# A Naturalistic Study of the Early Relationship Development Process of Nondirective Play Therapy

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*In this study, the naturalistic method of qualitative research (Y. Lincoln & E. Guba, 1985) was applied to the study of the early relationship development process (ERDP) of nondirective play therapy. The analyses of individual and focus group meetings with play therapists in Canada and Holland as well as from videotapes from the same settings resulted in the emergence of 6 themes: description, qualities, goals, therapeutic support, process, and indicators of growth. These themes, which are presented in the "voices of the participants," together with the literature review, serve to enrich the description of ERDP. The data suggested that play provides an environment of safety, creativity, and privacy when careful preparation for therapy from outside supports such as family, caregivers, and school settings takes place. With this in place, the child is able to share his or her narrative, developing a sense of empowerment, a better sense of self-actualization, a language, and "a voice" all facilitated by the early relationship with the play therapist. In addition, new information emerged from the analyses of videotapes acquired from the same 2 settings, suggesting that there is a propensity for children to find "comfort" play when permitted to freely discover the play room.*

**Keywords:** naturalistic study, treatment process, relationship development, comfort play

At a time of increasing demand for the validation of supportive and therapeutic services for children, in this article attention is given to a better understanding and rich description of the treatment process that emerges when observing nondirective play therapy. In addition, this research study further observed the development of "new information" regarding the *early relationship development process* (ERDP), a phrase developed for the purpose of this study (Riedel Bowers, 2001), in play therapy. The naturalistic research method, specifically chosen for this study, is a subjective and mutually interactive experience, with the participants thereby minimizing the suppositions with which the participant observer approaches the empirical environment. In the case of this study, the interviewing of play therapists allowed entrance into the world of the participants' understanding, taking into

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account all factors and influences of the context involved and resulting in the creation of a rich environment for development of the grounded theory related to the themes of play therapy ERDP. Observation of the videotapes from the same settings served to confirm the observations from the interviews and provided unexpected and "new information." A grounded theory emerged to better describe the early relationship between child and play therapist.

The model of nondirective play therapy has been selected as the one for study because of its focus on the therapeutic relationship as a major contributor to growth. The two basic thrusts toward the development of the therapeutic relationship in play therapy have long been considered as *directed*, a method in which the counselor designs the activity, selects the play medium, and creates the rules, and *nondirected*, a method in which the children select their play medium, may be part of the creation of rules, and direct their process (Landisberg & Snyder, 1946; Rogers, 1951; White & Allers, 1994). As indicated by Gil (1991), a prolific writer in the field of play therapy, "another way to categorize the types of play therapy employed with children is to differentiate between directive and nondirective styles of play therapy" (p. 35). For the purposes of this study, I chose the nondirective model because the play activity between child and therapist is subject to free choice and facilitates a relationship that is a key aspect of the healing process. Wampold (2001) suggests that those in therapy "acknowledge the importance of the relationship between patient and healer" (p. 81), a point integral to the ultimate results of this study. The writings devoted to the play therapy process have been documented (Cashdan, 1967; Landreth, 2002; O'Connor & Braverman, 1997; Schaefer, 1993; Winek et al., 2003), whereas those devoted explicitly to the phases of treatment within the play therapy process are relatively meager (Gil, 1991; Hendricks, 1971; Mills, 1995; Moustakas, 1955; Withee, 1975). This deficit may have to do with the difficulties involved in conducting research studies that describe rather than measure the efficacy of the process; however, there is an increasing number of doctoral studies and other published works being devoted to examining the phases of the play therapy process. It appears that, as efforts have been focused on efficacy-based results, the development of richer descriptions of the therapeutic process has been simultaneously neglected.

Interest in the theoretical implications of play and their contribution to the psychotherapy process arose during the 20th century as more was being discovered about the inner workings of the child. Chethik (1989) suggests that it is not play per se that produces the changes for the child in the therapeutic context. The therapist's *use* of play creates a catalyst for change. Vandenberg (1986) proposes that "the relationship is the vehicle that helps the children learn to trust, invest belief in, and create meaning in their lives" (p. 86). It is the therapist's understanding of relationship development that is essential in this process, facilitating an experience of self-expression (Dougherty & Ray, 2007) and growth for the child.

