

ASSESSING NORTON AND NORTON'S MODEL OF PLAY THERAPY
THROUGH A STUDY OF A THREE-YEAR-OLD'S
PLAY THERAPY EXPERIENCE

by

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Abstract

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Assessing Norton and Norton’s Model of Play Therapy through a Study of a
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Three-Year-Old’s Play Therapy Experience

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There are a variety of play therapy models in research literature that predict stages children move through during play therapy. The purpose of this study is to assess one of these stage models. This study will examine Norton and Norton’s (1997) stage model of play therapy as it applies to a three-year-old preschooler’s play therapy experience. Through this qualitative case study, a single subject’s play therapy is examined for its consistency with Norton and Norton’s (1997) model. Data was collected from observations of the subject within the therapy room and outside of the therapy room. The data was then coded for evidence of Norton and Norton’s (1997) stages. Results from this study offer validation to Norton and Norton’s (1997) model of play therapy, yet there are some discrepancies. Possible changes to Norton and Norton’s (1997) model are offered in order to help it better fit this subject’s experience.

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Table of Contents

Chapter I 6
 Introduction
 Statement of the Problem
 Purpose of the Study
 Limitations of the Study

Chapter II 12
 Review of Literature
 Mary Brown Rogers' (1969) Model
 Marijane Fall's (1997) Model
 Norton and Norton's (1997) Model
 Comparison of Rogers', Fall's, and Norton and Norton's Models

Chapter III 22
 Methodology
 Subject
 Medical and Developmental History
 Family Environment
 Childcare Center and Outside Agencies
 Procedures
 The Sessions
 The Playroom
 Data Collection and Recording
 Data from within the Playroom
 Data from outside the Playroom
 Data Analysis

Chapter IV 32
 Results
 Sessions 1-22

Chapter V 62
 Discussion
 Analysis of the Subject's Experience in Relation to the Model
 Exploratory Stage
 Testing for Protection and Dependency Pattern
 Therapeutic Growth Stage
 Termination Stage
 Evaluation of the Norton and Norton Model
 Possible Changes to the Norton and Norton Model
 Recommendations for Further Research

References 71

Appendix 74
 Appendix A: Teacher's Checklist

List of Tables and Graphs

Table 1	20
Comparison of Rogers', Fall's, and Norton & Norton's Models	
Table 2	29
Keywords, Actions, and Behaviors for Coding	
Table 3	60
Number of Bits of Data Coded for Each Session by Stages	
Graph 1	61
Data Coded in Each Session by Stages	

Chapter I

Introduction

Many times, adults overlook or underestimate the fact that children face difficulties and feel stress. However, childhood stress is actually quite prevalent. Throughout history, children have “been more often the victims of the slings and arrows of an uncaring society than the recipients of its beneficial protection” (Garmezy, 1983, p. 1). Since 1972, the number and severity of childhood stresses has increased (Brenner, 1984). Research has shown that children can and do feel stress, from very small changes in their lives to very traumatic events (Flinn and England, 1995). Children have to cope with changing families, violence in schools and neighborhoods, disease, separation and loss, abuse, and injury (Brenner, 1984; Flinn and England, 1995; Garmezy, 1983; Jewett and Mindes, 1997). Even though children have all these obstacles to overcome, children have fewer sources of affirmation and adult support than in the past (Brenner, 1984).

In the midst of all these difficulties, children from crises, traumatized pasts, and maladjusted environments need help. Though there are many types of therapy, educators and clinicians are realizing the healing power of play therapy. Many studies have confirmed the effectiveness of play therapy in helping children cope with their worlds.

Many of the studies which illustrate the effectiveness of play therapy are qualitative case studies. Keyes (1991), in three case studies of hospitalized children, found that play therapy helped the children overcome resistance, withdrawal, and fear over their hospital visits and illnesses. Another case study by Barlow, Strother, and Landreth (1986), showed the effects of play therapy on a five-year-old elective mute.

Play therapy helped her acquire the ability to communicate in school. A study by Johnson, McLeod, and Fall (1997) documented the progress of six children with psychoeducational disabilities (which included ADHD, cerebral palsy, mental disabilities, and language delays) in the school setting. During play therapy, all of the children in this study expressed their feelings, experienced control, and developed coping skills. A case study by Cuddy-Casey (1997) of an eight-year-old boy with enuresis and encopresis showed that play therapy helped the subject face his fear, doubts, and frustrations. Play therapy allowed this child to express himself and therefore end the enuresis and encopresis.

Even though there are fewer quantitative studies on the effectiveness of play therapy, research like the following does exist. Fall (1999) did pre-testing using the Conners Teacher Rating Scale (Conners, 1986) on 62 children. These children exhibited internalizing and/or externalizing behaviors which inhibited their learning. After play therapy experiences, Fall (1999) did post-testing. There was a significant decrease in negative behaviors and a significant increase in self-efficacy after the play therapy. Burroughs, Wagner, and Johnson (1997) did pretreatment and posttreatment testing on 14 children in a community treatment center. These researchers used a variety of rating scales to assess the children which included the Children's Depression Inventory (Kovacs, 1992), the Piers-Harris Self-Concept Scale—Revised (Piers, 1989), and the Child Behavior Checklist (Achenbach, 1991). Results showed that the children's internalizing behaviors and depression decreased after the play therapy experiences.

These studies confirm that play therapy is an effective strategy to help children through difficulties. Prominent play therapists believe there are three basic reasons why play therapy is effective. Play therapy is developmentally appropriate, experiential, and child-driven.

Play therapy is developmentally appropriate in that it allows children to speak their own language and make meaning out of their worlds with that language. During the 1800's children were thought of as miniature adults, but since then, research and careful thought has shown otherwise (Kaufman, 1993). Children are very different from adults in the way they think, communicate, and act (Kaufman, 1993). Therefore, children's therapy must be different from adult's therapy. Children do not have the verbal abilities that adults have, so they are unable to communicate verbally to adults about their thoughts and feelings (Landreth, 1991). Instead, children express themselves and communicate through play (Landreth, 1991; Norton and Norton, 1997). Garry Landreth (1991, p. 14) says, "Play is to the child what verbalization is to the adult . . . Toys are used like words by children and play is their language." Carol Norton and Byron Norton (1997, p. 4) share this view. They say, "Children must communicate through their own medium—play."

The second reason play therapy is effective is that it is experiential (Norton and Norton, 1997). This experiential element allows children to get their total selves involved in the healing process (Landreth, 1991). In the playroom, children "thrust" themselves into the play and experience past and present issues in a concrete, specific way (Landreth, 1991). When therapy is at the experiential level, the child shows his/her feelings and reactions to the moment's experience and has the power to manipulate the

event. Children, through play, can gain control over their lives and gain healing (Norton and Norton, 1997). By experiencing the hurtful obstacles in the playroom and then by manipulating the events in the playroom, a child can experience empowerment to overcome what he/she is encountering in real life.

The third reason play therapy is effective is that it is child-driven. Children are resilient, possess inner strength, and have a natural propensity for healing (Landreth, 1991; Norton and Norton, 1997). They will voluntarily help themselves if they are in an environment that gives them the opportunity (Landreth, 1991). The play therapy room is an excellent environment in that it is designed for the child to do just this. In the playroom, the child sets the agenda and directs his/her own therapy (Axeline 1947; Landreth, 1991; Norton and Norton, 1997). With proper facilitation, children will “take the therapeutic experience where they need to be” (Landreth, 1991, p. 14).

The above reasons are all explanations *why* play therapy works. Because we know that play therapy is an effective strategy for helping children through difficult times, it is also very important that researchers and clinicians understand *how* it works. It is important for therapists to realize what is happening within the child that brings him/her to healing.

Different researchers have shown that this movement towards healing happens in stages as a process over time (Fall, 1997; Hendricks, 1977; Moustakas, 1955; Norton and Norton, 1997; Rogers, 1969; Withee, 1975). Landreth (1991, p. 17) says, “Stages in the play therapy process are the result of shared interactions between the therapist and the child.” If the therapist is non-evaluative, genuinely caring, accepts the total child, and allows freedom in the playroom, the child will move through stages of play

therapy (Landreth, 1991). As the therapist correctly facilitates the sessions by allowing the child to be free, the child moves towards healing through the stages. It is extremely important for therapists to thoroughly understand the stages children move through in play therapy so they can successfully facilitate the child through the stages.

Statement of the Problem

Because understanding stages is vitally important to the overall effectiveness of a play therapist, it is important to carefully assess selected stage models of play therapy to determine which models accurately depict the stages through which a child moves. Once therapists understand more accurately what children transition through in play therapy experiences, they can better facilitate children.

Purpose of the Study

The purpose of this study is to assess one of these stage models. This study will examine Norton and Norton's (1997) stage model of play therapy as it applies to a three-year-old preschooler's play therapy experience.

Limitations of the Study

Even though this study will be important to play therapists, it does have two limitations. First, Norton and Norton's (1997) model will be assessed using only a single subject case study. This single subject's play therapy experience may be different from other children's experiences. Therefore, this study may not be able to be generalized to all children.

The second limitation of this study is that there are no objective measures of the subject's behavior. Instead, qualitative descriptions from various sources are used as data, so this data might be prone to bias. To counteract this limitation, this study uses

triangulation and gathers data from multiple sources, multiple investigators, and multiple methods to obtain a high degree of validity (Merriam, 1988). Qualitative descriptions from the mother, teachers, observers, and the therapist were used to assess the subject's behavior.

Chapter 2

Review of Literature

Early researchers and therapists like Virginia Axeline (1947), Anna Freud (1946) and Melanie Klein (1955) first understood the power of play in helping children heal. Since their time, play therapy has evolved into a recognized approach to child therapy. Because it has become a recognized approach to therapy with children, researchers and clinicians have developed a body of literature around play therapy. In this body of literature, most researchers and clinicians have come to understand that children move through stages during non-directive play therapy experiences. As Landreth (1991, p. 17) says, "Stages in the play therapy process are the result of shared interactions between the therapist and the child." As the child and therapist interact, the child will progress through a series of stages.

Even though most researchers and practitioners agree that children pass through stages during non-directive play therapy, researchers and practitioners disagree on a standard stage model. Because of this disagreement among professionals, many researchers have developed their own stage models in attempts to describe the stages through which they have seen children progress during play therapy experiences. Marijane Fall (1997) realizes that discrepancies exist among these stage models of play therapy. She asks some very difficult questions:

Are there sequential stages of play therapy that describe children's play when a clinical population is examined? If so, what are these stages?

Are the stages the same for all children in therapy? While authors refer to

a progression of stages in child-centered play therapy theory, each author appears to have a different view (Fall, 1997, p. 1).

This chapter will discuss three stage models of play therapy (Fall, 1997; Norton & Norton, 1997; Rogers, 1969). These models were chosen to highlight differences among models. After the models are discussed, the last section in this chapter will compare and contrast the three models.

