results may be dependent on therapist-parent relationship or therapist characteristics. As this is exploratory work, it would be beneficial to note when parents differ in their responses and what this says. If the approach changes subtly for different parents would this be due to age, level of education, cultural background?

4.2 Conclusion

The conclusions of this study could provide therapists with a way of communicating with parents as identified as a gap in the literature on parent-therapist alliances. As it reflects on the psychodynamic relationships and concepts as seen in the study on the HTFWP, it may also be considered useful in the training of sandplay therapists as these concepts form part of the framework of interpreting sandplays.
5. BIBLIOGRAPHY