More specifically, it is evident that there are discernible patterns of relationship development that evolve between children and therapists in therapy (Evans, 1976; Landreth, 2002; Masterson, 1972). The child presents with behaviors and emotions that are derived from conflicts experienced in his or her environment and, through a trusting relationship and reliance on the safety that the therapist provides, the child is able to work through conflicts. This process of healing is often characterized as progressing through temporal phases (Gil, 1991; Hendricks, 1971; O'Connor &

Braverman, 1997; Withee, 1975), moving from the beginning to the termination or ending phase.

Moustakas (1955) presents a different view of the phases of the play therapy process. He believes that children go through a sequence of emotional growth during play therapy that corresponds to the normal emotional development of early childhood. To quote Moustakas, the play therapy process is divided into six levels:

> First level: Undifferentiated and ill-defined positive and negative feelings prominent;
>
> Second level: Emergence of focused positive and negative feelings in response to parents, siblings, and other people;
>
> Third level: Ambivalent feelings distinctive;
>
> Fourth level: Negative feelings in primary focus, sometimes specific;
>
> Fifth level: Ambivalent negative and positive attitudes prominent;
>
> Sixth level: Positive feelings predominant and appear as organized attitudes. Negative attitudes also present. Both positive and negative attitudes differentiated, focused, direct, and generally in line with reality. (p. 79)

The relationship between the therapist and child is affected by the movement of the child through these different stages. The child's willingness and ability to connect with the therapist directs the therapist's responses, and the relationship between them grows in turn. The therapist's interventions are critical in this process, and the relationship development is, therefore, a mutually developing experience.

Hendricks (in Landreth, 1991), in her doctoral dissertation, indicates that there are six phases of play therapy that tend to emerge in a 24-session treatment regime that are summarized as follows:

> 1. Sessions 1–4: [child] expressed curiosity, engaged in exploratory, noncommittal, and creative play, made simple descriptive and informative comments, and exhibited both happiness and anxiety.
>
> 2. Sessions 5–8: continued exploratory, noncommittal, and creative play, generalized aggressive play increased, expressions of happiness and anxiety continued, and spontaneous reactions were evident.
>
> 3. Sessions 9–12: exploratory, noncommittal, and aggressive play decreased, relationship play increased, creative play and happiness were predominant, nonverbal checking with the therapist increased, and more information about family and self was given.
>
> 4. Sessions 13–16: creative and relationship play predominated, specific aggressive play increased, expressions of happiness, bewilderment, disgust, and disbelief increased.
>
> 5. Sessions 17–20: dramatic play and role play predominated, specific aggressive statements continued, relationship building with the therapist increased, expression of happiness was a predominant emotion, and the child continued to offer information about self and family.
>
> 6. Sessions 21–24: relationship play, dramatic and role play predominated, incidental play increased. (p. 18)

Withee (1975), in her doctoral research, indicates that five stages of play therapy become evident. During the first 3 sessions, children give the most verbal verification of the counselor's reflections of their behaviors, exhibit the highest

levels of anxiety, and engage in verbal, nonverbal, and play exploratory activities. During Sessions 4–6, curiosity and exploration drop off, and aggressive play and verbal sound effects reach their peaks. During Sessions 7–9, aggressive play drops to the lowest point, and creative play, expressions of happiness, and verbal information about home, school, and other aspects of their lives are at their highest. During Sessions 10–12, there is less interaction between the child and therapist than in previous sessions. In Sessions 13–15, noncommittal play and nonverbal expressions of anger peak, anxiety rises over its previous level, and verbal relationship interactions and attempts to direct the therapist are at their highest levels. In addition, Withee found differences within the process for boys and girls.

A review of these studies indicates that there are similarities in the dynamics of the play therapy process. Initially, children explore and have tendencies toward creative play, but with a concomitant connection to the therapy or the therapist. As children become more familiar with the therapeutic environment, they exhibit more aggressive play in the second stage and verbalize more frequently about their lives, their families, and themselves. In the later sessions, dramatic play and a relationship with the therapist are integral to therapeutic growth. Anxiety, anger, frustration, and other indicators of affect are expressed as children become familiar and less threatened by the process.

A more in-depth description of play and its attributes for relationship development, particularly within the therapeutic process, serves as the foundation for this naturalistic, qualitative research study that further examines and describes the early relationship development process of nondirective play therapy. Three research questions were posed for this naturalistic inquiry: (a) How can the ERDP of nondirective play therapy be *described*? (b) What are the common identifiable *themes* of this early phase? (c) Which themes, if any, appear to *facilitate* the early process between child and therapist? The data of the naturalistic study, presented through the voices of the participants, are found in Table 1, and are further substantiated with the incorporation of supporting literature found in the Results and Discussion section. The grounded theory is presented, identifying relevant themes of the ERDP, and addresses how these themes facilitate the early relationship process between child and play therapist.