Mary Brown Rogers' (1969) Model. Rogers (1969) and many other early researchers of play therapy (such as Moustakas, 1955 and Hendricks, 1971) laid the foundation for stage models of play therapy. Just as the models of today take many forms, the models of the past also differed in their views of how children's therapy progressed. Rogers' (1969) work exemplifies the work of early therapists.

When Rogers developed her model, she was working out of Georgia State College in Atlanta. She used a high-tech laboratory, even by today's standards, to help her "monitor" and "measure the changes which may take place over a number of play therapy sessions" (p. 1). Her lab was equipped with control booths with dials that would measure how much time children spent playing with certain toys and materials. She classified many of her toys and materials into two categories, aggressive and constructive. At the time of the completion of her study, Rogers had analyzed the play therapy experience of twelve children.

By examining the length of time these children played with constructive and aggressive materials, Rogers (1969) was able to conclude that there were three major stages children progressed through during play therapy. She determined that the first stage children are in is the exploratory stage. During this stage, the child "ambivalently

and hesitantly looks around and tries out tentatively the toys” (p. 4). In Rogers’ (1969) study, the duration of this first stage varied from child to child. Some children were in the stage for only a few minutes, while others were in the stage for a few months until they felt comfortable enough to move on.

Rogers concluded that the second stage children progress through is the aggressive stage. By examining her data on the length of time children played with aggressive and constructive toys, Rogers discovered that children stay in this stage for the longest period of time. During this stage, children play aggressive games. They also hit, shoot, kick, and throw in order to overcome their pain.

The third and final stage Rogers described is the constructive stage. After a child is able to rid him/herself of hostility and aggression, he/she “can learn to direct his energy toward more productive goals” (p. 4). During the constructive stage, children engage in competitive games and create works. They can build, produce, paint, and draw in order to reconstruct their lives.

Even though Rogers’ model does not analyze more than what materials children play with and the length of time they play with the materials, it did lay an important foundation for stage models of play therapy. Out of this study and many like it, we have developed more current studies which analyze not only the materials but also the interactions between the therapist and the child.

Marijane Fall’s (1997) Model. Fall (1997) does not call her model a stage model; instead, she calls it a category model. She uses the term category to emphasize that not all children progress through stages cleanly. Some might dip into one category and then into another without a clear progression. Even though she uses different

terminology to describe the events a child experiences during a play therapy experience, the basic idea is the same: what are children moving through during play therapy?

Fall's (1997) model was developed from a very extensive study of thirty-one children's play therapy experiences. Through a process of coding, 186 transcripts from the children's therapy were examined for the presence of certain categories (or stages). Judges analyzed the transcripts and coded segments of the therapy as connecting, safe play, unsafe play, and resolution.

The results of Fall's (1997) study reveal that children do participate in play from all four categories. She says that the connecting category is much like the stage many researchers (Landreth, 1991) call exploratory. During this category, children explore the room with intentions to connect with the toys and therapist. The children discover what the toys are used for and what happens in the playroom. Children engage in interactions with the therapist that help them understand the relationship between the therapist and themselves.

The second category of Fall's (1997) model is called unsafe play. In this category, children play out scenarios in which they have a lack of control. They are in unsafe situations. Fall (1997) says that when children are in this category, "nothing would stop the violence or evil from occurring" (p. 14). Children will express intense emotions and negative actions. Fall discusses how this category is very similar to other stages described by researchers (Moustakas, 1955; Landreth, 1991) in which children confront their pain.

The third category of Fall's (1997) model is called safe play. The children in Fall's study spent the majority of their time in this category. During this category, children engage in play in which they are in charge and in control. In their play, children are working to be safe from harm. Fall (1997) says, "safety is the overriding feature" (p. 12).

The final category, resolution, "occurs when a child responds to old stimuli in a new way" (Fall, 1997, p. 15). Through play, the child has learned to overcome situations that feel unsafe. The child resolves the issue, which allows the child to respond to stressful stimuli with a new, less intense response. Through play, the child has developed coping strategies.

Fall's study is extensive. Through a process of coding, she was able to discover four categories that children are involved in during their play therapy process. Fall decided to use terminology which differs from other researchers' as she labeled the stages of her theory.

Norton and Norton's (1997) Model. Carol and Byron Norton (1997) outline their model in Reaching Children through Play Therapy, a book with a "how to approach" to non-directive play therapy. The authors spend a considerable amount of time explaining each of their five stages in this book. They allow a chapter for each stage. Even though Norton and Norton (1997) offer a very detailed description of each stage, they unfortunately do not offer a discussion about how their model was developed. Other published literature by Norton and Norton was unable to be located.

The first stage of Norton and Norton's (1997) model is the exploratory stage. Norton and Norton (1997) believe that children accomplish two tasks during this stage.

First, children “become familiar and comfortable in the play room” (p.159). They may touch many of the toys and move from one activity to the next as they complete this task. Children do not engage in continuous play or in play with themes; they just become more at ease. Norton and Norton (1997) say that the second task children accomplish during the exploratory stage is “building a relationship with the therapist” (p. 59). Children may comment about the toys so as to let the therapist know what they like and do not like. The therapist must be open and accepting of everything the child says in order to build this relationship. Children may also ask a lot of questions in attempts to figure out the room, the toys, and the therapist. Common questions include, “How do you play with this toy? What is this toy? What is this for? Do other kids come here? Why do you do this?” (p. 161-163).

The second stage Norton and Norton (1997) believe children progress through during therapy is the testing for protection stage. After children get comfortable with the therapist during the exploratory stage, they need to test the therapist to confirm that they are safe with the therapist. Norton and Norton (1997) say that children have unconscious doubts about their security with the therapist. Before children can fully put their trust in the therapist they will need to find out if the therapist will protect them, keep them in control, and accept them even if they show undesirable traits. Children test the therapist by resisting the therapist’s requests for safety, opposing the therapist in a way that is not personally related to any issue, and protesting the therapist’s requests to leave or come. Children can act out of control and show undesirable behavior. In testing, the children “risk” their relationship with the therapist to gain the acceptance and understanding they need in order to move to the next stage.

Norton and Norton's (1997) third stage of play therapy is the dependency stage. Norton and Norton (1997) note that many children spend most of their time in therapy involved in this stage. During this stage, children enter metaphorical, fantasy play that disguises the content of traumatic events in their lives. They will invite their therapist to come on a "healing journey" as they confront the pain and stress they have experienced (p. 194). During this journey, children's play is intense, emotional, and meaningful. After confronting the pain through metaphorical play, children will develop ways to overcome the painful realities. They can manipulate the traumatic events in their life so they overcome the pain and hurt. Each time a child confronts a painful event through metaphorical play and overcomes the pain, "the degree of emotionality related to that event begins to lessen" (p. 204). By replaying the events and overcoming them, the child is able to regain a sense of security. The child's life experiences are "reframed" so that memories of painful events do not bring up the emotional intensity they once did. Once children have gotten to the point of facing their traumatic, stressful events, they can move on to the next stage.

Norton and Norton's (1997) fourth stage is called the therapeutic growth stage. Norton and Norton believe that after children face their pain they begin to experience feelings of loss. Because a hurt child's normal development is interrupted by a traumatic event, he/she will unconsciously "mourn" his/her lost development once he/she has been able to overcome the stressful events (p. 214). Norton and Norton (1997) say that the child begins to wonder "Who am I?" (p. 214). A hurt child's identity was based on the pain in their life, but once having overcome the pain, the child develops a new sense of self during the growth stage. Once having developed a

renewed sense of self, children's play will shift (Norton & Norton, 1997). Their play may include laughing, giggling, silliness, and enjoyment. Norton and Norton (1997) believe that once the child becomes empowered, he/she will become interactive with the therapist in an interdependent relationship.

After regaining a sense of self, Norton and Norton (1997) believe that children will enter the termination stage. There are two tasks children try to accomplish during termination (Norton & Norton, 1997). First, children will say good-bye to their play. Children will often do this by reviewing the stages and themes in which they were involved during the therapy. They may show characteristics of previous stages, with less emotional intensity, as they review and say good-bye to what they have been through. The second task of Norton and Norton's (1997) termination stage is saying good-bye to the therapist. Trust and acceptance again become issues for the child as he/she tries to understand why the therapist and he/she are unable to have therapy anymore. Eventually, children's play will be directed towards showing the therapist that they have overcome issues.

Norton and Norton's (1997) model, although questionable in the research methodology, offers a detailed, comprehensive description of five stages. The stages are clearly defined and children's progression through the stages is explicit.

Comparison of Rogers' (1969), Fall's (1997), and Norton and Norton's (1997) Models. There are similarities as well as differences among these models. Table 1 outlines how the stages from each model compare with the stages from the other two models.

Table 1

Comparison of Rogers' (1969), Fall's (1997), and Norton and Norton's (1997) Models

	Rogers' Model	Fall's Model	Norton & Norton's Model
Stage characterized by child familiarizing self with room and therapist.	Exploratory Stage	Connecting Category	Exploratory Stage
Stage characterized by child resisting in order to ensure his/her safety.	None	None	Testing for Protection Stage
Stage characterized by child confronting pain.	Aggressive Stage	Unsafe Play Category	Dependency Stage
Stage characterized by overcoming pain and gaining control.	Constructive Stage	Safe Play Category	
Stage characterized by child gaining a new sense of self.	None	Resolution Category	Therapeutic Growth Stage
Stage characterized by child finalizing therapy.	None	None	Termination Stage

There are three similarities among these models. The first similarity is that each model has an initial stage in which the child becomes familiar with the room and the therapist. This is called the exploratory stage in Rogers' (1969) and Norton and Norton's (1997) model, and it is called the connecting category in Fall's (1997) model.

A second similarity among these models is that all three models include a stage or two stages in which the child confronts his/her pain and overcomes it. Rogers (1969) uses two stages, the aggressive stage and the constructive stage, to show this progression. Fall (1997), like Rogers (1969), also uses two stages, the unsafe play and

safe play categories, to demonstrate this progression. Norton and Norton (1997) use just one stage, the dependency stage, to describe how a child confronts and then overcomes pain.

A third similarity occurs between the Fall (1997) model and the Norton and Norton (1997) model. Both of these models have a stage in which children reframe their experience and respond differently to painful memories of their trauma. Norton and Norton (1997) call this the therapeutic growth stage and Fall (1997) calls this the resolution category. During Norton and Norton's (1997) growth stage children learn to discover their new selves. During Fall's (1997) resolution stage, children build coping mechanisms that help them face pain with less intensity.

There are two main differences among these models that both involve the Norton and Norton (1997) model being more comprehensive than the other two models. First, the Norton and Norton (1997) model is the only model that has a stage characterized by testing in which the child risks the relationship to ensure safety. The other models do not mention behavior such as this in children's play therapy experiences.

The second difference is that Norton and Norton's (1997) model has a final termination stage in which children review their therapy and say good-bye to their play and the therapist. The other two models do not have a final stage of this sort.