## METHOD

The naturalistic inquiry, a qualitative method of research as described by Lincoln and Guba (1985), was specifically chosen for this study because of its appropriateness for the study of therapeutic process as it is one of mutual interactiveness and is holistically complex. It encourages the participant observer to be acutely attuned to the *natural world* of the study context (Lofland & Lofland, 1995) by way of the extended immersion in the data. Within this study, I worked with the natural and eventual emergence of themes and theory (Burgess, 1984), thereby allowing for the discovery of "new information."

Appling the "ripple" or "snowball" technique (Lincoln & Guba, 1985) of gathering informants for the study by way of nominations from other play therapists, therapists, all women and similarly trained, were interviewed in Kitchener,

**Table 1.** Themes of the Early Relationship Development Process of Nondirective Play Therapy in Participants' Voices

| Theme | Description |
|---|---|
| 1. Describe the early relationship development phase of nondirective play therapy | Move through a wavelike cycle, engaging, regressing, and moving ahead |
| | Create an atmosphere of freedom and ensuing empowerment |
| | Engage in a building process beginning at first sight, developing trust and sharing narratives |
| | Facilitate an opportunity of mastering |
| | Participate in a delicate process of developing creativity through symbolic play |
| | Develop a mutual familiarization and common language—a "voice" |
| 2. Observe qualities that facilitate relationship development | Experience a relationship—building of boundaries, space, varying paces, and freedom |
| | Participate in experience of nurturing, empathy, acceptance, sensitivity, patience, and respect |
| | Facilitate the strengthening of ego development through acceptance of resistance as a defense |
| | Explore through the new attachment in the therapy relationship the opportunity for empowerment |
| 3. Set mutually understood goals | Provide an empowering experience developing an increased sense of self |
| | Facilitate a sense of safety, ease, freedom, and acceptance that permits self-guided play |
| | Move from a closed and protective position to an easing of affect and presentation of narrative |
| | Incorporate more appropriate social behavior by integrating the relationship into the outside world |
| 4. Seek and utilize external supports | Recognize that there are varying degrees of support resulting in an ongoing balance |
| | Encourage careful preparation for parents and families to provide clarity about the nature of the play therapy relationship, setting boundaries for protection of privacy |
| | Affirm for parents that they can feel like outsiders and need to continue the narrative and sharing, thereby bridging the progress and aiding in the resolution of the trauma |
| | Facilitate a parallel process for parent as well as child, empowering parents to create a shift in their own ego development and family growth |
| 5. Engage in the therapeutic process | Allow pattern of communication to evolve through freedom of play activity and boundary setting |
| | Engage in expression of affect and creativity through the metaphor of play through toys |
| | Recognize the need for distance at the beginning, allowing safety and trust to gradually develop |
| | Become more aware of self and ability to move into relationship development |
| | Develop patience in allowing the narrative or story to be told when ready |
| | Facilitate "comfort play" for the child to provide self-protection and safety when necessary |
| 6. Demonstrate therapeutic growth | Engage in a warming-up process as indicated by verbal and nonverbal cues |
| | Move through fluctuating leading–following positions, resulting in the child's feeling comfortable taking the lead in the play therapy |
| | Allow secrets and stories to be shared with a freedom to elicit feelings |
| | Incorporate the therapeutic process into life outside of the therapy |
| | Observe a change in the level of resistance and need for repetition in the play |

Ontario, Canada ($n = 6$), and in Leiden, Holland ($n = 5$). Confidentiality for all interviews was maintained by the use of a neutral transcriber and never indicating a name of the participant in the case reporting. The importance of confidentiality for all interviews was discussed in the letter describing the study to each participant. Each participant agreed with the intentions of the study, the process involved, and the methods of confidentiality. Participants were interviewed in a setting of their choice, with four choosing their workplace and two choosing my independent practice office.