All three models describe similar behavior of children as they progress through play therapy experiences. Children first become familiar with their therapist and the room. Then they confront and overcome pain. The Norton and Norton (1997) model also describes behavior in which the child tests and finalizes his/her therapy.

Chapter III

Methodology

The purpose of this study is to assess Norton and Norton's (1997) stage model of play therapy as it applies to a three-year-old preschooler's play therapy experience. This assessment will be done through an interpretative representation of the subject's movement through her play therapy experience. The case study uses a single-subject, descriptive research design. This design was chosen because play therapy is a multi-dimensional process that requires close observation. Using only one subject when studying play therapy allows for the necessary close observation. As the child moved through her play therapy experience, various descriptive reports of the subject's behavior were gathered as essential pieces of data. The data was then analyzed in relation to Norton and Norton's (1997) model of play therapy stages using a combined quantitative and qualitative approach.

Subject

The subject, Molly, is a three-year-old girl. A teacher at her preschool referred her for play therapy. This referral was made because Molly showed some behavioral concerns at her childcare center, and the teacher was aware that Molly came from an unstable home environment.

Medical and Developmental History. Cheryl reports that she was under a lot of stress during her pregnancy with Molly. She said that she smoked about every other day, but she did not drink at all. The birth was a cesarean section.

As an infant, Molly was described as having a difficult temperament. She was fussy, cried a lot, and always liked to be held. Molly reached her developmental

milestones (crawling, walking, toilet training, etc.) at appropriate times, according to her mother. Cheryl stated that language came very early for Molly and continues to be a strength for her.

Molly was hospitalized in September of 1998 for the removal of a cyst on her head. There seems to be no further medical concerns due to this problem. Molly also gets frequent ear infections.

Family Environment. Molly lives with her mother, Cheryl, in a rural, Midwestern town. Her father, Rick, has been an inconsistent figure in her life. Cheryl and Rick have never been married, but they did live together for the first six months of Molly's life and then again for several months when Molly was two years old. Molly also has a half brother, her father's son, who is thirteen years old. Molly sees this brother inconsistently but appears to like his presence.

Both of Molly's parents have been diagnosed as having manic-depressive disorder and generalized anxiety disorder. Furthermore, Cheryl has been diagnosed as having post-traumatic stress disorder due to physical, verbal, and emotional abuse she sustained from Rick. Cheryl is a recovering alcoholic who reports she has been sober since the day she found she was pregnant with Molly. Rick is also an alcoholic who continues to drink. Even though Molly's mother participates in intensive treatment, the manifestation of these disorders in her parents makes Molly's environment unstable.

Molly's relationship with Rick can be characterized by inconsistency and mixed feelings. Rick does not visit Molly on a regular schedule. According to Cheryl, oftentimes Rick shows up unannounced and demands to see Molly and her mother. Cheryl reports that Molly has never been the victim of physical abuse or witnessed it,

but she has witnessed verbal and emotional abuse by Rick directed towards Cheryl. Even though Rick has never physically abused Molly, Cheryl reports that Rick has been “nasty” with Molly by being harsh with her. Cheryl says that Rick has control over her life and that Molly sees how he controls and manipulates. Cheryl is quite sure that Molly understands the fear Cheryl has of Rick. Because Molly understands the stressful relationship between her parents, Molly has mixed feelings regarding her father. She appears to be unsure whether she should love or fear him.

The relationship between Molly and her mother is very strong. Molly is very attached to her mother and often misses her throughout the day. Molly refuses to sleep by herself, so she sleeps with Cheryl. Cheryl reports that she is very open with Molly. Cheryl stated that she sometimes discusses her sadness, fear, anxiety, and frustration she feels in her life with Molly. Cheryl also reports that she allows Molly “to have full rein of their house.” She allows Molly to do mostly anything she wishes as long as it is not dangerous or unhealthy. Cheryl describes Molly as a very directive and stubborn child. She says, “Molly likes to run the show.”

Childcare Center and Other Outside Agencies. Molly attends a childcare center five days a week from approximately 8:00am to 5:00pm. This center is a preschool environment that focuses on academic readiness skills. Molly has two lead teachers and several student teachers. The teachers at the childcare center describe her as very directive and assertive. She likes to be in control of situations, and she can tantrum when she does not get what she wants. The teachers also report that Molly displays fears and cries at times. During naptime, Molly often masturbates lying on top of her blanket.

Molly and her mother receive Early Head Start and respite care. An Early Head Start teacher visits and plays with Molly and her mother once per week. This teacher offers support and parenting counsel to Cheryl.

An elderly couple does respite care for Molly in their home. When Cheryl needs a break and/or baby-sitter, Molly visits this couple until Cheryl feels she is ready to take her back. Generally, Molly only goes to respite for a few hours, but she has stayed the night on several occasions in order to give Cheryl a longer break.

Procedures

Cheryl granted written permission for Molly to participate in play therapy sessions throughout the school year. Neither Molly nor Cheryl was ever forced to participate in any sessions or to answer any questions. Both voluntarily were involved in the study. Molly participated in twenty-two half-hour sessions. The sessions started in September 1998 and ended in May 1999. No sessions occurred in late December and all of January due to a winter break. Otherwise, the sessions occurred consistently on Tuesdays.

The Therapist's/Researcher's Role. The researcher functioned both as play therapist and as an observer in this study. As the therapist, she used non-directive play therapy techniques (Axeline, 1947) to facilitate therapy sessions. As an observer, the researcher gathered data and recorded case notes. The therapist/researcher was a student of the University of Wisconsin-Stout in the Counseling and Psychological Services Education Specialist degree program. She had completed her Masters of Science in Education with a major in School Psychology. During the first four months of the sessions, the researcher/therapist was taking an introductory course in play therapy.

During the final four months of the sessions, the researcher/therapist was taking an independent study in play therapy.

The Sessions. The therapist picked up Molly at her childcare center and walked her to and from the play therapy room. The non-directive play therapy approach (Axeline, 1947) used gave Molly control during the sessions with very few limits placed upon her. Limits were only set when she was being a danger to herself or the therapist, when she was purposefully destroying materials, and when it was time to leave. She was told that “she could play with anything she wanted to in about any way she wanted to.” The therapist reflected on Molly’s actions and feelings without asking many questions. The therapist also tried not to label toys or objects before Molly had already placed a label on them. Molly was always given a five-minute warning before it was time to leave. For the three sessions prior to the last session, Molly was reminded that she only had a few sessions left.

The Playroom. The playroom is located in the Vocational Rehabilitation Building on the University of Wisconsin-Stout campus. It is monitored by faculty of the Department of Education, School Counseling, and School Psychology.

The play therapy room is equipped with video cameras, microphones, and a one-way mirror for observing. It is well-supplied with various toys and materials. Some of the toys included the following: art easel and paint, chalk board, sand box, kitchen set, doll house, tent, animal and people puppets, male and female dolls, mailbox, push cars, molding clay, doctor kit, gun, knife, ax, board games, army figures, automobiles, slide, felt board, desk with magnetic letters, bell, rope, cards, dress-up clothing, balls, bowling pins, blocks, etc.

Data Collection and Recording

To ensure a high degree of validity, this study uses triangulation and gathers data from multiple sources, multiple investigators, and multiple methods (Merriam, 1988). Validity was also obtained by repeating observations and recording over time (Shimahara, 1988). Multiple methods of collecting data were used in a systematic fashion both within the playroom and outside the playroom.

Data from within the Playroom. There are four data sources from within the playroom. First, twenty of the twenty-two sessions were videotaped. These tapes were roughly transcribed into written form.

Second, an observer viewed the sessions. This observer was a student of the University of Wisconsin-Stout in the School Guidance and Counseling Master's degree program. The observer recorded notes and observations on Molly's behavior, actions, and play while the sessions were taking place.

Third, a professor in play therapy and students from an introductory play therapy course also observed the sessions on occasion. They also made notes and observations on Molly's behavior, actions, and play while the sessions were taking place.

Fourth, the therapist took personal field notes on the sessions. Immediately after the sessions occurred, the therapist would record observations.

Data from outside the Playroom. There are three data sources from outside the playroom. First, Molly's teachers at her childcare center were given a behavior checklist to complete when they saw Molly participate in emotional outbursts, conversation about

the therapy, or positive behavior (see Appendix A). They also were asked to record changes in her behavior over time.

Second, the therapist had three interviews with Molly's mother during the time Molly was in play therapy. The interviews focused on changes in Molly's behavior at home. Notes from these interviews were recorded.

Third, many interesting conversations between Molly and the therapist occurred on their walks to and from the play therapy room. After dropping Molly off at the childcare center, the therapist immediately recorded field notes from those conversations.

Data Analysis

After the data was collected, it was analyzed using a multi-step process. This process combined quantitative and qualitative methods.

The first step in this process was to code all the data. Five categories were used to represent the five stages of Norton and Norton's (1997) model: exploratory, testing, dependency, growth, and termination. Chosen keywords and descriptions of actions and behaviors, which were derived from Norton and Norton's (1997) definition of each stage, were used to set parameters for coding bits of data into specific categories.

Table 2 is a list of keywords and descriptions of actions and behaviors that constitute the categories. Coding was done using five different colored highlighters. Each color symbolized a category and was used to highlight bits of data that contained keywords and behaviors representative of its associated category.

Table 2
Keywords, Actions, and Behaviors for Coding

Category	Keywords (forms of)	Actions & Behavior
Exploratory	Explore Examine Analyze Curious Interest Entertain Busy Unsure Question	Examining the toys, room, and/or therapist Commenting, either positively or negatively, on the toys Making short comments Moving around the playroom a lot Selecting many different toys Touching many different toys Playing with one toy for just a short period and then moving on Asking any of these questions: Why is this [toy] here? How do you play with this [toy]? Do you ever play with these toys? Do you see other children? Why do you do this? Are you always here?
Testing	Test Protect Resist Risk Safe Secure Oppose	Getting out of control Becoming oppositional in a way that is not personally related to any issue Wanting to take toys home Resisting leaving or coming Destructive Behavior—breaking toys or hurting therapist Opposing or resisting therapist's requests for safety
Dependency	Emotional Intense Metaphor Drive Pressure Dependent Pain Fear Abandon Shame Anger Guilt Overcome Manipulate Control	Engaging in fantasy play and metaphorical play that disguises the content of the issue Engaging in play with emotional and meaningful themes Inviting the therapist into the fantasy play Exhibiting regression in play style developmentally at the level of the child during the onset of the issue Enacting of victimization with disguise of fantasy Making the therapist into a victim or perpetrator Exhibiting intense aggression and hostility in play Facing fear Manipulating fantasy events to overcome or fight off the pain Engaging in play which involves overcoming an obstacle or perpetrator Changing and controlling the fantasy in order to gain power Showing difficult, externalizing behaviors with teachers and parents

Growth	Empower Grow Calm Reflecting Enjoy Happy	Entering fantasy play with less emotion Little emotionality and intensity Low energy Moving through lost stages of development Engaging in appropriate play reactions with appropriate intensity and emotion Engaging in rehearsal-for-life play Silliness, laughing, and giggling Cooperating and interacting with therapist, teachers, and family
Termination	Independent Leave	Engaging in normalized rehearsal-for-life play Exhibiting decreasing interest in coming to therapy Exhibiting out of control behavior when termination is introduced Reviewing of all the stages in the play Saying good-bye Engaging in play that shows an ending to something

The second step in analyzing the data was to lay the data out chronologically. Because the child's play therapy experience was being examined for the existence of stages, a chronological examination of the data was required. Then, and only then, could the development of the child across time be observed.