Introductory letters and the university-approved ethical guidelines of the study were presented to every participant and received their signature as an indication of agreement to the terms of the research. The same "grand tour" question was asked of each participant at the outset of the research interview to allow fairness and objectivity about my intentions. Each interview followed the lead of the participant as each had specific interest, foci, and case examples to illustrate the responses. The interviews were between 45 min and 90 min in length. Each was terminated when a "natural" ending was evident as determined by myself and participant. I attempted to provide a setting of little interruption. One participant asked that she be interviewed with her newborn infant nearby, allowing her more comfort in the fluidity of her thoughts and responses.

In addition, focus groups were developed and conducted in each setting, Ontario and Holland, to discuss reactions to emerging themes and to allow for any new information to come forth. In this way, reliability of the data collected from the individual interviews was tested. Trustworthiness or "accuracy of the account" (Cresswell, 1994, p. 156) was addressed through triangulation, member checks, and peer debriefing. Transcripts of all interviews were prepared by a neutral person to ensure objectivity. With these transcriptions, attempts were made in the data analysis to find convergence among the sources of information through the discovery of codes, categories, and emerging themes that "identify recurring ideas or language, and patterns of belief [that] link people and settings together" (Marshall & Rossman, 1989, p. 116).

As the interviews and focus groups took place, individually coded themes emerged and the understanding of the data increased. The process was additive, combining codes into typologies (Glaser & Straus, 1967). Eventually, common themes developed as a result of the recurring aspect of the categories. All of the data were included in the unique data analysis system developed for this study.

Videotapes of the first three sessions of three separate therapy processes in each setting, Ontario and Holland, were requested and received for the purpose of "negotiating outcomes" or allowing observation of the relationship development process, gathering new information, and testing for trustworthiness (Lincoln & Guba, 1985). Three sessions are described as the period during which the relationship begins to progress to point of trust development. This "observer role," which may include videotaping, "most closely approximates the traditional ideal of the 'objective' observer" (Adler & Adler, in Denzin & Lincoln, 1994, p. 379). Standard VHS tapes were used, and the tapes from Holland were transcribed to the North American VCR system by the University of Leiden. In each case, a release was signed by the institution or play therapist, allowing for use of the videotapes for research purposes. This was done in accordance with Wilfrid Laurier University Ethics Committee approval (Riedel Bowers, 2001), requiring that, in both the

Canadian and Dutch settings, permission from the children, their guardians, the therapists, and the university settings be procured for the release of the videotape recordings for research purposes. It was agreed by all that these tapes would be secured in locked cabinets during the analysis process; it was further agreed that the tapes would be viewed only by myself and the interpreter. Lastly, it was agreed within the Research Ethics Committee approval document that the tapes would be returned to the originators or destroyed on the completion of the research, according to the request of each setting.

To summarize the steps in the naturalistic research study described thus far, Figure 1 provides a diagrammatic presentation of the steps at a glance by which the data were gathered, analyzed, and used to produce the substantive and eventual grounded theory. The arrows in Figure 1 describe the continuous and cyclical flow of research steps, that is, from beginning and moving through a continual flow of discovery.

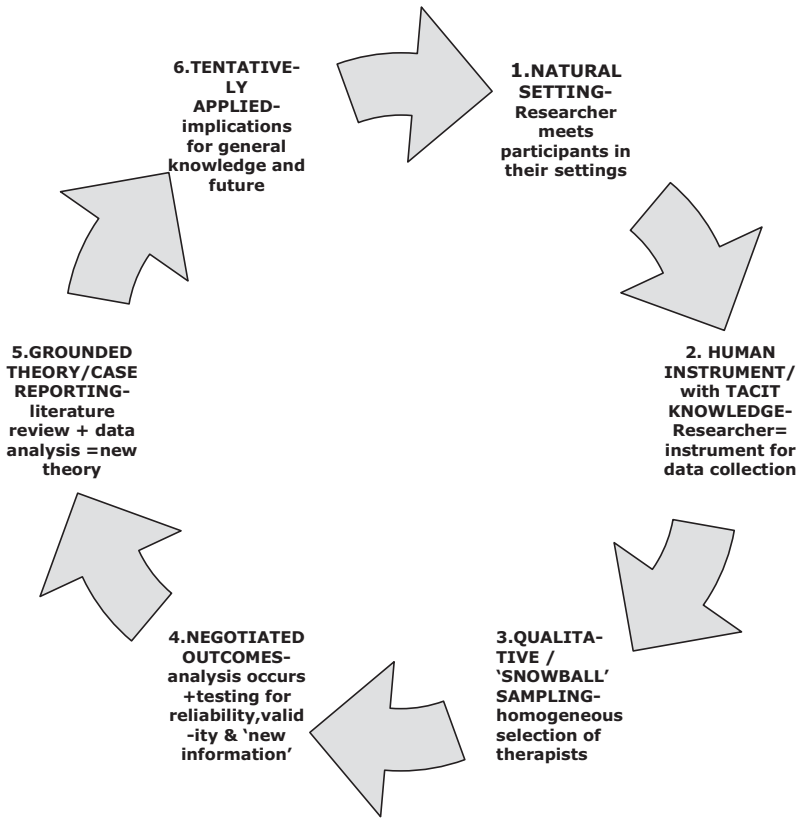


**Figure 1.** The naturalistic inquiry of the early relationship development process (ERDP), a cyclical process.

## RESULTS AND DISCUSSION

Six themes arose from the coding and categorization of the participants' responses to the grand tour question and from the evolving discussions in each interview and focus group. By staying with the data, that is, the verbatim responses and ensuing discussions, a representation of the ERDP of nondirective play therapy emerged. The videotapes of the three therapeutic processes were then previewed and translated from Dutch to English where necessary. Each interview was transcribed and observed for themes and for consistency of the same themes from the individual and focus group data. The themes were found to be consistent and new information emerged.

Table 1 presents a concise and verbatim account of the six themes that arose from the data as well as "new information" that emerged from the data collection process, including my field notes. The discussion of these emerging themes is presented in the following sections. Verbatim accounts of the data are *italicized* and supported by the related literature review to create the new grounded theory.

### Description

During the beginning period of the nondirective play therapy relationship, which commences with the first contact, the child and therapist move through a *wavelike cycle of engaging, regressing, and moving ahead*. The process of *allowing an atmosphere of freedom with limits* gives a clear message of safety (Axline, 1947a, 1947b; S. Freud, 1905; Klein, 1932) and, consequently, the child is able to delicately test the limits developing *a sense of security and empowerment*. The security felt by the child through this process of testing facilitates *the wish by the child to share his or her story or narrative*, thereby entering into a world of memories and secrets (Allen, 1934; Taft, 1937).

Researchers typically indicate that feelings of comfort, relaxation, and safety engendered within the play context promote an ability to explore, which is necessary for the development of *problem solving and creativity* (Karen, 1994; Rubin, 1982). Play is the link between the imagined and real worlds (S. Freud, 1908; Klein, 1932), with symbolic play freely assimilating the reality of the play to the ego development of the child (Erikson, 1963; A. Freud, 1946; Pepler, 1982; Piaget, 1962). Together with the opportunity to be creative, the child develops a sense of *mastery over the environment*. In fact, the play opportunity within the therapeutic context is a kind of mastery (van der Kooij & Hellendoorn, 1986) exemplified in the game of hide-and-seek offering the opportunity to create a scenario with which to test and master the successful hiding process (Burton, 1986). In her work with abused children, Weshba-Gershon (1996) indicates that free symbolic play is a modality well suited to the expression, reworking, and mastery of psychic trauma.

The development of a *voice* is one of the most important aspects of the relationship that develops between child and therapist. Play therapy allows counselors to communicate effectively with children through their natural language, play (Landreth, Baggerly, & Tyndall-Lind, 1999). This mutually developing form of communication serves as a dialogue between the child and the environment.

Typcially, children of 11 years or older access feelings through verbal reasoning, and it seems that prior to this age group, the use of the play metaphor is evident for self-expression (Kottman, 1989; Piaget, 1962). Within the context of psychotherapy, play serves two major functions: (a) It is a major form of communication between child and therapist, so it aids in the development of the therapist–child relationship; and (b) it is a vehicle for change in psychotherapy in that it drives verbal communication (Hug-Hellmuth, 1921; Russ, 1995; Withee, 1975). Play provides the child with an opportunity for self-expression, thereby strengthening the child's potential in the outside world (Bowlby, 1953; Gross, 1901). The voice provided through the ERDP continues throughout the therapeutic process and beyond.

## Qualities

Within an environment of *nurturance, empathy, sensitivity, patience, and safe boundaries*, the child joins with the therapist in the new relationship. Through the play process and its metaphorical value (Meares, 1993), a mutual empathy gradually develops that allows *the child to feel listened to* and eventually protected. A position of nonjudgment and absolute consideration of the child is taken on by the therapist as the child presents his or her external world within the symbolic play (Axline, 1947a, 1947b) as the child's life is weaved together with the therapeutic journey.