The third step in analyzing the data used a quantitative approach to examine the data for patterns across time. Since the data was laid out chronologically, it was easily separated into week-long segments. All data from the same week was analyzed as a section by counting the number of highlighted bits of data coded for each category. For example, the researcher counted how many bits of data were representative of exploratory, testing, dependency, growth, and termination categories during the third week of therapy. After all the highlighted bits of data were counted by category for each

week, the information was graphed (see Graph 1). By graphing this information, the data could be examined visually for the existence of stages.

Chapter IV

Results

All of the data from within the therapy room and data from outside the therapy were examined. Bits of information from all the data was coded into five categories representing the five stages—exploratory, testing, dependency, growth, and termination. This section will give the results of that coding for each of Molly's twenty-two sessions. Graph 1 and Table 3, placed at the end of this chapter, show the results of the coding. This chapter will also give a narrative description of Molly's behavior and activities during each play therapy session along with descriptions of Molly's behavior outside of the playroom based on teacher, parent, and therapist reports. The sessions are discussed in chronological order.

Session 1 (October 3, 1998). Molly showed mostly exploratory behavior in this session. From the data collected, seven bits of data were coded as exploratory, one bit of data was coded as testing, and one bit of data was coded as dependency (see Graph 1).

When the therapist went to Molly's childcare center to pick up Molly, she was very reluctant to leave with the therapist. She cried and clung to her teacher. However, soon after entering the playroom, Molly was very talkative and comfortable. She asked, "What's this?" many times, attempting to figure out the toys. She often directed the therapist to help her. This was especially evident when she was painting at the art easel and wanted the therapist to find brushes. It was as if she was trying to figure out how the therapist would respond to her. She jumped from one toy to the next in this session.

Molly showed one instance of aggressive play with an alligator puppet. She bit at the therapist with it for a few moments. Then she withdrew it and said, "It's going to be okay."

Session 2 (October 13, 1998). Molly continued to show primarily exploratory play in this session. As in the first session, seven bits of data were coded as exploratory, one bit was coded as testing, and three bits were coded as dependency.

Molly resisted coming to the therapy room again, but once there she was very busy during the session. She went from one toy to the next, playing with each only for a few moments. Throughout the session, Molly engaged in play with seventeen different toys or activities. Some of these included the playdough, barn, farm set, ax, knife, gun, tent, and baby. As in the first session, Molly often asked, "What's this?"

During this session, Molly engaged in more role-playing than she had in the previous session. At one point, she pretended to be a fireman driving a fire truck. She also drove around a little scooter, which she called her go-cart. She drove very fast and crazily. She also engaged the therapist more in this session than she had in the previous session. Molly insisted that the therapist and she bowl together. She also asked the therapist to pull on the string to start her go-cart.

Molly requested to leave five minutes early. She also talked about how she would be sick next time. She appeared to be letting the therapist know that she was not sure if she wanted to come.

Session 3 (October 20, 1998). Of the data collected, five bits were coded as exploratory, two bits as testing, and three bits as dependency. Even though this

session was again dominated by exploratory play, Molly appeared to be moving into more fantasy play.

Molly's resistance to coming was still evident in the session but somewhat less than in the previous two. Once in the playroom, Molly played with many different toys. Throughout the session she engaged in eleven different activities. Some of these included painting, hammering nails, pretending she was a cowboy, having a tea party, cutting with scissors, and putting puzzles together.

She appeared to jump from one activity to the next more at the beginning of the session than in the middle of the session. The middle of the session was categorized by more fantasy play, which lasted a longer period of time. The therapist and Molly had a tea party, and Molly made a garden. Then toward the end of the session, she began to jump from one toy to the next again. She also showed a slight amount of resistance when it was time to leave the playroom, demonstrating a small amount of testing behavior.

Session 4 (October 27, 1998). Molly's play moved to a deeper level in this session. There were two bits of data coded as exploratory and five bits of data coded as dependency.

Molly's play was more aggressive and hostile in this session. The play appeared to have meaningful, emotional themes. During this session, Molly bit at the therapist with an alligator puppet, as she had done in the first session. This time though, she did it for an extended period of time instead of withdrawing quickly. She also shot the gun at the therapist. After the therapist pretended she was hurt, Molly used a super-figure to shoot the gun. After putting the therapist in the victim role, Molly gave the therapist a

necklace and kissed the therapist's hand as if it made her feel bad to victimize. This victimization of the therapist, emotional fantasy play, and hostile aggression is evidence of the dependency stage.

During this session Molly also role-played a telephone conversation with her mother. She said, "I want you, Dad, and Brother to come and pick me up together." Because Molly's mother and father have a poor relationship, it is highly unlikely they would pick her up together. It seems as if this role-played telephone conversation was Molly's way of expressing her wish that her mom and dad were together.

Session 5 (November 3, 1998). During this session, Molly showed a small amount of aggressive behavior indicative of dependency. She showed more testing behaviors than in previous sessions. Five bits of data were coded as testing and three bits of data were coded as dependency.

Upon entering the room, Molly went directly to the paint easel. She painted the paper and cut off a small piece of it. She handed it to the therapist and said, "This is your gun." She cut off a much larger piece and said, "This is my gun." She then cut several more pieces and started calling them "Power Rangers." She invited the therapist to add more paint to the Power Rangers. It appears that Molly may have been using the paint and the gun as a metaphor for power. Using toys as metaphors is evidence of the dependency stage.

After painting the Power Rangers and the paper guns, Molly spent some time wandering around the room as if she was wondering what to do. At several points, she showed behaviors that evidenced the testing stage. She painted the scissors and put some koosh balls in water. Both of these behaviors seem to be indicators that Molly

was being oppositional in a way that was not personally related to any issue. She also was out of control when she rode her “go-cart” and ran into the therapist and many pieces of furniture. She wanted to leave before the time was over but decided to stay. Then when it was time to go, she showed a moderate amount of resistance.

Session 6 (November 10, 1998). Molly again showed aggressive play during this session, as she had in session four. One bit of data was coded as exploratory, two bits of data were coded as testing, and nine bits of data were coded as dependency.

During this session, Molly showed three instances of victimizing the therapist. At the start of the session, Molly picked up the alligator puppet. With the puppet, she put the therapist into the victim role by eating the therapist’s face with the puppet. After eating the therapist’s face, she picked up the turtle puppet (which she called a frog) and said, “I will kiss you now.” She proceeded to kiss the therapist’s face with the frog. During the middle of the session Molly used the gun to shoot at the therapist seven times. As the therapist role-played being shot, Molly said, “All done.” Toward the end of the session, Molly used the knife to stab at the therapist’s arm. She then proceeded to apologize, wash off the knife, and then wash off the therapist’s face. In all three of these instances where Molly turned the therapist into a victim, Molly showed some remorse and tried to make it better. Molly seemed to have a need to show the therapist how it feels to be victimized and scared, yet she felt sorry for having to do it.

Just as Molly had used paint as a metaphor for power in the previous session, she again used paint in this session to symbolize power. After stabbing the therapist with the knife and washing it off, she painted it with blue and purple paint. While she

was doing this, she said, "It's a Power Ranger knife." She then washed it off again as if she was showing she wanted power but did not have any.

During this session, Molly also engaged in some fantasy play with meaningful themes. In the playroom is a farm set with a boy figurine and a girl figurine, both of whom can be moved around on a track. There is also a scarecrow figure that is stationary on the farm set. She labeled the scarecrow "Dad" and said that the dad was trying to get to the little girl. Since the dad was stationary, the girl began calling out for her dad. Molly tried to break the scarecrow off the set, but it did not come off. She said, "The dad can't hear her or come up." She shook the farm set and even tried to use a scissors to cut the dad loose. She was very intense when playing with this as if she was driven to get the dad and girl next to each other. Molly's play with the farm set could indicate her desire to have a more consistent relationship with her dad.

Molly's testing behaviors came from her desire to leave early again. She also was very directive towards the therapist, resisting the therapist's request.

Session 7 (November 17, 1998). Molly's play was highly indicative of the dependency stage in this session. She continued to show very aggressive and hostile behavior. One bit of data was coded as testing, and fifteen bits of data were coded as dependency. There seemed to be two parts to this session. The first part was characterized by aggression and control. The second part was characterized by Molly showing a need for nurturing and care.

Shortly after entering the playroom, Molly tried making the therapist into a perpetrator by picking up the gun and asking the therapist to shoot her. The therapist shot the gun at the ceiling.

Molly then went into fantasy play that appeared to be a metaphor for how she fears her father. She reenacted her victimization under the guise of fantasy. In the fantasy, she first announced that the tent was her home. She said it was night, so the therapist and Molly pretended to fall asleep in the tent. Molly said she heard a monster outside and that she thought it was going to come inside. She then started yelling at the monster to go away. She went outside the tent and started yelling at the monster who was supposedly on the roof. The monster ran away, but she caught him and buried him in the sandbox. Molly then saw another monster and she got him. She then pretended that a third monster came along. No matter what Molly did, she could not stop the monsters from coming. Molly and the therapist went inside the tent, and Molly hid behind the therapist. The therapist and Molly started asking the monster why he was scaring them. At this point, Molly went back outside the tent. She pretended to be the monster and said, "Because my daughter is coming over and she's a nice dinosaur." It appears that Molly was using the monster as a metaphor for her father scaring her and her mother.

At this point, Molly manipulated the fantasy events so that she overcame the perpetrator and had the power. Molly found the gun and began shooting the monster many times. She picked up a club and pretended to hit the monster. She jumped on the go-cart and ran over the monster. She then invited the therapist to help her get rid of the monster. Molly finally overcame the monster and it was gone.

During the second half of the session, Molly's play was characterized by nurturing and care. She filled the tent with many toys. She put the baby in it and started taking care of the baby because it was sick and cold. She fed it and covered it

up. At one point, she invited the therapist to care for it. The sick baby appears to be a metaphor for Molly and how she has pain and hurt. By caring for the baby, Molly seemed to be indicating that she needs to be cared for so she can overcome her pain. By inviting the therapist to help her care for the baby, it was as if she was inviting the therapist to help her overcome her pain.

In an interview, Cheryl, Molly's mother, mentioned that Molly started talking about the sessions this week. This was something that Molly had not done up until this point.