A natural consequence of this environment of safety afforded by the qualities of the ERDP is the integration of the ego through primary and secondary integration processes (Solomon, 1954). The child presents with an ability to master problems, that is, primary integration, and sets up defenses against emotional reactions that may arise in the relationship development process, that is, secondary integration.

Eventually the child, through the self-realization that is gained in *the ego development and mastering process*, develops *a sense of accomplishment* as a new attachment process is occurring. With the intuitive intervention by the play therapist, the child can be left with a new sense of self-actualization (Meador & Rogers, 1980) and a sense of empowerment.

## Goals

The developing bond between child and therapist is an empowering one that gives the child a sense of being able to make choices, create changes, and consequently, *an improved sense of self.* Moustakas (1959) suggests that, "through the process of self-expression and exploration within a significant relationship, through realization of the value within, the child comes to be a positive, self-determining, and self-actualizing individual" (p. 5). As play allows *freedom and acceptance*, children can begin to feel relatively safe (Klein, 1955), moving from *a closed and protective position*. The child moves from the need to repeat a play activity to eventually feeling safe enough to drop the repetition (Conning, 1998; S. Freud,

1914; Sweeney, 1999) and then to share stories that may or may not be directly related to the goals of therapy.

The early process acts as a bridge or *overgang,* the Dutch word for *transition* (Cassell, 1967), allowing the early phase to prepare for the next and middle phase. Eventually, *the narrative of the child is forthcoming*, and the curative powers of the therapeutic environment take hold, relieving the child from suffering through the freeing of traumatic memories and stories (Hug-Hellmuth, 1921). The ability to integrate the relationship that develops in the play therapy process and adapt this *integration to those relationships in the outside world*, such as home and school, is an ultimate goal of the process. Such gains further offer the child a sense of mastery facilitated by this integration process (Piaget, 1962).

## Supports

> The child therapy process cannot be viewed in a vacuum . . . [there is a] need to consider the familial and other social contextual variables that could influence the treatment collaboration. (Shirk & Saiz, 1992, p. 725)

During *the preparatory period* (Brooks, 1985; A. Freud, 1946), the varying degrees of support are understood with increasing clarity vis-à-vis the parameters and goals of the play therapy with the parents, schools, and other significant people in the child's environment.

The *parents often feel like outsiders* and require ongoing information, support, and guidance by the play therapist or colleague (C. Moustakas, personal communication, April 24, 1998); without this, a mistrusting feeling about the relationship between child and therapist may ensue that could usurp the therapeutic process (Conning, 1998).

A goal for therapy is *the facilitation of a bridge between the child's narrative in the play therapy environment* and life outside. As the narrative sharing continues, the therapeutic process may aid in the eventual growth of the child as well as in the family's progress. The *child's security and growth* can be reflected in a parallel improvement in the relationship with the parent or caregiver (Bettleheim, 1987).

## Process

Play may be a prelude to the relationship (Ehrenberg, 1990) by providing an environment of familiarity and freedom for the child as well as the recognition that distance occurs as the development of order and limits (Moustakas, 1959) takes place. This careful *boundary setting* allows the child to experience his or her potential through the mastery of this *creativeness* in the play activity process.

The importance of the therapist's *sense of self* as stressed by Winnicott (1971) is key to the process. Through a willingness to listen and be patient, "psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist" (p. 38). This mutually developing process can permit the growth of the relationship but can as easily impede its progress if therapists are unaware of how they may be restricting the relationship development phase. The child moves closer

to the therapist at the outset, as indicated by some researchers (Allen, 1976; Cashdan, 1967; Hendricks, 1971; Withee, 1975), but this fluctuation in movement occurs for varying purposes. The child may need opportunity for verbal verification according to the level of comfort and safety that is felt in the early sessions (Erikson, 1963; Winnicott, 1971), thereby providing an exploratory, noncommittal, and creative opportunity through a simple descriptive and informative communication (Hendricks, 1971).

With the sense of *security and self-protection* that the therapeutic process facilitates, the child finds times, places, toys, and ways of communicating with the play therapist that provide comfort for the child. Emotional relaxation (Rubin, 1982) facilitates comfort and trust in the growth process. The *new information* discovered through the data analysis process in this study indicates that children return to or move to *comfort play*, play of their choice, with which they feel self-protected and free to express and facilitate expression. Within the play therapy environment, the child reaches out to the toys and objects in the play room to create a world of one's own that will impart familiarity and strength (Winnicott, 1971).

## Growth

Through a careful preparation process for the child, the ERDP should indicate a welcoming environment. "The therapeutic environment is comfortable for a child when it is inviting, not intimidating" (Landreth et al., 1999, p. 275). The supports in the child's outside world need to be encouraging of the therapeutic process as well as clear about the intentions of the play therapy process.

When the child engages in the *warming-up process*, the child will *fluctuate between leading and following positions* so as to find a spot of comfort in the process. There is a need to follow the child's lead to facilitate "a child's natural striving toward inner balance that takes him or her where he or she needs to be" (Landreth et al., 1999, p. 278). Wix (1993) refers to the metaphor of "walking backward" (p. 49), a position that the therapist can take to get in touch with the space that the child is in. The early movement of child and therapist is constantly shifting to locate positions of understanding and strength that provide the potential for the child's growth, self-esteem, and empowerment (Griffith, 1997).

Eventually, with the security felt in the play therapy relationship, the child will develop a positive attachment to the play therapist, thereby potentially changing his or her inner model of relationships. The first task in the therapeutic process for the child is to develop a secure base from which exploration of various unhappy and painful aspects of life is possible (Bowlby, 1988), providing the child with familiar tools through which to relate to the therapist and bring reactions, feelings, *stories, and secrets* to the play therapy environment (Allen, 1934).

Ultimately, the therapist becomes a symbol of the child's *outside world*, and the environment of the play therapy room and the developing relationship become a "culture" with rules, boundaries, and habits. Play contributes to creativity within a culture or environment that is facilitated by comfort and safety (Erikson, 1963; Winnicott, 1971). When certain traits of the culture within the play therapy environment are transferred to the outside, progress can be indicated. Using the

combined therapeutic factors of metaphor, role play, communication, fantasy, catharsis, and abreaction (Schaefer, 1993), an attachment with the therapist may occur. Allen (1976) suggests, as did many participants in this study, that the child leaves behind his or her personal supports when entering into the play therapy experience, which is a "strange" and new situation.

The child's inability to articulate feelings and thoughts may result in an illustration of resistance and *repetition* of the play (Shirk & Saiz, 1992). These defenses may dissipate as the relationship matures, as the child trusts the therapist with those parts of the private life. Consequently, if the play therapist is patient and agrees to accept the repetitions of new beginnings (Bettleheim, 1987), the child eventually moves beyond the comfort found in the repetition of the play and presents new play scenarios.

## Limitations and Conclusions

The development of a grounded theory through the addressing of the research questions regarding description, themes, and consequential facilitation of the ERDP is an attempt to address a gap in the play therapy process literature. There are, however, limitations to this study in general. Inherent within this methodological approach is the understanding that the results, both the substantive and formal grounded theories, are applicable to this study and similar situations. As Lincoln and Guba (1985) indicate, "the only generalization is: there is no generalization . . . the trouble with generalizations is that they don't apply to particulars" (p. 110). Using two groups of play therapists with similar theoretical underpinnings, in two like but different geographical settings, Canada and Holland, where similar codes, categories, and themes are found, only to be confirmed by observations of videotape processes from each location, suggests a likelihood that replications are possible.

Nevertheless, the application of similar studies elsewhere in the world would reinforce substantiation of this study's results. This study provides results and discussion that can be used for further investigation of behaviors in the ERDP through quantitative studies. As suggested by Foley, Hidgon, and White (2006), "changes in behavior may be best measured by quantitative research" (p. 58). In this way, both qualitative and quantitative research paradigms work together to examine the process of play therapy. Further qualitative studies using individual interviews and focus groups that describe the nondirective play therapy phases as well as many other therapeutic models of play therapy will add to a thorough review of this increasingly valued treatment procedure with children.

The description of the therapeutic process enhances our knowledge base of "what exists," and with that richer description, "what works" can be more accurately indicated. Carl Rogers spoke to his eventual realization of the value of the therapeutic relationship in the growth process of therapy (in Wright, Everett, & Roisman, 1986):

> Gradually I have come to the conclusion that . . . it is the quality of personal relationships which matter most . . . the quality of the personal encounter is probably, in the long run, the element which determines the extent to which this is an experience which releases or promotes development and growth. (p. 31)

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