Session 8 (November 24, 1998). As in the previous session, Molly's play could be categorized in two different ways: aggressive and nurturing. She also showed some testing behavior. Three bits of data were coded as testing, and six bits of data were coded as dependency. Like the previous session, Molly held one steady fantasy during the course of the session instead of jumping from one toy or theme to another.

As Molly entered the room, she immediately went inside the tent, "her home." She began filling the tent with toys. She brought the doll in and named her Melanie (a name sounding very similar to Molly). Molly spent the majority of this session nurturing Melanie. The therapist and Molly took Melanie on a go-cart ride, fed her, and wrapped her in a blanket.

Because the tent became very cramped with all the toys, the therapist opened the door (a fabric flap). Molly immediately directed the therapist to close the door because the monster might get in. Right after verbalizing her concern about the monster coming, she said, "I wonder when Daddy will be here."

Molly continued to care for Melanie. Molly then made a ringing sound. She picked up the phone and started talking to her dad. She hung up and said, "Daddy is

coming over in his car. His name is Rick.” Then she pretended that he arrived. She invited him in. The therapist asked what he had been doing. Molly pretended to be the daddy and said that he was shooting bucks. Molly asked her daddy to stay over night. It was at this point that Molly started calling the therapist “Mom.” Molly seemed to be role playing an intact family.

After pretending to fall asleep, Molly directed the therapist (Mom) to get some guns and to get on the go-cart to get rid of the bad guy. The therapist and Molly left the tent and shot the bad guy dead. During this portion of the session, Molly showed much more aggression and hostility again. This swing in fantasy could be a sign of the mixed emotions she is feeling towards her father. Apparently she fears him, yet she wants to have both a mom and a dad.

Molly really resisted leaving this session. She started acting silly and became very oppositional to the therapist when it was announced that it was time to go.

Session 9 (December 1, 1998). Unlike the previous two sessions, Molly did not just have one continuous fantasy in this session. Much of what she did seemed to have little meaning. Many of her behaviors appeared to be testing for protection. Five bits of data were coded as testing, and one bit of data was coded as growth.

Molly had always been directive toward the therapist, but in this session, Molly showed extreme assertiveness toward the therapist. When the therapist would not do what Molly asked, Molly would become very upset and yell. She wanted the therapist to turn the water on and off, give her sand buckets, get paintbrushes, and sit right next to her.

During this session, Molly showed some behaviors that elicited some limits. She tried dumping sand in the sink. When the therapist tried to redirect her to dump the sand on a tray, she dumped it on the floor. She also tried to dump water on the floor and really resisted the therapist's attempts to have the water poured in the tray. Furthermore, she tried painting the therapist's arm. When the therapist told her it did not feel comfortable to have her arm painted, Molly huffed a little and painted a chair. Molly had not really shown this much testing behavior until this point. It was almost as if she was holding it in, but she was now willing to show her true self.

Molly did have some meaningful fantasy play with less emotion during this session. She was planting a flower garden in the sand. She was caring for (watering and "conditioning") the flowers so they would grow.

Session 10 (December 8, 1998). During this session, Molly again was able to hold one fantasy story line throughout the entire session. The fantasy seemed to be mixed with dependency and growth behaviors. One bit of data was coded as testing, four bits of data were coded as dependency, and three bits of data were coded as growth.

The main area of Molly's play was again the tent, which she called home. It appears that this was becoming a place of protection for her. She again cared for the baby. The baby was sick, and Molly was giving it medicine. Apparently Molly again was trying to convey that she has pain and needs to be helped. The baby was crying because she was scared to go to the doctor. It seems that Molly realized that going through a healing process was scary. The therapist and Molly got on their go-carts and took the baby to the hospital. On the way to the doctor, she picked up "our" gun. If she

was going to confront the pain in her life, she would need to take the gun (as protection) with her.

After dropping the baby off at the hospital, Molly's play became more aggressive as if she was confronting the pain. She began shooting at the bad guys to scare them away. She became too scared, and she and the therapist went inside the tent where Molly hid behind the therapist. At this point, she said, "Oh, we have to go get Melanie." She again started using the name Melanie for the baby (a name similar to hers). Molly's actions during this scene seem to indicate that she was still too scared to confront the pain: she went to the tent when frightened, and she took the sick doll from the hospital rather than leaving it there to heal.

The therapist and Molly picked up Melanie at the hospital and spent the rest of the session caring for her. Molly once said, "She is my precious little girl." She then made herself and the therapist into a family again. Molly was the mom, and she assigned the therapist to the dad role. The family was all together in the tent. Shortly after making the family, Molly said, "She [Melanie] doesn't want Daddy to come over. He's coming anyway. I'll scare the dad away." It appears that Molly was again dealing with her mixed feelings towards her dad. Molly wants a family but fears her dad.

This was the last session before winter break. Molly had been given warnings that she and the therapist would be taking this break during the three previous sessions, but these warnings did not appear to affect her play.

Session 11 (February 9, 1999). During this session, Molly seemed to revert to the exploratory and testing stages. Since she and the therapist were coming off a two-month break, this was to be expected. Molly did, however, show a few indicators of the

dependency stage in which she had been heavily involved before break. Three bits of data were coded as exploratory, three bits of data coded as testing, one bit of data coded as dependency, and one bit of data coded as growth.

Immediately after entering the room, Molly started to enter her fantasy about bad guys. She put on a fire hat and chased the bad guys down. After shooting and burying them in the sandbox, she moved back to the tent with the doll and said, "Home sweet home."

After taking care of the bad guys (apparently burying her pain for the meantime), Molly showed mostly exploratory behavior. She played with a lot of different toys and asked exploratory-type questions: "Do other people come here? Do we stay here for a while?"

Molly did paint for quite some time during this session. She put many colors on the paper and then used her hands to mix the colors on the paper. Moving her hands over the paper as she said "slimy and gooey" appeared to be very therapeutic and calming for her.

Molly resisted leaving this session by refusing to put her shoes on. She also made excuses about the baby being sad without her. When the therapist set the limit, Molly began shooting and axing the therapist.

As the therapist walked Molly back to her childcare center, Molly admitted to the therapist that she wanted to get into a truck and go away from everything. She also admitted that she can be naughty with her mother by saying, "Sometimes I don't do what Mommy says."

Session 12 (February 16, 1999). During the majority of this session, Molly was showing behavior indicative of the dependency stage. However, once it was time to leave, she started to strongly test the therapist. One bit of data was coded as exploratory, five bits of data coded as testing, and four bits of data coded as dependency.

Molly asked questions about what the playroom was for, why she came, and whether other children came in the playroom and on the walk to and from the playroom. It was evident that Molly was starting to wonder what this was all about.

Most of her session involved painting in the same manner she had the previous week. She would move her hands over the paper and mix the colors. This week she also added sand on the top of the paint and moved the sand around too. This type of painting seems to be very therapeutic for Molly. She also made another garden, as she had done in session number three. She planted the flowers and made sure they grew by caring for them. When making her garden, she seemed to be engaging in appropriate play with appropriate intensity and reactions.

Once the therapist told Molly that it was time to go, Molly's behavior changed drastically. She started to get out of control. She began throwing toys at the therapist and using the knife to cut the therapist. She would laugh loudly, and then shout, "No!" Eventually, Molly ended up standing on top of the slide. The therapist moved toward her, and Molly jumped into the therapist's arms. The therapist carried her out. Ten minutes had elapsed from the time Molly was first told it was time to leave until she and the therapist finally left the room.

Session 13 (March 2, 1999). During this session, Molly showed behavior that was highly indicative of the dependency stage again. She was aggressive and dealt with themes that revolved around overcoming a perpetrator during the entire session. One bit of data was coded as testing (a small amount of resistance when leaving), and twelve bits of data were coded as dependency.

Immediately upon entering the playroom, Molly picked up the ax and began chopping at the air. She then picked up the gun and shot several times into the air. After using the gun, she grabbed the knife and began cutting at something in the air. She said she wanted a sword too. Then, for a few minutes, she yelled at the “boogies” to come out because she wanted to get them. She asked the therapist to get the helmet for her so she could put it on for protection. Once she put it on, she said, “This will protect me.” She then continued to shoot at the boogies. It seemed as if it was time for her to face the pain in her life again.

Later in the session, she said to the therapist, “You’re the mom and I’m the daughter. There’s a big storm. You go inside [the tent] and tell me to come in.” Once the storm came up, she rang the bell to make the storm go away. She continued to call the therapist “Mom” for the remainder of the session.

As the therapist and Molly were in the tent playing, Molly announced that there was a monster outside. She crawled in the therapist’s arms. Then she said, “I’ll get the gun and get rid of him.” She gave the therapist the ax and asked her to chop at him while she ran around waving a flag. At this point, Molly abruptly saw some other toys and asked the therapist, “Mom, can I play with these summer toys?”

Molly's play during this session revealed a unique struggle that Molly appears to be facing. She has a desire to be protected (evidenced by the helmet, her wanting "Mom" to call her inside from the storm, and her jumping into the therapist's arms), yet she feels as if it is her responsibility to fight off the boogies, the storm, the monster, and bad guys.

During the week of this session, there were reports from Molly's childcare center that she was showing angry outbursts and excessive refusals. This externalizing behavior outside of the playroom is indicative of the dependency stage. There were also reports that Molly's dad had been more active in her life over this week. She had also missed several days of school.

Session 14 (March 9, 1999). During this session Molly engaged in cooperative interactive play with the therapist with only one hint of the dependency stage. Two bits of data were also coded as testing and three bits of data coded as growth.

Molly and the therapist played a matching card game for much of the session. The therapist and Molly also played Candy Land. Molly directed the rules of the game, and she made them to her advantage.

Molly also played with the dinosaur figures. She fed them, gave them water, and cared for them when they were sick. She nurtured them in the same way as she cared for the doll, Melanie. Even though she was trying to engage in appropriate play, the pain she endured seemed to linger and work itself into her play by means of the sick dinosaurs.

The walks to and from Molly's childcare center brought some interesting conversation. Molly told the therapist that when she turned four, she did not have to

come to the playroom anymore. She also said that she was going to run away, so she did not have to come. On the way back to the childcare center, Molly informed the therapist that the therapist did not need to pick her up anymore. Molly seemed to be testing the therapist. She was wondering if the therapist would still come even though Molly said she did not like it.

On the walk to the playroom, Molly had also said, "My dad is pooppy to my mommy. He doesn't know how to take care of us. He is nice to me though." This comment helped clarify much of Molly's behavior in the playroom. She feels a need to be protected, yet she feels as if she needs to protect her mom. Her pain seems to stem from her mixed feelings regarding her dad. She wants to care for him, yet she hates a lot of what he does.

Session 15 (March 23, 1999). Molly displayed mostly behavior indicative of the testing and dependency stages during this session. One bit of data was coded as exploratory, three bits of data coded as testing, and five bits of data coded as dependency. Molly also spent a great deal of time figuring out her relationship with the therapist during this session.

Molly played with many different toys during this session. During the beginning of the session she would play with something for just a few seconds and then move on to something new. This behavior is indicative of the exploratory stage. It is unusual at this point in therapy, but Molly could have been trying to decide whether she was going to confront her pain while she tried different toys.

Molly again used fantasy play that disguised an issue. She played with the sick baby, a metaphor for her pain. She picked up another baby and said that this was a

new one which belonged to the therapist. As in previous sessions, the baby was sick and needed to go to the hospital. After being brought to the hospital, the baby was examined by Molly who eventually said that the baby was fine. Thus, after getting to the hospital, a place that could heal the baby, Molly quickly dismissed that there was anything wrong with the baby, thereby seeming to put her own pain aside once again. She did not go into aggressive play after determining the baby was okay. Her care for the baby also seems to indicate ongoing need for care in her life.

When the therapist announced that it was time to leave, Molly again displayed resistance and tested the therapist. She said, "But the baby is sick and needs to go to the hospital." Apparently, she was saying the baby needed to be in a safe place, just as she (Molly) needed to stay at the playroom where she was safe.

There were two incidents in this session that displayed Molly's mixed feelings about the therapist's role in her life. First, Molly and the therapist started to have a pretend snack together. Molly served the food and seemed to be very caring towards the therapist. Then, without warning, Molly said, "Snack's over." She started mumbling something about the Packers being on. Then she put on her firefighter's hat, picked up the knife, and began stabbing at the therapist. She asked the therapist several times, "What did you do wrong?" Then she threw a ball at the therapist. It was as if Molly was feeling too close to the therapist when they were having snack.

The second incident that displayed Molly's mixed feelings toward the therapist involved the Hungry Hippo game. She brought out the game and did not want the therapist to play with her at first, but then she decided to have the therapist play. When they were playing, Molly would sometimes make sure the therapist did not win. Other

times, Molly would be happy the therapist got a ball. It was as if Molly was letting the therapist know that she was going to be in charge of their relationship.

There was again some interesting conversation on the walks to and from Molly's childcare center. On the way down to the playroom, Molly again made comments about her father which showed mixed feelings about him. She said, "When my daddy comes over he is mean to Mommy. He said he would whoop my ass too." She also said that they wrestle together but that her mom says it is okay. She revealed that she feels bad for her dad because he has a bad back. This conversation seemed to indicate that she was getting more ready to face the troubles in her life.

The conversation on the way back to the childcare center was also interesting. After Molly showed her mixed feelings toward the therapist in the playroom, she began to really miss her mom on the way back and began crying for her. She told the therapist, who was carrying her, "If you let me down, I will run away home and crawl into my warm bed." It was evident again that the relationship between the therapist and Molly was making Molly uncomfortable. It was almost as if Molly either did not know how to handle trusting someone other than her mother or that trusting the therapist would make her vulnerable, an idea which was scary for her.

There were teacher reports that Molly was showing difficult behavior at the childcare center during this week. She had very severe and unusual outbursts in which she showed extreme refusals. After the teacher was able to settle her down, she began to cry that she missed her mom.

Session 16 (March 30, 1999). This was a very revealing session. While showing behavior indicative of the dependency stage, Molly appeared able to face the troubles in her life. Seven bits of data were coded as dependency.

Immediately after entering the room, Molly showed very aggressive play indicative of the dependency stage. She continued with the same theme of overcoming the bad guy. She picked up the sword and gun and gave the therapist an ax. They went after the bad guy. It was important to Molly that the therapist peck at the bad guy to get rid of him. Molly seemed to be telling the therapist that she needed to face this, but she also needed the therapist to help her. Then Molly threw bricks and bowling pins at him. Molly then said that the therapist was a police and she (Molly) was the bad guy. (A week earlier, a teacher overheard her say that police were pigs.) She then victimized the police by stabbing, shooting, and throwing bricks at the therapist. (The therapist later discovered that at this time Molly might have been aware that her dad was going to go to prison in the next few weeks.) By victimizing the therapist, she was making sure that the therapist knew what she was going through.

As she had done previously, Molly showed very nurturing behavior after showing some victimization or overcoming a perpetrator. She played with, fed, and gave water to the dinosaurs. She said, "They haven't been taken care of for a thousand years." After the therapist commented on how it feels good to have people take care of us, Molly responded, "Our moms." Molly appeared to be letting the therapist know that she was trying to face the pain in her life (her mixed feelings towards her father) but needed to be cared for by her mother in order to do it.

Immediately after this fantasy, Molly assigned the role of the mom to her therapist. Molly called the therapist "Mom" many times during the remainder of the session and even would remind the therapist that she was her mother. It was as if Molly wanted the therapist to play the mom role so she could care for Molly and help her through her pain. They sat down and pretended to eat together, as was done in the previous session. Molly was getting food for the mom but always asked for the mom's permission. At one point, Molly asked the therapist, "Do you drink spirits?" The therapist questioned her about what spirit was. Molly replied, "It is a drink just for mommys." When the therapist told Molly that she would drink spirit if Molly wanted her to, Molly replied quickly, "No. I don't want you to. Spirit makes Mommy sick." Later on in that session, Molly said that sometimes spirit can make people die. This conversation about spirit seems to indicate that Molly has either witnessed or been in on discussions about alcohol. Molly seems to be indicating her awareness of her own mother's fragility.

Molly then told the therapist it was time for bed. She went back by the tent (home). She asked the therapist (Mom) if they could use the "new baby." Molly, as before, cared for the baby.

Another revealing incident came while Molly was engaged in play about caring for the baby. She said the mail was here, and she got two letters. As she read the letters, it was apparent that the letters were actually to her father from her. She read, "Dear Dad, I just want you to know that I am here and I really miss you. Dad, I don't want you to do anything. Just stay where you are." This statement helps confirm the

idea that Molly has mixed feelings about her dad. She misses him, yet she does not want him to come and visit her.

After the five-minute warning was given, Molly began playing with two puppets. One was a little girl and one was a doctor. The therapist played the doctor part, and Molly played the little girl. The doctor asked the little girl where she hurt, and the little girl pointed to her ear. The doctor asked if there was any place else she hurt. Molly turned her puppet over and put the doctor's head up the little girl's dress. When the doctor asked what was down there, Molly replied, "A deep hole." This scene could indicate sexual abuse. However, two points need to be discussed. Molly had been to the doctor for ear infections and urinary track infections. Furthermore, there actually was a hole in the puppet where the dress met the puppet's head.

On the way back to the childcare center, Molly continued to call the therapist "Mom" by mistake. Once she realized it, she began to cry, "I miss Mommy." She also revealed that she was scared a monster would come and take her mom away. Again, Molly seemed to have confronted the fact that her mom is fragile. The fear of her mother being taken away could be fueled by the fact that Molly does not have other adults in her life whom she is willing to trust. However, Molly's decision to label the therapist "Mom" seems to indicate that Molly was willing to trust the therapist to a certain degree and allow the therapist to help her overcome her pain.

Molly's mother reported that she had a very difficult time controlling Molly during the week of this session. Molly had shown outbursts and refusals. Molly's mother had taken Molly to Respite Care to relieve herself. It was almost as if Molly needed to test for protection with her mother now that Molly was facing her pain more. Her behavior

could be Molly's way of asking her mother, "Will you be with me even if I deal with all of this pain?"

Session 17 (April 4, 1999). During the first part of this session, Molly engaged in play indicative of the dependency stage. She seemed to confront her pain: the feelings about her father. After confronting the feelings, she engaged in long periods of appropriate play where there were obvious indicators she was happy. This behavior is highly indicative of the growth stage. One bit of data was coded as exploratory, one bit of data coded as testing, three bits of data coded as dependency, and six bits of data coded as growth.

Molly started the session by calling the therapist "Mom" but did not continue to do so throughout the session. She started the session by taking pictures of the therapist with the camera. She then asked the therapist if the therapist could take a picture of her "pecking" with the ax. It was as if Molly was trying to remember what she had been through in therapy by taking a picture of it.

Molly then picked up the turtle puppet and said that it was sick. When the therapist asked where it was sick, Molly said it was sick underneath its shell. Molly also picked two other puppets who were gagging because they were sick. Molly was showing the therapist that she still had hurts. She then moved into play that helped her confront her feelings about her dad.

Molly saw the phone and said, "Gotta call my dad. He's really mean so don't you talk to him." Molly was willing to protect the therapist from her dad, just as she wanted to protect her mother, and was willing to deal with him herself. She had a phone conversation with her dad in which she spoke both voices. Below is the conversation.

Molly's voice is in regular print and her dad's voice is in italics. "Hi dad. *Hi Molly.* I really miss you. *I really miss you too.* You know what? Why do you smoke cigarettes? It's bad for you. *I know it is bad for me but I have to 'cause it makes me feel better.* Why? *I just can't do it.* Bye dad." Obviously, Molly's mixed feelings for her dad again arose. She misses him, but he does things that she does not like. She wants him to be different and apparently grapples with the pain of not having a dad she can totally love.

At this point, she moved back to the puppets and made the turtle dead. She asked if she and the therapist should throw the turtle away. She put him aside and began playing with a new puppet. This scene lasted only briefly, yet it appeared to be important because it came right after she had talked to her dad on the phone. It was as if she wanted to throw the pain (the sick turtle) away, but decided to keep it and learn how to be well (picking up the puppet that was well).

After this, Molly spent a long period of time engaging in play indicative of the growth stage. She hammered nails while singing and laughing for several minutes. She then asked the therapist to get the dinosaurs down but did nothing with them as if she was going to avoid or had overcome her great need for protection and care. The therapist and Molly then played a catching game Molly called baseball for several minutes. She laughed, giggled, and cheered while playing this. It was important to her that she still wore a helmet for protection.

At one point during the baseball game, Molly asked the therapist, "What did you do when you were one?" This is an interesting question because it showed that Molly had started to gain an interest, not only in what the therapist's role was in the playroom, but also an interest in what the therapist was like as a child.

Molly left the playroom very easily during this session. She also did not talk about her mom or dad on the way back to the childcare center.

Session 18 (April 13, 1999). Molly's play during this session was far less emotional than it ever had been since early sessions. Her play within the playroom was very indicative of the growth stage. Two bits of data were coded as testing, two bits of data coded as dependency, six bits of data coded as growth, and two bits of data coded as termination.

Molly did resist coming to the session when picked up at the childcare center. However, once she was walking to the playroom, Molly disclosed more important information about how she felt about her father. She said, "I want a nice daddy." At last she had said that she wants things to be different with her dad.

Molly's behavior within the playroom was opposite of what was being reported from her childcare center. Instead of engaging in high-intensity play, she was calm and happy. In addition, there was no victimization or overcoming of a perpetrator. Instead, Molly engaged in nurturing, rehearsal-for-life play. She played with many of the same toys and had many of the same fantasies, but her play was far less intense and emotional.

Molly labeled the therapist "Mom" again in this session and called her "Mom" many times throughout the session. At the paint easel, she told the therapist to describe the therapist's house so Molly could paint it. When planting the flowers, Molly said that it was important they do it together. Just as her questions about the therapist's childhood had done in the previous session, these comments indicated that Molly was interested in and had gained a strong connection with the therapist because they had

dealt with her feelings together. The therapist and Molly made food together and took care of the baby together, but the baby was not sick.

Molly seemed to be moving through many of the fantasies and toys that she had played with over the last several months. It was as if she was reviewing what she had done but without the intensity she had shown earlier. Even though termination had not been introduced yet, Molly knew she only would only go to the playroom until the spring, and her behavior indicated that she was getting ready for it.

Session 19 (April 20, 1999). Molly's play was a mix of many behaviors during this session. One bit of data was coded as testing, three bits of data coded as dependency, three bits of data coded as growth, and two bits of data coded as termination.

During this session Molly had an ongoing fantasy of her mom (therapist) and the daughter (Molly) being in a toy store shopping and playing with toys. Within this main fantasy there were several smaller fantasies that Molly developed as she played with different toys in the store. As Molly went through the toy store she seemed to be reviewing much of what she had done in play therapy over the past several months. Many of these behaviors are indicative of the growth and dependency stages, but the whole concept of her reviewing her play is highly indicative of the termination stage.

Much of her behavior had little emotionality. She painted with a paint brush but did not need to use her hands to move the paint across the paper as she had done in the past. She used the felt board to tell a story of a baby who hurt her mom and they both had to go to jail. She used the farm set and tried to move the unmovable piece, as she had done previously. She gave the therapist a man and woman puppet while she

put on the girl and boy puppets. The girl and boy got caught in a raging river and the mom and dad needed to rescue them. And of course she played with the sick baby and nurtured it. She certainly was reviewing what she had done.

Reports from Molly's mother indicated that Molly's behavior had changed dramatically over the past several weeks. She was very difficult to manage a few weeks ago, but at this time she appeared much happier at home.

Session 20 (April 27, 1999). Molly seemed to show a real connection to the therapist during this session. One bit of data was coded as testing, five bits of data coded as growth, and two bits of data coded as termination.

Molly and the therapist engaged in a lot of interactive play during this session. They played baseball and hide-and-seek. Molly also continued to call the therapist "Mom" in this session. She also used the therapist's real name more than she had ever done before (she had rarely used the therapist's name). She asked if the therapist had kids. After the therapist said she did not, Molly told the therapist to pray to God for a baby if she wants one.

Molly was trying to make "magic" for the majority of the session. She was mixing paint, sand, playdough, and water together. She could make things happen with this "magic." Molly seemed to be saying that she had control over things now.

When the five-minute warning was given, Molly wanted to play with a lot of things. She was probably realizing she did not have many times left and wanted to get it all in. She played up until the therapist opened the door to leave.

Reports from the childcare center indicated that Molly had been talking about witches and monsters. She was worried about them coming to get her and the other

kids. She told the teacher that she could save the kids by cutting off the monster's head and throwing the body in jail. This fear of monsters and witches could be developmental, but it could also be Molly's way of sharing with her teachers what she had been through.

Session 21 (May 4, 1999). This session was very similar to the previous session. However, there was a bit more termination behavior and a bit less growth. One bit of data was coded as dependency, three bits of data coded as growth, and four bits of data coded as termination.

When the therapist went to pick up Molly at the childcare center, Molly was having a temper tantrum. It took Molly some time to gain her composure. On the way to the playroom, she talked about storms and being scared of them.

Once in the playroom, Molly showed behavior displaying her connection to the therapist. They played bowling together, and Molly wanted to know the names of the therapist's friends so she could spell them. Molly also asked the therapist to put mail in the mailbox so she could get it (all very appropriate play).

Molly showed one incident of dependency. She shot at the therapist and called the therapist a policeman. Molly was the bad guy. This slight relapse is behavior indicative of the termination stage and often comes at the end of therapy.

Molly spent time this session picking up the puppets and hugging them as if to say good-bye. She hid many of her favorite toys in the tent.

On the way back to the childcare center, Molly talked about her father having to go to prison. She said that she did not want him to because she loves him. She also disclosed that he gets very angry. Molly also talked to her teachers about her father

going to prison during this week. She also reported to them that she was sad about him having to go to jail. She was grappling with whether he was a good person or bad. Because these negative events were still going on in Molly's life, she was verbalizing them instead of incorporating them into her play because she knew the play was coming to an end. It would have been interesting to see how Molly's play would have differed if these new events had not arisen in her life.

Session 22 (April 11, 1999). Even though there was just one bit of data coded as termination in this session, Molly's behavior could be indicative of the termination stage. Unfortunately, the new event of her father going to jail might have inhibited Molly's ability to terminate properly. Two bits of data were coded as testing, three bits of data coded as dependency, one bit of data coded as growth, and one bit of data coded as termination. The fact that Molly covered all these stages indicated that she was terminating.

Molly showed a lot of the early dependency stage behavior. She made the therapist into a victim by biting at her with the alligator again. She played with the baby with a lot of intensity. The baby was crying and she needed to take care of it. She started calling the therapist "Mom" again.

She did not want the therapist to see what she was doing when making the "magic." While the therapist's eyes were closed, Molly was breaking many of the limits that had been set.

When it was time to leave, Molly made a very telling statement. She resisted by saying that the storm was here and she could not go. Molly's comment seemed to indicate that she was scared to leave therapy because there continued to be bad things

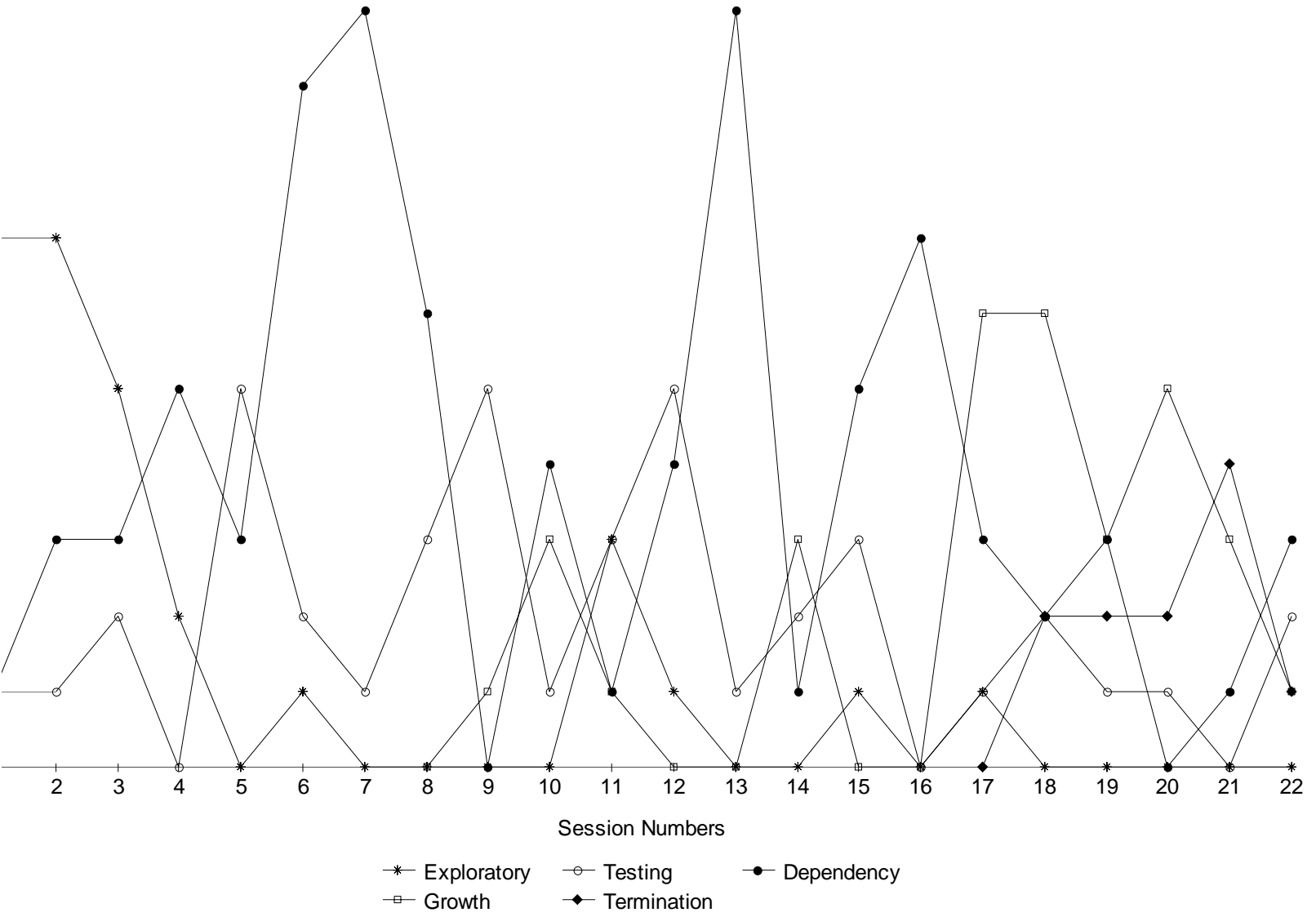
going on in her life which she doubted she could handle. Her statement about the storm may also explain why Molly's behavior was more indicative of dependency than termination in this last stage.

Table 3

Number of Bits of Data Coded for Each Session by Stages

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Expl.	7	7	5	2	0	1	0	0	0	0	3	1	0	0	1	0	1	0	0	0	0	0
Test.	1	1	2	0	5	2	1	3	5	1	3	5	1	2	3	0	1	2	1	1	0	2
Dep.	1	3	3	5	3	9	15	6	0	4	1	4	12	1	5	7	3	2	3	0	1	3
Grow.	0	0	0	0	0	0	0	0	1	3	1	0	0	3	0	0	6	6	3	5	3	1
Term.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	4	1

Graph 1
Data Coded in Each Session by Stages



Chapter V

Discussion

The purpose of this study is to assess Norton and Norton's (1997) stage model of play therapy as it applies to a three-year-old preschooler's play therapy experience. Norton and Norton's (1997) model offers five stages of play therapy. This chapter will first analyze the subject's experience in relation to Norton and Norton's (1997) five stages. The second section in this chapter will offer an evaluation of Norton and Norton's model to assess the validity of the model according to this subject's experience. The third section in this chapter will offer some changes to Norton and Norton's model in order to enable the model to better fit this subject's experience. And the final section in this chapter will offer some recommendations for further research in the area of play therapy.

Analysis of the Subject's Experience in Relation to the Model

As discussed in Chapter II, Norton and Norton would predict that Molly would pass through the five stages (exploratory, testing for protection, dependency, therapeutic growth, and termination) in sequence. Molly's play therapy experience certainly offers much validation to Norton and Norton's (1997) model of play therapy, yet there are some discrepancies.

Exploratory Stage. As Norton and Norton (1997) predict, Molly primarily exhibited the exploratory stage during her first three sessions of therapy. Molly spent much of her time examining her surroundings and figuring out the therapist. After these initial sessions, the number of bits of data coded as exploratory decreased until there was a two-month break during which no sessions were held. Immediately after the

break, Molly again showed some behavior indicative of the exploratory stage. It is very logical that this would happen as Molly had to reacquaint herself to the room after the break.

Testing for Protection and Dependency Pattern. Norton and Norton predict that after children move through the exploratory stage, they move into a testing for protection stage. Contrary to Norton and Norton's prediction, Molly did not move into a clear stage of testing for protection after the first three sessions in which she exhibited primarily exploratory behavior. Instead of moving directly into testing, as Norton and Norton suggest she would, an examination of Graph 1 indicates that Molly developed a pattern between sessions characterized mostly by dependency and sessions characterized mostly by testing. That is, after Molly had one or two sessions which were characterized by dependency, she then would have a session or two characterized by testing. In many cases, if testing behaviors increased then dependency behaviors would decrease and vice-versa. This intertwined pattern of testing and dependency sessions occurred from session number four until session number sixteen.

A closer examination of Molly's play during sessions four through sixteen clarifies why Molly showed this unexpected pattern. During the early dependency sessions (four and six), Molly's play was primarily centered around victimizing the therapist. Molly apparently needed to show the therapist how she (Molly) felt before she could reveal the pain in her life. It was also during these early dependency sessions that Molly showed signs of missing her father and a desire that he be a more consistent figure in her life.

After Molly made the therapist feel her pain, she moved into fantasy play that showed more mixed feelings about her father. Sessions seven and eight were very similar to one another. Both sessions revealed Molly's desire to overcome the fear of her father (the monster). Both sessions also revealed Molly's awareness that she had pain in her life (as symbolized by the sick baby, Melanie). No matter how much she cared for the sick baby, the fear of the monster was always lingering in these sessions.

During the next session, number nine, Molly again showed testing behaviors, once again checking to see whether the therapist could handle her (Molly's) pain. After being reassured that the therapist could, Molly's tenth session was characterized by dependency again.

During the tenth session, Molly was one step closer to getting the baby well. She took it to the hospital. But on her way to the hospital, it was obvious her fear still lingered as she made sure to take the gun. After getting Melanie to the doctor she tried to fight off the "bad guy." However, she got too scared and took the baby back from the hospital and hid in the tent where she cared for the doll herself. Something was obviously holding Molly back from healing the baby, a metaphor for herself. Molly also started to introduce behavior indicative of the growth stage during this session.

Since Molly was coming off a two-month break, her behavior reverted to the exploratory and testing stages in the next session, number eleven. Session number twelve was a mix of behavior indicative of the testing and dependency stages. Molly appeared to be still trying to determine where she had left off before the break. Not until session thirteen was Molly able to pick up where she had left off before the break. Molly's play was primarily centered on overcoming a fear again (a storm and boogies).

And just as Molly had done before, she failed to resolve her pain in session fourteen. Obviously, something was holding her back. What this was became apparent in sessions fifteen and sixteen.

Molly's testing/dependency pattern concluded in sessions fifteen and sixteen. In session fifteen, Molly got the baby to the hospital but quickly decided not to let the baby receive any treatment. Something was still preventing the baby (Molly) from being healed. Molly spent the remainder of the session trying to determine what the therapist's role was in her life. It appeared that Molly needed to determine whether she was going to let the therapist help her with her healing process or not.

In session sixteen, Molly completed the dependency stage by facing the realities of her life. During this session, she accepted the fact that her own mother was fragile and she (Molly) needed to put trust in people other than just her mother. She was also able to verbalize that she did not want her father around her.

Norton and Norton's (1997) model indicates that once a child passes through the testing stage, he/she is then free to share the stress or trauma in his/her life in the dependency stage. However, Molly seemed to have a need to constantly test for protection as she showed the stress and trauma in her life with dependency behavior. Instead of experiencing the testing stage and the dependency stage separately, Molly experienced both the testing and dependency stages simultaneously, moving back and forth between the two.

Therapeutic Growth Stage. Norton and Norton (1997) predict that after a child moves through the dependency stage, he/she will move into a time of therapeutic

growth. During this time, a child will come to understand who he/she is and accept him/herself as they are. Appropriate play is indicative of the growth stage.

Molly first started to introduce behavior indicative of growth in her play during the ninth session, when she was within her testing/dependency pattern. This growth behavior seemed to fluctuate between zero and three codes until the seventeenth session. During the seventeenth session, Molly's growth behavior increased and became predominant until the twenty-first session.

Norton and Norton (1997) predict that after children confront their pain in the dependency stage, they will move to the growth stage. Molly's experience validates Norton and Norton's model because she did move into a time of growth after the testing/dependency pattern. After confronting her pain in the sixteenth session, Molly was able to move into the therapeutic growth stage. During this session, Molly decided to not throw away a sick puppet, symbolizing that she was accepting herself as she was. Instead of throwing it away, she chose to set aside the sick puppet and pick up healthy ones instead, symbolizing her decision to become well in her life. After this, Molly engaged in appropriate play through session twenty-one. She became interested in the therapist and seemed to make a strong connection with her.

Termination Stage. Norton and Norton predict that after the growth stage, children in play therapy will move into a time of termination during their last few sessions. During this termination, children review much of their therapy and say good-bye to the toys and therapist. Molly did just this, thus validating Norton and Norton's model.

Molly's termination behavior started in session eighteen and continued to increase up until the last session. During these sessions, Molly reviewed much of what she had experienced during her therapy, a process indicative of the termination stage. Norton and Norton (1997) also indicate that there is often a regression during the last session, and Molly did show this regression by having increased dependency behaviors.

Evaluation of the Norton and Norton Model

Overall, Molly's play therapy experience does lend validity to Norton and Norton's (1997) model of play therapy. Molly certainly showed behaviors indicative of all five stages, and Molly's sequence of behavior generally followed Norton and Norton's order. Molly showed much of the behavior that Norton and Norton predicted (victimization, overcoming perpetrator, metaphoric play, etc.). In general, Norton and Norton's (1997) model seems to be a very good portrayal of the subject's play therapy experience.

Even though Molly's pattern of behavior generally follows Norton and Norton's (1997) model, Molly did show a testing for protection/dependency pattern which Norton and Norton did not address in their model. In fact, Molly's dipping back and forth between the testing for protection and dependency stages lends a certain amount of validity to Fall's (1997) category model. As discussed in chapter two, Fall (1997) chooses not to use the term stage, preferring category, because she believes children do not pass through the stages cleanly. Fall (1997) suggests that children may dip into one and then another stage without a clear progression, as Molly did when she was shifting back and forth between testing for protection and dependency.

Possible Changes to the Norton and Norton Model

Molly's play therapy experience certainly offers much validation to Norton and Norton's (1997) model. However, three changes could be made to Norton and Norton's (1997) model which would enable the model to better fit this subject's and potentially other subjects' play therapy experiences.

First, this model could incorporate the pattern Molly developed in sessions primarily characterized by testing for protection and the sessions primarily characterized by dependency. Molly showed a strong testing for protection/dependency pattern. She did not move through the testing for protection and dependency stages as separate entities, but instead as an intertwined pattern which included her shifting back and forth between testing for protection and dependency. It seems likely that children will continue to test (resisting and opposing their therapist to ensure their own safety) as they move through dependency behavior. Children need to know that the therapist will allow them to be in control and continue to accept them even if they reveal more troubling events in their lives before moving to a deeper level with the therapist. In fact, every time a child is about to move into a deeper level of dependency, they may need to test the therapist again to ensure the therapist is still with them.

Second, it seemed as if the dependency stage could have been broken into two separate stages. Molly clearly showed two different types of dependency behavior, and other children may also show two different types. The first type of dependency behavior Molly showed was victimization. Before Molly could deal with the issues in her life, it was important that she victimize the therapist to show the therapist how she (Molly) felt and what she had been through. This early dependency behavior of victimization

appeared to distinguish itself from the second type of dependency behavior in which Molly and the therapist overcame a perpetrator together. The early dependency behavior could be in a stage itself entitled Testing for Empathy. The word empathy is used because Molly's victimization of the therapist seemed to be an attempt to help the therapist understand her hurt and pain in order to make the therapist empathize with her. The later dependency behavior in which Molly and the therapist overcame the perpetrator together is generally typified by the child gaining control of his/her situation. This later dependency stage could be entitled Confrontation of Pain. Norton and Norton's (1997) model may be improved by separating these two distinctly different dependency stages.

Finally, Molly's stages were not clear-cut. For example, Molly still showed some exploratory behavior in later stages. She also mixed a lot of growth and termination behavior in the same sessions. One rose when the other fell, but there was still a great deal of overlap. Norton and Norton (1997) do not mention the great deal of overlap in their model, and Molly's play therapy experience shows that this is an issue that should be addressed in stage models of play therapy.

Recommendations for Further Research

The findings of this study reveal the need for further research in the area of play therapy. Three recommendations for future research can be made. First, since this study used only a single subject, the findings can not be generalized to the greater population. Therefore, completing several more studies like this one would be useful. The findings of all the studies could be compiled to discover how children progress through the play therapy process. By examining several single subjects' play therapy

experiences, researchers will be able to compare similarities and differences among the children's progress through stages.

Second, researchers could examine more closely children's testing for protection behavior in play therapy. The subject in this study showed a cycle of testing for protection and dependency behaviors as if she needed to know that the therapist would allow her to be in control and continue to accept her as she revealed more troubling events in her life. As researchers examine how other children use testing for protection behavior in therapy, practitioners will be better able to predict and understand children's behavior during therapy.

Third, researchers could examine more closely dependency behavior in play therapy. This subject seemed to show two distinctly different types of dependency behavior—victimization of the therapist (earlier called Testing for Empathy) and overcoming a perpetrator (earlier called Confrontation of Pain). In order to know if this separation of dependency behaviors occurs in other children's play therapy experiences, more research will need to be completed.

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Appendix A

Teacher's Checklist

On _____ (date and time), _____ (your name) saw Molly displaying the following behavior(s).

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- Angry outburst** (e.g. temper tantrum, hitting people, throwing toys, yelling).
 - Extreme sadness** (e.g. crying, moping, sentimental).
 - Talk of fears/fearfulness** (e.g. "I'm scared that . . ." or "What if something happens . . .").
 - Talk of the play therapy sessions** (e.g. "When I was with Kelly I . . .").
 - Excessive impulsiveness/inattentiveness/distractibility** (e.g. moves one activity to next, fidgety).
 - Excessive Refusals** (e.g. she won't follow directions, won't do what is asked, wants things her way).
 - Positive Behavior** (e.g. any positive changes in her behavior, increased social skills, following directives well).
 - Other** (e.g. any changes in her behavior that are unusual OR any odd/different behavior).

Description of preceding events and behavior:

Pattern of change over time (e.g. shift in her behaviors/demeanor/attitude):
